

**New Hampshire Special Supplemental Nutrition Program for
Women, Infants and Children (WIC) and
Commodity Supplemental Food Program (CSFP)
FFY 2014 Consolidated State Plan of Program Operations and Administration**

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INTRODUCTION

The consolidated State Plan of Program Operations and Administration is presented in accordance with 7CFR246.4 and 7CFR247.5 to provide specific information regarding the operation of the Special Supplemental Nutrition Program for Women, Infants and Children, and the Commodity Supplemental Food Program as administered by the New Hampshire Department of Health and Human Services, Division of Public Health Services. It is revised annually and subject to public participation in its development as well as appropriate intergovernmental review. It further is subject to amendment pursuant to 7CFR246.4(c) and 7CFR247.5(c) when significant changes occur in the administration or operation of the WIC or CSF Program during the fiscal year. A copy is maintained at all times in the Department's Healthy Eating and Physical Activity Section in Concord, New Hampshire, and is available for public inspection during normal business hours.

In order to reduce duplication of information the State Plan is organized into eleven functional areas and includes some elements specific to only WIC or CSFP.

The following narrative is offered as an update of the WIC and CSF Programs.

The New Hampshire WIC Nutrition Program has been in operation since 1975 as an adjunct to preventive health and nutrition services. It provides nutritious foods, nutrition education, and health care referrals to women, infants and children who are deemed eligible by a competent professional authority (CPA). The New Hampshire Commodity Supplemental Food Program (CSFP) was initially funded in FY 1988 and provides similar foods in commodity form to members of this population not served by WIC, as well as elderly persons over 60 years of age.

Both WIC and CSFP are federally funded and regulated programs offered by the Food and Nutrition Service, US Department of Agriculture. The Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Healthy Eating and Physical Activity Section administers them in New Hampshire.

New Hampshire is currently serving 17,610 women, infants and children through the WIC Program, and 6,223 additional women, children, and elderly persons through CSFP, for a total of 23,833 persons each month. The number of potentially WIC-eligible infants and children in New Hampshire has been approximated to be 17,171 based on 2010 United States Department of Census data.

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SUMMARY

Vendor Management

WIC participants receive WIC foods at no cost directly from approximately 199 retail groceries and pharmacies authorized to accept vouchers. All WIC vendors operate under an agreement with the WIC Program. The State Agency provides training upon authorization as a WIC vendor and mandatory face-to-face training is conducted every three years thereafter, in various locations throughout the State. The State Agency directly monitors a minimum of 5% of all vendors every year and continuously monitors vendors indirectly through a prepayment audit to ensure that federal regulations are being met. The State Agency gives priority to high risk vendors and conducts covert buys on a minimum of 5% of the high-risk vendors. Annually training is conducted through a quarterly newsletter, mailings, and on-site staff training for new stores. Stores with multiple redemption errors may be required to be retrained. Stores may request training at any time. The State Agency has an established peer group system to ensure competitive pricing among vendors with similar characteristics such as, square footage, geographical location, number of registers and sales volume. The State Agency has not requested an exemption for peer grouping. The State Agency assesses vendors annually for above 50% status. The State Agency monitors vendors to ensure incentive items are not offered to WIC participants as a way to increase the vendors' WIC business. The State Agency has the final authority in all relations to ensure economy and harmony in their efforts to serve WIC participants efficiently and cost effectively.

Nutrition Services

Nutrition education is provided through individual sessions using materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and to stress the relationship between nutrition, physical activity, and health, while keeping with the personal and cultural preferences of the individual and the family. The goals are to follow a health outcomes based model of nutrition services for each participant category and to provide participant centered services. Additional goals are to promote positive nutrition practices, to stress the nutrition benefits of the WIC and CSFP foods, and to enhance the development and growth of the participating woman, infant, or child. Annual nutrition education objectives are developed by each local agency in coordination with the State Agency nutrition services and breastfeeding promotion goals and objectives, and include an evaluation of last year's nutrition services and breastfeeding promotion goals and objectives. During FY2014, activities will continue to focus on breastfeeding peer counseling, breastfeeding promotion, and quality client-centered nutrition services that continue the Value Enhanced Nutrition Assessment (VENA) initiative at both the State Agency and local agency levels. Expanded coordination with the Food Stamp Program and with other State agencies on hunger initiatives will also be developed. CSFP provides nutrition information through the availability of brochures and other handouts related to senior nutritional concerns. Special handouts have been developed to provide guidance on how to fit the commodity foods into a restricted diet. Seniors may contact a local agency nutritionist for specific questions and concerns.

Information Systems

New Hampshire's StarLINC computer system hosting and operations contract is currently assigned to CQuest America Inc. CQuest America Inc. is required to provide State and Local Agency daily operations management, network support services, Help Desk services, hardware and software maintenance and support system security services. In addition, disaster recovery, ad hoc reporting services, data extraction services, and database administration services requested by the State are provided.

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Organization and Management

WIC works with other programs in the Division of Public Health Services in issuing RFP's for program services across the State. Certain criteria are used in selecting local agencies with which to contract for the administration of the WIC or CSF Program. Because available funds are limited, federal regulations dictate that priority in distribution of caseload is based on relative need among the counties of the State. As program services are available in all counties, caseload distribution activities are currently based on the relative proportion of the potentially eligible population being served and local agency capacity, including caseload served in the prior fiscal year. In FFY2014, four local agencies are contracted with to provide WIC and CSFP services in New Hampshire. The agencies are: Goodwin Community Health, Community Action Program Belknap-Merrimack Counties, Southern New Hampshire Services, and Southwestern Community Services.

Nutrition Services and Administration Expenses

The State Agency retains responsibility for all fiscal matters. Responsibilities include CSFP warehouse management and food distribution, retail food provider voucher reconciliation, local agency expense report processing, Senior Farmers' Market Nutrition Program contract monitoring, State Agency payrolls and expenses, and federal accounting and draw down procedures. All costs are tracked to the benefiting program, with staff recording time spent on each program daily. The State Agency is also responsible for gathering all cost and participation information to satisfy federal reporting requirements. Guidelines for these activities are contained in WIC and CSFP Federal Regulations, Federal Management Circulars and OMB documents.

Food Funds Management

New Hampshire tracks food funds obligations and expenditures using data captured by the WIC system. Caseload performance and food cost trends are reviewed monthly to make adjustments in allocations as necessary in order to meet USDA/FNS WIC performance standards. New Hampshire also participates in NEATO (New England and Tribal Organizations), a multiple-state competitively bid and sole source contract to secure rebates on infant formula provided to WIC participants. A contract was negotiated with Mead Johnson for the period of October 1, 2011, through September 30, 2014, with one optional extension not to exceed two years from the initial contract expiration date. This mandatory cost-containment effort has been conducted in conjunction with Connecticut, Maine, Massachusetts, and Rhode Island, the Seneca Nation of New York, and the Cherokee and Chickasaw Nations of Oklahoma. New Hampshire also participates in a multiple-state competitively bid contract to secure rebates on infant foods and infant cereals provided to WIC participants. A contract was negotiated with Hero Group, Inc./Beech-Nut Nutrition Corporation for the period of October 1, 2010, through September 30, 2013. An extension of this contract will be in effect October 1, 2013 through December 31, 2013. This cost-containment effort has been conducted in conjunction with Connecticut, Maine, Massachusetts, and Rhode Island.

Caseload Management

In accordance with federal regulations governing the WIC Program, participants are certified and enrolled according to their need priority that is established by federal regulations. For WIC, Priority I consists of pregnant and breastfeeding women and infants up to 12 months of age at nutritional risk due to medical factors (anemia, inadequate growth, history of poor pregnancy outcome, low birth weight, etc.). Priority II consists of infants (unless qualified for Priority I) less than six months of age whose mothers participated or were eligible to participate during pregnancy. Priority III consists of children (ages 1 through 4) who are eligible because of a nutritional risk due to medical factors. Priority IV consists of pregnant and breastfeeding women and infants at nutritional risk due to inadequate dietary intake and

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postpartum women who were 18 years or less at time of conception. Priority V consists of children with inadequate dietary intake. Priority VI consists of postpartum women at nutritional risk for either medical or dietary reasons. Priority subgroups based on age (children) or degrees of risk (postpartum women) may be established for Priorities III, IV, V and VI should funding shortfalls dictate the establishment of waiting lists. In accordance with federal regulations all CSFP applicants are served on a first-come, first-served basis. As both WIC and CSFP are operated jointly at the local level, participants eligible for either program may select the program which best suits their needs; however high risk WIC-eligible applicants (women, infants, and children) are encouraged to enroll in WIC due to the more comprehensive health and nutrition services available. The CSFP distribution sites have provisions for issuance of WIC vouchers for families with individual members enrolled on both Programs and arrangements for detection of dual participation encompass both Programs. The current WIC allocated caseload is 17,610 and the current CSFP caseload is 6,223.

Outreach and Public Information

Outreach is directed at maximizing the visibility of WIC and CSFP in both the public and professional communities in order to identify and serve those individuals in highest need of program nutrition services. Outreach is ongoing, with the present focus being to identify hard-to-reach population groups and early enrollment of pregnant women. Follow-up of missed certification appointments is required for pregnant and breastfeeding women and infants. Community outreach is also done through a variety of channels, such as other Department programs and community-based agencies serving WIC or CSFP-eligible populations, health care providers, homeless shelters, soup kitchens, and faith-based organizations. During FY 2014, activities will focus on retention of children until their fifth birthday and outreach to health care providers.

Certification, Eligibility, and Coordination of Services

Certification of individuals eligible to participate in the WIC or CSF Program must follow criteria outlined in federal regulations. Eligibility criteria requires that an individual desiring to participate reside in the area served by the Local Agency, meet income guidelines, be categorically eligible, and, for WIC, be at nutritional risk based on the assessment of a Competent Professional Authority (CPA). All eligibility factors are carefully documented and are consistently applied throughout the State. USDA standards of nutritional risk were implemented in the WIC Program in 1999, and these are updated as revised by USDA. Certification is for a six-month period, except for pregnant women, who are certified for the duration of the pregnancy plus 6 weeks, and extended certification for WIC infants up to 12 months of age and for breastfeeding women up to 12 months or for the duration of the breastfeeding period. At the time of certification, the participant is informed of all rights and responsibilities under the program in which s/he is being enrolled. The individual is informed of the purpose of the WIC Program, the nutrition assessment process, the partnership between WIC staff and the participant, that food is supplemental and for the participant on the program that they must reapply at the end of the certification period and the nature of the WIC priority system when in effect. The individual is informed of the reasons for denying certification or enrollment, within twenty days from the date of application (ten days if a migrant, pregnant woman or infant). In WIC, the first food vouchers are issued on the same date as enrollment. CSF Program enrollees are provided commodity foods within ten days of enrollment, usually on the actual enrollment date. Due to major MIS resources being directed to .net conversion, NH is not prepared at this time to begin offering extended one-year certifications for children, but hopes to implement later in FY2014.

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Food Delivery, Food Instrument/Cash Value Voucher Accountability and Control

A retail food delivery system employing vouchers enables WIC participants to receive their WIC foods and Cash Value Vouchers. Computer vouchers are printed on demand by local agencies for participants. The State Agency assures 100% disposition of all vouchers as required by Federal regulations. Foods provided on vouchers are designated by federal regulations to provide fiber (whole grain options of breads, tortillas, brown rice and oatmeal, and fruits and vegetables) vitamin C (juices), calcium and vitamin D (milk, cheese, soymilk and tofu), iron (legumes, adult and infant cereals and infant formulas), and protein (eggs, peanut butter, legumes, and canned fish option of salmon and tuna). The State Agency has established further WIC food package limitations based on categorical need, specific nutrients and container size. Federal regulations also specify the maximum quantities to be made available to each type of participant during each month. CSF Program warehouses are operated in Concord, Manchester, and Nashua. Foods are delivered directly to each warehouse and distributed from various sites within the Local Agency service area. Each warehouse is approved by the State Agency and inventory control, sanitation, and security procedures are in place in accordance with federal, State, and local requirements. Families with members on both programs may receive their certification and benefits at one site. Community Action Program Belknap Merrimack Counties and Southern New Hampshire Services conduct supermarket style distribution in their warehouses on a bi-monthly basis as well as tailgate delivery to rural areas, elderly housing sites and other community locations.

Monitoring and Audits

The State Agency conducts a Management Evaluation (ME) on all Local Agencies for WIC and CSFP services bi-annually. ME activities are designed to ensure that all appropriate guidelines and regulations are being followed, that instructions and guidance issued by the State Agency are adequate to meet the needs of all program elements, and that all staff related to the New Hampshire WIC or CSF Programs understand program mission and goals and actively work to reach them in all encounters with Program participants. ME practices involve a pre-visit evaluation form, an on-site visit, and a post-visit evaluation report of findings and recommendations. The StarLINC computer system provides randomly selected participant records for all Management Evaluations. All Local Agency MEs are planned and announced well in advance of the review. The State Agency will work with the Local Agency to implement any recommendations with a minimum of program disruption.

To ensure that the financial management activities of the State Agency are conducted in accordance with the standard accounting procedures, audits are scheduled through the Single State Agency Audit process. A Single State Audit of the WIC Program for SFY2013 was performed in August 2012, with one finding that direct program drawdowns were not performed in accordance with the NH Treasury-State Agreement. Annual audits of Local Agencies are required to ensure the integrity of their expense reporting system. The Commissioner's Office of Finance of the NH Department of Health and Human Services performs reviews of Local Agency WIC and CSFP grants to assure compliance with the requirements of A-133.

Civil Rights

Separate procedures are established to monitor Local Agencies for their compliance with Title VI of the Civil Rights Act of 1964. These procedures are designed to ensure that all individuals seeking entry into or enrolled in FNS programs are treated equally. No civil rights complaints or allegations of discrimination were filed in the 12-month period ending on June 30 of the current Federal grant period. State and Local Agency staff are required to take Civil Rights training annually. New Hampshire has fully implemented the Department's revised race and ethnic reporting requirements for both WIC and

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CSFP. StarLINC provides a check-off box for use if the WIC participant declines to respond, providing a record showing whether this information came from the participant or the staff member. All outreach and community education efforts (print story, radio or TV ad, etc.) contain the required non-discrimination language and adherence to “And Justice For All” poster requirements are verified as part of the bi-annual management evaluation.

Public Comment and Notice

Public input on the consolidated WIC/CSFP State Plan of Program Operations and Administration is solicited annually on the Department website. In addition, Local Agency Directors and Nutritionists are included in specific meetings to develop programmatic and nutrition services objectives as well as in consultation for policy decisions throughout the year. The State Agency issues periodic press releases regarding availability of program benefits as part of their ongoing outreach and public information efforts.

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I. VENDOR MANAGEMENT

VENDOR SELECTION AND AUTHORIZATION

An applicant vendor authorization or an ownership change of a currently authorized vendor must be initiated through submission of a written application to the State Agency. In addition, all vendors, upon agreement expiration, must reapply for authorization. The application details items such as ownership, location, current Food Stamp authorization status (if applicable), type of ownership, class license, store square footage, number of registers, hours of operation, store brands used, conflict of interest, infant formula suppliers, gross annual sales, geographical location, and business integrity information.

For applicant vendors or ownership changes, the State Agency will perform the initial on-site review. State Agency vendor authorization forms are used for a site and inventory review to determine the vendor's eligibility and relative qualifications under the established mandatory selection criteria of competitive price, price limitations, minimum variety and quantity of supplemental foods (not applicable to pharmacies), and State Agency selection criteria.

New Hampshire does not authorize applicant vendors whose WIC redemption sales volume is expected to exceed 50% of all food sales.

New Hampshire issues differing agreements based on store type (grocer vs. pharmacy) and agreement type (general vs. restricted). A cap or ceiling price is established for WIC infant formula and WIC infant foods based on wholesale cost data. Vendors that do not fall below this ceiling will be restricted to the redemption of women/children vouchers; provision of infant formula and infant foods will not be authorized. The store may lower its WIC shelf price to meet the cap or accept the restricted agreement. This process is strictly for maximum infant formula price allowed and maximum infant foods allowed; vendors are price-edited against their actual shelf prices as reported in periodic price surveys.

If the applicant vendor meets current selection criteria, training is performed on-site with the vendor. Program objectives and operational procedures are detailed using the State Agency provided Vendor Training Checklist. The vendor's signature is obtained on the Training Checklist and Agreement once training is completed. The original copy of the Vendor Training Checklist is retained by the State Agency to serve as documentation of initial training. The Vendor Manager returns the signed Agreement to the State Agency for signature, and a copy (including the vendor number) is mailed to the vendor, with blank, vendor invoices and a letter of welcome.

The State Agency retains authority to deny authorization and to assign the effective dates of the Agreement.

The State Agency reviews all vendors before agreement expiration. Materials reviewed in this process include monitoring visits, which contain mandatory selection criteria, price surveys, voucher errors as documented on Store Notices, vendor applications, and participant complaints, and all other selection criteria as adopted under the New Hampshire Code of Administrative Rules. All stores are contacted as often as needed by the State and Local Agency to maintain open communications and identify any questions and concerns of the vendor. Stores that fail to execute a new agreement are provided a second opportunity through a formal written warning and will be notified of their WIC-authorization termination within fifteen (15) days if unresponsive. Authorizations and terminations of retail vendors are forwarded immediately by mail and e-mail to the local agency catchments area affected by the change to ensure the most up-to-date information for distribution to participants.

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Specific retail vendor application and review forms and procedures, including selection criteria, the Vendor Agreement and the Store Handbook are contained in the Policy and Procedure Manual. We do not authorize farmers to accept CVVs.

VENDOR RECORDS

The State Agency maintains two vendor files for each vendor:

1. A cumulative Administrative file for active vendors which contains the Application, the executed Agreement, recent inventory and price reviews, correspondence and monitoring records, and records of vouchers which were rejected or adjusted. The record is maintained until one year following closing or program withdrawal and then sent to the New Hampshire Division of Archives for six years. Files of disqualified vendors are maintained at the State offices until one year after the end of the period of disqualification and then archived.
2. A Vendor Payment file contains all vendor invoices and payment records, by fiscal year, including records of rejected or adjusted payments and resubmitted vouchers, which were approved for payment. Records of the current and previous fiscal year are maintained at the State Agency; these files are then archived for five years.

The only information New Hampshire releases on vendors is their name, address, telephone number and store type. This information is given to the local agencies and participants.

VENDOR EDUCATION AND TRAINING

Vendor education and training is a responsibility of the State Agency.

The State Agency performs the following:

1. Production/procurement and distribution of training materials:
 - New Hampshire WIC Program Store Handbook
 - "WIC Approved Foods" lists
 - "We Accept WIC Vouchers" (door decal)
 - Upon vendor request, copies of the State Agency training presentation
2. Production and distribution of the WIC Register, a quarterly informational newsletter for vendors;
3. Initial and on-going review of vendor qualifications for authorization;
4. Vendor orientation upon execution of the Agreement addressing all aspects of Program participation listed in the Vendor Training Checklist for new vendors;
5. Telephone (toll-free) response to vendor inquiry;
6. Written communications, as warranted, to address specific vendor inquiries or problems;
7. Face-to-face training sessions for vendors every three years to include, at a minimum, the purpose of the program and any changes in procedures, inventory of authorized foods, redemption, and

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sanctions. At least one alternative date on which to attend face-to-face training will be provided to vendors;

8. Annual training to at least one representative of each vendor using a variety of formats, including quarterly informational newsletters, and face-to-face training; and
9. Local Agency staff training on vendor management practices upon request, to include, at a minimum, training sessions for Local Agency staff in vendor selection, federal and State WIC regulations, and vendor monitoring visits.
10. WIC vendor website which contains the following:
 - Vendor Store Handbook
 - Vendor Newsletters
 - Training Materials
 - Cashier Help sheet
 - New Hampshire Administrative Rules
 - Federal Regulations
 - Other tools for vendors to use to remain in WIC compliance.
11. Annual Train the Trainer class is provided to all vendors. Comprehensive training materials are furnished to the delegated trainers along with instruction on vendor training techniques.
12. The State does not offer web based training at this time.
13. The NH WIC Vendor Advisory Council includes representatives from all size vendors, including large chain stores, and representatives from the State and local agencies. The Council meets twice annually and discusses policies and procedures related to vendor management.

The Local Agency performs the following:

1. Telephone or written response to inquiries directed to the Local Agency; and
2. If requested by the State Agency, vendor contacts or visits, education, or follow-up of problems.

HIGH RISK IDENTIFICATION

Vendors at high risk for WIC Program abuse are identified at least quarterly using Local Agency or participant complaints, other pertinent information, and High Risk Vendor Reports. These reports employ voucher redemption data to rank-order vendors in three categories:

- **HIGH PRICE:** Vendors with a high percentage of vouchers submitted at a price greater than 15% of their reported average food costs. This indicates the possibility of regular overcharges. Vendors whose percentage of high-price vouchers is excessive are assigned two points.
- **REJECTION RATIOS:** Vendors with a high percentage of vouchers rejected or adjusted for errors such as expired vouchers, overcharges, or voucher alterations. This indicates a general disregard for compliance with Program rules. Vendors whose percentage of rejected vouchers is excessive are assigned one point.

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- **DOLLAR VOLUME CHANGES:** Vendors whose quarterly dollar amount of redeemed vouchers has significantly increased over the previous quarter, which may indicate trafficking of vouchers or other patterns of abusive behavior which are attracting additional WIC business, such as allowing food substitutions or returning change for non-purchased items. Vendors whose voucher dollar volume has had an excessively high increase are assigned one point.

These points (from one to seven) are totaled to obtain the probable abuse score.

A volume score is assigned to each vendor according to the quarterly dollar volume of redeemed vouchers. A vendor's score is determined by using the following formula:

\$25,000 or more = 6 points	\$15,000 - \$24,999 = 5 points
\$ 8,000 - \$14,999 = 4 points	\$ 3,000 - \$ 7,999 = 3 points
\$ 1,000 - \$ 2,999 = 2 points	\$ -0- - \$ 999 = 1 point

The probable abuse score is multiplied by the volume score to arrive at a final high-risk score and ranking. By ranking vendors based on voucher redemption characteristics and volume, both the level of abuse that is going on and the potential dollar loss to the Program are considered. This final rank is then used in the selection of vendors for further compliance activities. Vendors are also identified as high-risk through observations or complaints from Local Agencies, WIC participants or other members of the public, and observations made during monitoring visits. Vendors who have received warnings or sanctions from other USDA programs or State Agencies may also be identified as high risk, depending on the reason for the action. A minimum of 5% of vendors deemed high risk is investigated by the State Agency every fiscal year. We investigate 5% of the total authorized vendors each fiscal year.

VENDOR MONITORING

The State Agency will select and monitor, at a minimum, 5% of all vendors every year. In addition, upon request by the State Agency or as indicated by vendor performance or inquiries, a Local Agency may perform additional monitoring. Vendors are selected based on prior warnings regarding compliance, new store or complaints from participants and or our Local Agencies. In 2013 we monitored 19.6% of total authorized vendors.

Section X describes the State Agency's responsibilities and documentation for vendor monitoring. In addition, the State Agency employs a prepayment audit process to detect vendor error and/or abuse.

VENDOR COMPLAINTS

The State has an established system for receiving complaints regarding vendors. The complaint is filed using the Report of Vendor Concern form or by calling the State WIC office.

VENDOR PEER GROUPS

The State Agency uses peer groups as a way of grouping together similar vendors to establish competitive pricing. Peer groups are used to set the maximum amount to reimburse for each authorized WIC food. The State Agency also uses peer group pricing to review shelf prices of stores applying for authorization. New Hampshire's peer groups are based on a store's geographic location, store square footage, number of registers and sales volume. The State Agency informs all vendors of which peer group their store has been assigned to after the peer analysis is complete or if the store's peer group changes.

As of July 1, 2013, the following are vendors in each peer group:

Extra Large North-11 Vendors
Extra Large South-109 Vendors

Large North-11 Vendors
Large South-10 Vendors

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Medium North-5 Vendors
Medium South-6 Vendors
Small North-4 Vendors

Small South-14 Vendors
Pharmacy-32 Vendors

ABOVE 50% VENDOR ASSESSMENT

New Hampshire does not authorize applicant or current vendors whose WIC redemption sales volume is expected to exceed 50% of all food sales. There were no 50% vendors in 2013.

INCENTIVE ITEMS FROM VENDORS

WIC vendors are monitored to ensure they are not offering incentive items solely to WIC participants in an effort to encourage participants to redeem their WIC food instruments at their stores. Section 246.12(h)(3)(iii) of the Federal WIC regulations requires vendors to offer Program participants the same courtesies that are offered to non-WIC customers. Therefore, a WIC-authorized vendor may not treat WIC customers differently by offering incentive items that are not offered to non-WIC customers. This is a violation of Federal WIC regulations, thereby constituting a vendor violation.

VENDOR PAYMENT

Vendor invoices are provided to vendors for submitting vouchers to the State Agency. Vendors are instructed to submit vouchers within 30 days of voucher redemption. Instructions for billing the State Agency are contained in the Store Handbook.

Reconciliation of a vendor invoice includes:

1. Entering the vendor number and invoice information into an invoice log program upon receipt by the State Agency.
2. Processing invoices on a first-in, first-out basis.
3. Visually reviewing the redeemed voucher to ensure that it was not altered and that participant/proxy signatures are properly completed.
3. Pulling the voucher record by voucher number and participant ID to verify valid issuance status.
4. Entering vendor ID information, redemption date and price information to provide edit checks against issuance and vendor price information; entering rejection or adjustment codes as appropriate.
6. Verification that the total value of all vouchers accompanying the invoice corresponds to the invoiced amount or preparation of adjustment notices when needed.
7. Authorizing payment, which includes a simultaneous update of the invoice log program.
8. Creation of an electronic batch of all invoices to be paid which is transmitted to the New Hampshire Integrated Financial System. Vendor reimbursement may be made either by electronic transfer to the vendor's bank or by check directly to the vendor. A hardcopy computer printout of these transactions is generated and used for internal reconciliation. The foregoing is accomplished prior to completion of the payment process.

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COMPLIANCE INVESTIGATIONS

When used to follow-up on an indication of program abuse on the part of a WIC vendor, the compliance purchase is a step in the high risk monitoring process and is used to determine and document whether suspected violations are occurring. In contrast to vendor monitoring visits, the compliance buy is conducted covertly with no attempt to identify oneself to store personnel at the time of investigation. Compliance investigations were begun on 13 vendors of which all were considered high risk. The State tracks and records hours devoted to compliance investigations through expenses submitted by compliance buy contractors as well as compliance investigation files.

CRITERIA FOR INITIATING COMPLIANCE PURCHASES

The following criteria are used to determine the appropriateness of using the compliance purchase as an investigative tool:

1. There is a strong indication from high-risk reports, complaints, etc. that violations may be occurring, which would result in an illegitimate cost to the program or loss of all, or part of a participant's intended benefit due to a vendor's:
 - Overcharging for foods actually purchased;
 - Charging for foods not received;
 - Charging for foods in excess of those listed on the voucher;
 - Providing cash or a combination of cash and food for a voucher;
 - Allowing the purchase of non-approved foods;
 - Allowing the purchase of non-food items;
 - Providing cash, credit or rain checks instead of food;
 - Committing other offenses as identified in federally mandated sanctions or State Agency assigned categories as defined in the Administrative Rules.

2. The compliance purchase may be used on a randomly selective basis in monitoring a vendor's compliance with program redemption procedures or educating the vendor on these procedures. When a compliance purchase is made for monitoring or educational purposes, only a single buy is made unless a Category II, III, or IV violation or federally mandated offense is committed.

COMPLIANCE PURCHASE FORMATS

Compliance purchases are planned and performed in a series of separate transactions to determine the presence of abuse. If the first buy is positive, (violations were found), at least two subsequent buys are performed to confirm the existence of abuse. If the first buy is negative, a decision is made whether a second buy should be performed based on the severity of the suspected abuse indicated by the high risk reports and observations made during the first compliance buy. If two consecutive negative buys are made, no further buys will be initiated unless new information is obtained to justify a new investigation.

The following are examples of compliance purchase formats, which may be used to investigate the vendor's compliance with Program rules. This list is not inclusive of all compliance buy formats:

1. Attempt to redeem WIC vouchers for only WIC-approved foods but in quantities less than that specified on the vouchers or purchase only 'generic' brands of approved foods so that the

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purchase amount would be significantly less than the maximum allowable purchase amount for the foods authorized.

2. Attempt to purchase WIC-approved foods and non-approved foods with the food vouchers maintaining consistency with the general type and quantity of food items authorized on the vouchers. For example, purchase highly sugared cereals in the authorized quantity instead of the WIC-approved cereal listed on the voucher.
3. Attempt to purchase non-food items (e.g. cigarettes, soap, diapers) in addition to WIC-approved food items listed on the voucher limiting the projected total purchase amount for both approved and non-approved items to be equal to or less than the total purchase amount if only authorized items were being purchased.

The type of compliance purchase format used in a given situation is based on the reason that an investigation has been initiated. For example, if it is perceived that a vendor is adding an additional dollar amount to the actual purchase amount for each voucher redeemed (i.e. kiting), a compliance purchase of approved items in less than the authorized quantities listed on the voucher (as described in Example 1) would be appropriate to see if the vendor bills the actual purchase amount or an inflated amount. As another example, if it appears that a vendor places no restrictions on the type of food or non-food items provided for WIC vouchers, a compliance purchase involving non-approved food items or non-food items should be undertaken such as described in Examples 2 or 4. Once illegal behavior has been confirmed through two or more successful buys, an attempt to uncover more serious violations may be made through the use of other compliance purchase formats during successive buys.

COMPLIANCE PURCHASE PROCEDURES

Compliance investigations are performed under the supervision of the State Agency Vendor Manager. Primarily investigators contracted with the State Agency perform compliance purchases, but investigation visits may also be made by Local Agency staff or investigators from the US Department of Agriculture Food and Nutrition Service or designee of the State Agency.

Prior to actually performing the compliance buy, the reason for the investigation is clearly defined. The type of compliance purchase format, which would best serve to confirm the alleged abuse, is determined. Voucher numbers and food package information for vouchers used are recorded prior to redemption and photocopies are made. Foods obtained through compliance purchases are donated to a charitable or social service organization as soon as practical following the buys. The receiving organization is not made aware of the reason for the food being donated. A list is made of all foods to be donated and the person receiving the foods signs a form to indicate their receipt. Certain high penalty items purchased through a compliance buy such as cigarettes or beer are kept for evidence in a secure place pending the outcome of an adverse action against the vendor. The StarLINC system tracks all investigations which allow the Vendor Manager to monitor the progress and status of each compliance investigation.

Once a series of compliance purchases is completed, the State Agency determines if any infractions of the redemption procedures the vendor has committed. If program abuse has been uncovered, the vendor is sanctioned according to the vendor sanctions identified in the WIC Program administrative rules.

TRAINING OF COMPLIANCE INVESTIGATORS AND INVESTIGATIVE AIDES

The compliance investigator and investigative aides must be thoroughly familiar with voucher redemption procedures, and the pertinent sections of the State of New Hampshire Administrative Rules and the New Hampshire WIC Program Policy and Procedure Manual.

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VENDOR SANCTIONS AND NOTICES

Federally mandated vendor sanctions and a State Agency assigned point-system sanction schedule has been adopted under the New Hampshire Code of Administrative Rules. In determining vendor disqualification, inadequate participant access is defined in the New Hampshire Code of Administrative Rules (He-P 3201.18) as “the average monthly number of households redeeming food instruments at an authorized vendor is 20 or more and another authorized vendor is not located within 7 miles”. In addition, State statute (RSA 638:15) defines fraud misdemeanor/felony levels in the WIC Program.

Excluding federally sanctioned violations, vendors may be disqualified from WIC Program participation for up to one year depending on the State Agency violation category, and number of points assigned. The WIC Program Sanction Policy is included in the Vendor Agreement and the Store Handbook.

Prior to disqualification, participant access is documented in the vendor’s file. The Vendor Agreement and disqualification notices also contain notice of potential Food Stamp Program disqualification based on State Agency WIC Program disqualification. Imposition of disqualification pending appeal is based on the category of the offense(s) resulting in the notice of disqualification.

Notices of disallowed or adjusted costs resulting from the prepayment audit of vouchers and invoices include instructions for resubmission, including supporting documentation and a 30-day time limitation.

VENDOR APPEALS

All disqualification notices contain the appeal procedure. Per NH Administrative Rule He-P 3208.03(b) vendors are given 15 days to request an appeal.

COORDINATION WITH THE FOOD STAMP PROGRAM

The New Hampshire WIC Program coordinates its high-risk vendor investigative activities with the Food Stamp Program. The two programs communicate as needed to review high-risk WIC/FSP vendor investigations and to consider where coordination of joint investigative activities is indicated. This approach, in addition to saving resources for both programs, reduces the potential of one program inadvertently compromising an investigation being conducted by the other.

If the Food Stamp Program disqualifies a vendor, the WIC Program initiates a reciprocal disqualification for a length of time equal to that of the FSP disqualification. Such a WIC disqualification is not subject to administrative or judicial appeal. Similarly, the Food Stamp Program is required to disqualify a vendor when the WIC Program has disqualified that vendor for certain violations. The Food Stamp Program disqualification is for an equal length of time and is not subject to administrative or judicial appeal.

STAFF TRAINING ON VENDOR MANAGEMENT

Staff training on vendor management is performed using several resources including but not limited to:

- Policy and Procedure Manual and State Plan
- New Hampshire WIC Program Administrative Rules and Federal Regulations
- Vendor Handbook
- Mentoring

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II. NUTRITION SERVICES

NUTRITION EDUCATION

Nutrition education is an integral component of the WIC and CSF Programs and is offered to all participants. The overarching nutrition education goals are: to provide lifelong learning experiences that promote and reinforce positive nutrition practices; to maximize the nutritional benefits received from the supplemental WIC and CSFP foods; and to enhance the development and growth of the participating woman, infant, or child. Nutrition education consists primarily of individual sessions with a nutritionist. Nutrition education emphasizes the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual and the family. Nutrition education is designed to improve health outcomes and achieve positive changes in dietary and physical activity habits. Written educational materials are used to reinforce the nutrition education appointment. Participants who refuse nutrition education are not consequently denied food benefits. Diversity in cultural, ethnic, language, geographical, educational, economic, and environmental characteristics is considered in the development of the Nutrition Education Plan. Those participants who require services not offered by the WIC/CSF Program are referred to appropriate health and social service programs.

The WIC and CSF Programs strive to provide participant centered nutrition education and related program services. The nutrition services are based on a health outcomes model for each participant category. Nutrition education efforts are directed towards the selection and achievement of short and long-term improvements in nutritional status, including improvement which will extend beyond the Program enrollment period, and which will become incorporated into a participant's lifestyle. In order to achieve this, the NH WIC Program has realigned program services with the implementation of Value Enhanced Nutrition Education Assessment (VENA) and the use of the consolidated and presumed dietary risks. The New Hampshire State VENA Implementation Plan addressed five key areas: positive assessment approaches, local agency review processes, policies and procedures, VENA training, and the management information system (MIS) support for assessment. There is continual growth and refinement in these areas overall. It is the MIS component that remains out of reach at this time however with our conversion to a .net environment and further training in participant centered services we remain optimistic that there will be even better rapport building between families and nutrition staff, an improved assessment process and the ability to have a paperless system. Staff training on the VENA core competencies is provided to all new staff. In addition new staff completes a new staff task list, a VENA self-assessment, and are provided with a follow-up visit for observation and feedback on their assessment skills. Additional training may be recommended following the VENA site observation visit and also for existing staff, following management evaluations.

NUTRITION GUIDELINES AND POLICIES

The State Agency is responsible for establishing nutrition guidelines and policies, providing technical assistance and support, and monitoring and evaluating the nutrition services component of the WIC and CSF Programs. Local agency contracts contain the current year Goals and Objectives identified by the State and local agencies.

The State Agency Nutrition Coordinator is responsible for the development and implementation of the Nutrition Education Plan. The State Agency coordinates nutrition trainings for Local Agency nutrition and paraprofessional staff at a minimum of two trainings per year in the spring and fall. One of the annual trainings is geared toward an all inclusive subject area for all staff, and the other is a nutrition focused training for CPAs and any staff involved with counseling WIC participants. In addition, arrangements for teleconferences and web-based education are provided. The following training and

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educational opportunities have been recently conducted or offered: WIC 101 as requested; Moving Moms to Behavior Change: Hot Button Counseling, 2013 University of Minnesota's National Maternal Nutrition Intensive Course; Health Literacy and the 2012 Healthy Weight Colloquium. Formula and Anthropometrics/Hematological training is also available as needed. The Nutrition and Breastfeeding Coordinators provides additional trainings per request of the local agency.

The State Agency Breastfeeding Coordinator is responsible for the development and implementation of breastfeeding promotion, the Breastfeeding Peer Counselor Program, and education plans. The State Agency provides funding for the Certified Lactation Counselor Course and for recertification as funding allows for local agency staff and breastfeeding peer counselors and has also developed the breastfeeding peer counseling program with FNS Loving Support funds. The State Breastfeeding Coordinator provides training for nutrition and support staff on the Using Loving Support to Grow and Glow in WIC curriculum, and training for peer counselors on the Using Loving Support through Peer Counseling curriculum. The State Agency also sponsors local agency staff to attend the annual breastfeeding conference hosted by the NH Breastfeeding Task Force. Regulations require that each Local Agency formulate an annual Nutrition Education Plan, consistent with the State Agency's nutrition education plan. The Nutrition Education Plan is submitted as a part of the Local Agency Proposal, and requires local agencies to describe special efforts and achievements in nutrition services and breastfeeding promotion accomplished in the past fiscal year, specific and measurable objectives to be accomplished in the upcoming fiscal year, and the level of integration of nutrition education services into overall Program management and operations. The State Agency evaluates the Local Agency's Proposal for inclusion of and completeness of the Nutrition Education Plan, including breastfeeding promotion activities.

Delivery of nutrition education occurs at certification clinics, follow-up education contacts (FUN appointments), voucher sites, and supplemental food distribution sites. Other methods for dissemination of nutrition information include, but are not limited to, newsletters, nutrition pamphlets, group workshops, food demonstrations, and telephone contacts.

WIC NUTRITION SERVICES DOCUMENTATION

Documentation of nutrition services is done to facilitate the delivery of quality nutrition services and to assure continuity of care for WIC participants. Quality documentation improves program integrity and coordination with health care providers, and builds on VENA, WIC Nutrition Services Standards, and WIC Nutrition Education and Documentation Guidance.

Quality documentation provides information for management and evaluation of nutrition services delivered, and is the primary means for local agency WIC staff to communicate about individual participants. The quality of nutrition services is reviewed by identifying nutrition risks and participant concerns, facilitating follow-up and continuity of care, and the integrity of nutrition service is reviewed through documentation of nutrition services data used for eligibility determination and federal reporting.

The NH WIC Program has developed a documentation process that meets the following criteria:

- Consistent: established standards and protocols that all staff adheres to.
- Clear: easily understood by all WIC staff using common abbreviations.
- Organized: follows an established order and minimizes duplication.
- Complete: creates a picture of the participant, describes and lists services provided, and outlines plans for future service, and
- Concise: contains minimum extraneous information.

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All documentation of nutrition services provided by the WIC Program is recorded in the participant's StarLINC record, and shall include:

1. Assessment information - anthropometric, hematology, summary of diet history/interview, medical documentation
2. Risk codes identified through the assessment process
3. WIC category and priority level
4. Food package assignment, rationale for tailoring and documentation for special formulas
5. Nutrition education and breastfeeding promotion
6. Referrals
7. Follow-up plans
8. Individual care plan for high priority participants

BREASTFEEDING AND PEER COUNSELING ACTIVITIES

For FY2014 New Hampshire WIC will continue with 19 breastfeeding peer counselors, however, with the recent reduction in funds, it is unsure what changes will be needed. All pregnant women are encouraged to breastfeed, unless contraindicated for medical reasons. Pregnant women receive information on breastfeeding, including individual counseling and printed materials, at the time of certification, at second nutrition education contacts and periodically throughout their three trimesters of pregnancy from breastfeeding peer counselors. All local agencies are required to identify a breastfeeding coordinator and to include breastfeeding activities as part of their annual workplan. For FY2013, agencies reported on strategies to increase breastfeeding initiation, breastfeeding duration, exclusive breastfeeding, and coordination with health care providers. The goals and objectives developed include a variety of activities, including the following examples:

- To continue Breastfeeding Peer Counseling in all Local Agencies, at all clinics.
- To maintain and increase staff knowledge of breastfeeding, by attending conferences and trainings, and increasing the number of Certified Lactation Counselors.
- To promote exclusive breastfeeding for the first 6 months as the preferred and healthiest method of infant feeding.
- To provide support, encouragement and education to all pregnant and breastfeeding women, through posters, newsletters, handouts, incentive items, and counseling.
- To promote exclusive breastfeeding in the first month through frequent peer counselor contact in the first few weeks, and avoiding unnecessary formula supplementation.
- To increase awareness of WIC's support for exclusive breastfeeding through hospital and healthcare provider outreach.
- To increase breastfeeding exclusivity and duration through regular contacts and support groups conducted by peer counselors and nutritionists.
- To meet with hospital lactation and maternity staff to discuss WIC's breastfeeding support services, the enhanced WIC food package, and WIC's support for the Baby-Friendly Hospital Initiative.

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- To support women returning to work or school through providing support and education and issuance of manual and electric breast pumps.

SURVEYS

The annual WIC Nutrition and Breastfeeding Education Survey is used to assess participant satisfaction, future interests and perceptions of the nutrition and breastfeeding education component of the Program. The breastfeeding questions are used to identify participant attitudes regarding WIC breastfeeding services. The survey is used by the State Agency and local agency to improve breastfeeding services offered at the local WIC agencies, and the peer counselor program. The survey is developed by the State Agency with input from Local Agency staff. Findings of the survey are reported annually to each local agency and are used to identify participant needs and to define program goals and objectives. The State Agency reports statewide results of the Nutrition Education and Breastfeeding Survey to all local agencies.

The State Agency evaluates counseling competencies of the local agency nutrition staff biannually at certification clinics during the time period of April through September. At least one certification clinic evaluation is performed for each local agency. A copy of the evaluation guide is included in the Policy and Procedure Manual. The State Agency also conducts a management evaluation review of the nutrition education component every other year for WIC and every year for the CSF Program. This occurs during the time period of April through September.

SUBSTANCE ABUSE

Local WIC Agency staff has attended trainings on substance abuse prevention. An “Initial Training on Addiction is routinely offered through the NH DHHS Bureau of Drug & Alcohol Services quarterly; efforts are made to have new hires attend this training. The Healthy Eating and Physical Activity Section and the Maternal and Child Health Section have participated in co-sponsoring additional trainings, focusing on the dangers of harmful substances, such as alcohol, tobacco, other drugs, and second-hand smoke during pregnancy and breastfeeding.

WIC staffs are required to do a brief assessment of substance abuse (tobacco, alcohol, and other drugs) by adults, and then make referrals to substance abuse services. Nutrition education efforts are tailored to the specific needs of substance-abusing women, when appropriate. A substance abuse message is included on all newsletters and on all local agency referral sheets.

The Department’s Bureau of Drug and Alcohol Services has developed a resource guide that is updated annually. The guide is provided to all Local Agencies, and contains information on clinical residential detoxification services, outpatient treatment, clinical residential treatment services, private treatment facilities, and other resources. The resource contains three programs designed for pregnant and postpartum women and new mothers. The resource guide is used by Local Agencies to refer suspected substance abusers to substance abuse clinics, treatment programs, counselors, and other substance abuse professionals. An in-service was provided to nutrition and breastfeeding coordinators by Bureau of Drug and Alcohol Services staff and area methadone clinic representatives to increase awareness of resources available for referrals.

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FOOD PACKAGE DESIGN

Multiple criteria were considered in the design and tailoring of the new food package for October 2009, and continue to be considerations as modifications are made to the food package. These criteria include: nutritional content review by State nutritionists, costs, regional and statewide availability, time available on market, participant acceptance, and distinctive labeling. Once the final food package rule is available, similar factors will be considered. The State agency authorizes local agencies to issue a non-contract brand infant formula that meets requirements without medical documentation in order to meet religious eating patterns. Since December 2008, the State agency has coordinated with State Medicaid Program to provide special or exempt formulas for dually enrolled participants of both Programs.

NUTRITION AND BREASTFEEDING STAFF TRAINING

The local agency nutrition staff is composed, at a minimum, of one nutritionist with at least an undergraduate degree in nutrition or dietetics from an accredited college or university. The State Agency maintains a file of professional resumes of all nutrition staff and Competent Professional Authorities (CPAs). WIC CPAs can function as a nutritionist, including licensed or registered nurses, and registered dietetic technicians. The State and Local Agencies provide opportunities and funds to meet continuing education needs in nutrition and breastfeeding. Staff is provided access to the University of Minnesota's Maternal & Infant Nutrition Intensive Course through a group viewing of workshops and individual access to other sessions. Quarterly nutrition in-service meetings are planned for nutrition and breastfeeding staff by the State Agency Nutrition Coordinator and Breastfeeding Coordinator. In-service trainings at these meetings have included the following presentations: Safe Sleep Environment, Drug and Alcohol resources, Celiac Disease, Gluten sensitivity and the gluten free diet, Immunization guidelines, and Nutrition Connections. Professional materials are distributed at these meetings. Records documenting continuing education activities in which nutrition and breastfeeding staff participate reflect regional, State and local WIC education and training, and other continuing education opportunities. Funds when available are also provided for nutrition and breastfeeding staff to attend national nutrition and breastfeeding trainings and conferences by the National WIC Association and the USDA Food and Nutrition Service. The State Breastfeeding Coordinator provides training on Using Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff, at least annually or as needed.

COORDINATION WITH CACFP

Program contacts have been shared with both CACFP sites and WIC agencies, and local collaboration is encouraged to coordinate WIC and nutrition outreach between WIC and CACFP. Printed materials are available by request through the WIC State Agency or local WIC agency, depending on the type and number requested.

COORDINATION WITH HEAD START

The State Agency and local agencies have met with Head Start agencies and staff to develop local community coordination initiatives, including sharing of medical information, cross referrals, and sharing of nutrition education materials. An MOU is being developed between the State WIC Agency and the Head Start Collaborative Office, which will further define statewide coordination and collaboration activities.

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III. INFORMATION SYSTEMS

SYSTEM PLANNING AND OPERATION

State level procurements follow State procedures, with approvals required by both the Department of Health and Human Services and the Division of Information Technology. Appropriate federal approvals are secured when indicated, specifically for RFPs, proposed contract language and equipment purchases in accordance with USDA policy. The State Agency has established requirements for local agencies for IT equipment approval and purchase, including software. Security protocols are reviewed during Management Evaluations. Local agencies are enjoined to not modify or attempt to modify in any way State-installed hardware or software; they are designated as financially liable for any remediation costs.

The NH Department of Health and Human Services awarded a five-year contract to Starling Consultants to provide technical services for hosting the New Hampshire WIC Program's integrated benefits management system (StarLINC), effective July 1, 2007-June 30, 2012, with a two-year renewal extending the end date to June 30, 2014. In August of 2007 CQuest America Inc, of Springfield, Illinois acquired Starling Consultants, including this contract. After review by the NH Secretary of State, no cause was found not to allow this contract to be included in the acquisition. Federal funds will be used to provide the hosting and operations of the central processing system, including: daily operations management, network support services, help desk services, hardware and software maintenance and support, systems security services, disaster recovery, ad hoc reporting services, data extraction services, and database administration services. The system also supports client eligibility and data collection, benefits issuance, and benefits payment administration for the local WIC agencies. Starling Consulting was selected for this project through a competitive bid process, with a legal notice was published in the NH Union Leader soliciting Request for Proposals (RFP) on January 29-31, 2007, and a bidders conference held on February 6, 2007. Starling developed and operated the previous NH WIC system for four years. The current system uses the .NET Framework 4.0, SQL Anywhere 12.0.1 relational database, Power Builder 10.5, and Windows 2008 Server operating system hosted in Springfield, IL.

New Hampshire is part of a Tri State Users Group with the State of Kansas WIC Program and the Inter Tribal Council of Arizona (ITCA) sharing the core functions of the StarLINC system. In January of 2009 the three programs signed a Cooperative Agreement as a users group that details mutual understandings and responsibilities for all things related to the system. A copy of the Cooperative Agreement is attached. Our equipment replacement plan is up to date and required no new purchase of equipment this year.

PARTICIPANT CHARACTERISTICS MINIMUM DATA SET

NH collects all required data for the Minimum Data Set. The Participant Characteristics data submission is submitted during April of even-numbered years, and includes required data items for participants enrolled in WIC during April. The coordinator of the MDS is the Nutrition Services Manager.

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IV. ORGANIZATION AND MANAGEMENT

STATE AGENCY STAFFING

The Healthy Eating & Physical Activity Section meets the staffing requirements of WIC Federal Regulations 246.4 (a)(4) and (23), and is as follows:

- Director/Administrator: One FTE, responsible for WIC, CSFP, and SFMNP;
- Nutrition Services Manager/Program Planner: One FTE, Masters qualified, RD-qualified, manages all direct client services and supervises the Nutrition Coordinator and Breastfeeding Coordinator;
- Nutrition Coordinator: One FTE Nutrition Coordinator, RD-qualified;
- Vendor Specialist: One FTE Program Specialist for Vendor Management;
- Breastfeeding Coordinator/Health Promotion Advisor: One FTE, IBCLC, RD-qualified, for Breastfeeding and Peer Counseling services;
- Financial Specialist: One FTE Program Specialist, responsible for WIC/CSFP financial reporting;
- MIS Specialist: One FTE Program Specialist to provide programmatic oversight of MIS operations; also responsible for CSFP Food Delivery Operations;
- 2.5 FTE support staff: to provide secretarial support, claims processing, and MIS testing support.

The Nutrition Services Programs are located in the Healthy Eating and Physical Activity Section within the Bureau of Population Health and Community Services in the Division of Public Health Services. An organizational chart is attached for the Section.

New Hampshire supplemental nutrition programs, including the WIC and Commodity Supplemental Food Program, are governed by the policies of the New Hampshire Department of Health and Human Services and the US Department of Agriculture, including those related to civil rights, non-smoking facility, and drug-free workplace. A certificate of compliance is submitted annually to the US Department of Agriculture. State job descriptions establish general qualifications and accountabilities, with supplemental job descriptions developed by the Section that are specific to each position. Position descriptions are available upon request.

EVALUATION AND SELECTION OF LOCAL AGENCIES

The following criteria are to be used in selecting Local Agencies with which to contract for the administration of the WIC and CSF Programs.

As the WIC Program is designed to be an integral component of health services, consideration is given to applicants in the following order, in accordance with federal requirements:

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1. A public or non-profit health agency, which will provide ongoing routine pediatric and obstetrical care and administrative services;
2. A public or private, non-profit health or human service agency which will enter into a written agreement with another such agency for either ongoing health care as described above or administrative services;
3. A public or private, non-profit health agency which will enter into a written agreement with private health care providers licensed by the State for health services to a specific category of participants;
4. A public or private, non-profit human service agency which will enter into a written agreement with private health care providers licensed by the State for all ongoing routine health services; and
5. A public or non-profit human service agency that will provide ongoing routine health services through referral to a health care provider.

In addition to these mandated considerations, the State Agency shall give priority consideration to applications which do not significantly subdivide present service areas, leave present service areas unserved, or increase the number of Local Agencies currently operating within the State. In order to meet the above descriptions, written agreements shall outline the program responsibilities of each agency. The agreement must be approved by the State Agency during the Local Agency application process and shall be on file at the State and Local Agencies. No program funds shall be used to reimburse a health agency or provider for the health services provided to WIC clients.

Under usual circumstances, CSF Program applications will only be accepted from Agencies currently operating, or applying to operate, a Local WIC Program. If however, the Local WIC Program does not apply to operate both programs, consideration will be then given to non-WIC agencies. Coordination of services for women and children would be sought through interagency agreements or similar arrangements.

Applications from current and new agencies are accepted bi-annually for a two-year contract, with an option to extend the contract for two additional two year periods based on performance and available resources. New Requests for Proposals were issued for the contract period July 1, 2013 through June 30, 2015. Selection criteria include: clinic schedule, staff resources, participant accessibility, financial integrity, ability to serve projected caseload, management, administrative capacity to meet federal and State administrative and reporting requirements, and prior performance of a current agency, particularly in consideration of New Hampshire WIC Program performance standards. The Department has established appeal procedures for agencies whose applications are denied.

For either Program, the applicant agency must:

1. Submit a completed proposal, which demonstrates its ability to administer the Program(s) according to State and federal regulations;
2. Demonstrate the ability or potential ability to develop administrative capabilities in budgeting, record management, and program staffing sufficient to sustain a local Program; and

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3. Be able to maintain close relationships with health care providers to ensure quality of service to WIC Program participants.

The New Hampshire Department of Health and Human Services contracts with four agencies to provide WIC and CSFP services and Breastfeeding Peer Counseling, which is an optional program. A list with names and addresses of local agencies is located at <http://www.dhhs.nh.gov/dphs/nhp/wic/documents/agencies.pdf>.

The WIC Nutrition Program works with other programs in the Division of Public Health Services in issuing RFP's for program services across the State. A coordinated approach for proposal development has been developed for all DPHS contract agencies. Applicant agencies are requested to submit a Letter of Intent detailing preliminary agency qualifications and plans. This consists of a narrative description of how specific program requirements will be implemented, evidence of interagency coordination and the proposed geographic area, caseload and budget. The time taken to complete the proposal should not be minimized; the steps taken to properly complete each part of the proposal will lead to the creation of a sound foundation upon which a functioning Local Agency can be built. Upon selection by the State Agency, a contract is prepared by the Department's Contraction Unit.

Local Agency funds are allocated according to the local agency funding formula in effect at that time and as necessary for support of the caseload allocated to each Local Agency. CSFP services are negotiated based on available caseload, warehousing and trucking resources, agency performance, and logistical ability to efficiently schedule tailgate distributions from the warehousing agencies.

With the StarLINC system, New Hampshire is able to track unduplicated participation rates, no-show rates for certification, nutrition education, food benefit issuance, and specific performance indicators such as immunization screening and breastfeeding initiation and duration, providing data to analyze costs and performance such as staff-to-participant ratios.

In the event that an agency contract is terminated, by either the Local Agency or the Department and whether or not for cause, the State Agency shall use its discretion to assure the continuation of WIC and CSFP services within that service area with as minimal disruption as possible. This includes reassigning the caseload to one or more contiguous agency(ies) for a period of time up to the current contract termination date(s) for the receiving agency(ies).

LOCAL AGENCY STAFFING

WIC staff position qualifications are delineated below. The State WIC/CSFP Administrator or designee must individually approve exceptions to these policies. Resumes of key staff must be provided to the State Agency before an individual is authorized to function in the specific capacity. Additional training may be required by the State Agency to augment an individual's qualifications; such training may be scheduled at the local agency site or at the State Office. On-site observation of professional staff (CPA, Nutrition Coordinator, Nutritionists, and Breastfeeding Coordinator) may be required as part of skills evaluation activities. These requirements must be incorporated within each agency's individual staffing standards. Standards for local agency credentials are updated as need to meet the USDA Food and Nutrition Services Standards.

New Hampshire has established required minimum education and experience qualifications for key Local Agency positions, with staff employed prior to these standards exempted for their current position requirements.

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Local Agency WIC/CSFP Coordinators/Directors must have at a minimum a Bachelor's Degree in nutrition, social work, public administration, business administration, community organization or similar area which provides professional training in management and program planning. Additionally, the candidate must have at least three years of supervisory experience that includes program planning, budgeting, program monitoring, program coordination and staff supervision.

Local agency WIC Nutrition Coordinators must have a minimum of a Bachelor's Degree in nutrition from an accredited college or university, or credentials of a registered dietitian or eligibility with the American Dietetic Association, or Master's Degree in nutrition from an accredited college or university. Additionally, the coordinator must have a minimum of 2 years experience in community nutrition programs. The State Agency recommendation is that each local agency shall have a registered dietitian (RD) on staff for consultation on high risk participants or in rural counties develop a written contract with a local community health center or hospital for consultation services by a registered dietitian. As new nutritionists are hired at local agencies, if the agency does not have a registered dietitian on staff, the applicant selected shall be a registered dietitian. Best practice is that the WIC nutrition coordinator is a registered dietitian.

Local Agency Breastfeeding Coordinator minimum qualifications require that the coordinator meet the federal qualifications for a Competent Professional Authority as defined in CFR 246.2, have at least one year of experience in counseling pregnant and breastfeeding women, and have taken State approved training in lactation management or meet the qualifications for a Competent Professional Authority as defined in CFR 246.2. Additionally, it is highly recommended that the coordinator be either an IBCLC (international board certified lactation consultant) or a CLC (certified lactation counselor) in order to provide advanced lactation management and supervise breastfeeding peer counselors. The State Agency recommendation is that as new breastfeeding coordinators are hired at local agencies, if the agency does not have a certified lactation counselor on staff, the applicant shall be a certified lactation counselor or within 12 months of hire. Best practice is that the WIC breastfeeding coordinator is an international board certified lactation consultant (IBCLC).

For agencies serving a caseload of more than 1,000 participants, the Nutrition and Breastfeeding Coordinator may not be the same staff person.

To ensure quality and maintain high standards of client care, the January, 1983, Federal WIC Regulations, 246.7(d), state that the Competent Professional Authority (CPA) on the staff of the Local Agency is responsible for determining if a person is at nutritional risk through a medical or nutritional assessment and for prescribing supplemental foods. The only persons authorized by the New Hampshire WIC Program to serve as a CPA at the Local Agency are: Registered Dietitian or Nutritionist with a Bachelor's Degree or Master's Degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Food and Nutrition, Public Health Nutrition, or Home Economics with specialization in Nutrition from an accredited college or university (RD, BS Nutrition, MS Nutrition); Registered Dietetic Technician with a minimum of an associate's degree from an American Dietetic Association approved dietetic technician program ; Physician or Nurse Practitioner (MD, NP, DO); Registered Nurse or Licensed Practical Nurse (RN, LPN); Physician's Assistant (certified by the National Committee on Certification of Physician's Assistants or certified by a State medical certifying authority) (PA); and other health professionals whose education and experience have been individually approved by the State Agency.

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Local Agency Breastfeeding Peer Counselors must be a high school graduate or equivalent, have personal breastfeeding experience, and be a current or past WIC participant. At the earliest opportunity, completion of the 18 hour Loving Support Peer Counseling Training is required. The training is provided by the State Breastfeeding Coordinator or a qualified local agency breastfeeding coordinator.

There are no minimum qualifications for paraprofessional staff (not included in the above categories); however, traits such as flexibility, ability to work as a team member, and positive customer relations are highly necessary.

CPA POSITION RESPONSIBILITIES

In order to maintain high standards of nutrition care as well as use staff effectively, the State Agency recommends that Local Agencies operate clinics by assigning the tasks of nutrition and health assessment, eligibility certification, nutrition counseling and follow up care to nutrition staff with the professional qualifications to carry out the level of responsibility needed depending upon the nutritional risk of the participant. Individual staff members may function in more than one of these roles provided that they meet the minimum requirements and that scheduled time is adequate to meet the various responsibilities.

Paraprofessional Staff (Non-CPA or nutrition staff) may perform the following tasks after appropriate training:

- Perform hematological tests and anthropometric measurements on participants following appropriate training.
- Data enter measurements into the StarLINC system.
- Interview and record dietary intake data.
- Provide nutrition education to low-risk WIC participants and all CSFP participants.
- Provide breastfeeding promotion and encouragement to prenatal and postpartum women.
- Distribute food vouchers or supplemental foods, including instruction on use of WIC/CSFP foods.

Dietetic Technicians and Licensed Practical Nurses may perform the following tasks:

- All Paraprofessional Staff duties described above.
- Certify and provide dietary assessment and nutrition education to low risk participants. Nutrition education could include recommending foods for a healthy diet, conducting group education programs or demonstrations and individual counseling sessions and education and counseling on immunizations, prenatal care and breastfeeding. Participants identified as high risk, according to the high-risk indicators, must be referred to a qualified nutritionist for further counseling.

Registered Dietitians, BS or MS Nutritionists, Registered Nurses, Physician Assistants, Medical Doctors, Nurse Practitioners may perform the following tasks:

- All Nutrition Assistant duties described above.
- All Diet Technician/LPN duties described above.
- Certify, provide assessment and nutrition education and follow up care to high-risk participants.

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It is recommended the Local Agency Breastfeeding Coordinator be responsible for the following:

- Overseeing the planning, implementation, and evaluation of breastfeeding promotion and support activities and overseeing peer counselor activities, education and support needs.
- Keeping current with the latest breastfeeding information and informing other Local Agency staff of new recommendations.
- Communicating changes in program policies and procedures as presented by the State Breastfeeding Coordinator to all local agency staff.
- Monitoring Local Agency breastfeeding rates.
- Monitoring Local Agency manual and electric breast pump inventory.
- Performing the roles and responsibilities of a CPA/nutritionist.
- Working with community health care providers.
- Working with hospital lactation consultants.

The role of the breastfeeding peer counselor is to provide basic breastfeeding support and education to pregnant and postpartum WIC participants.

STAFFING LEVELS

The ratio of the number of participants to staff allows for assurance that WIC services are being provided in a consistent manner statewide while meeting quality nutrition services standards. A recommendation is that for every 350-400 participants there needs to be one FTE staff person, based on assigned caseload allocations, and that for every 750-800 participants there needs to be one FTE nutritionist, based on assigned caseload allocations. Time spent on WIC functions is documented quarterly in time studies and reported to the State Agency when completed. This assists in determining clear separation of staff duties at the local agency level and ensures there is no conflict of interest during certification and food instrument issuance.

DISASTER PLANNING

In 1999, the New Hampshire Department of Health and Human Services developed a Year 2000 Business Continuity and Contingency Plan, which is also employed as the New Hampshire WIC and CSF Program disaster plan. These include protocols for:

- Eligibility Determination
- WIC Food Benefits Issuance
- Vendor Payments
- CSFP Commodity Foods

Business impact analyses have been developed to identify critical business processes, operational priorities, business risks, and business continuity strategies and alternatives in the event of hardware or software failure at the State Agency and Local Agency level, State and Federal electronic financial and reporting system failures, telecommunications failures, and power failures. These strategies and alternatives would apply in the case of other natural disasters such as flood, or protracted ice storm.

In FFY2009, the Department updated its agency-wide Continuity of Operations Plan. It now has in place phone trees, critical staff identification and mobilization plans. The majority of NH Local Agency WIC/CSF programs are involved in parent agency planning and community resources planning.

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WIC and CSF Program benefits are considered supplemental and, while necessary to assure optimal nutrition during pregnancy and early childhood, are not of an emergency nature. The exception to this statement is that infants may not have an alternative source for infant formula, which may comprise their only source of nutrition. In that situation, the New Hampshire WIC Program infant formula rebate contractor would be contacted for the direct purchase and emergency deployment of ready-to-feed formula for direct issuance whenever possible. It is also noted that in the situation of natural disasters affecting a geographical area such as blizzards, retail grocers may not be open or roads may not be passable, making the issuance of benefits impossible.

WIC MIS operations, including certification and food benefits issuance, are completed in a stand-alone mode at the local clinic level and backed up to the StarLINC host server at frequent intervals and following “check-in” of mobile clinic data. This provides the data necessary to bring other hardware to a disaster site if needed, for example, if a Local Agency issuance site is flooded, or to perform the needed services from another site, for example, batch printing of WIC vouchers or CSFP food issuance batch reports. State Agency staff would be diverted to assist if needed. New Hampshire has requested that CQuest America Inc. initiate planning for emergency support, such as a 30-day certification period extension, for use during a crisis event. USDA, State and Local Agency contact information is maintained for ready access.

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V. NUTRITION SERVICES AND ADMINISTRATION EXPENDITURES

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FUNDS ALLOCATION

The funding base is the best estimate of funds available for Local Agency operations for the coming year. This initial funding level does not constitute a guarantee of funds to the local agency.

The local agency caseload is allocated with consideration of the Local Agency Proposal, success in achieving contracted caseload for the current year, and distribution of participation priorities. WIC and CSFP caseload allocations occur independently due to the broad differences in funding support and programmatic requirements. CSFP caseload is based on the current year allocation from USDA.

BASE CASELOAD AWARDS - WIC

Initial awards are made for a base caseload excluding special initiatives and grants. The base award generally occurs with the initial contract and adjustments for inflation are made subsequent to receiving notice of grant award from USDA. Such awards are made in the following steps:

1. The prior year base is calculated at each Local Agency's prior year caseload and per participant rate. Adjustments may be made for prior year over (under) serving.
2. If available, additional base caseload is funded at the Local Agency's current year federal per participant rate. Caseload reductions resulting from under serving generally result in reduced funding. The State Agency reserves the right to make adjustments in this approach as circumstances dictate.

Each local agency's monthly and cumulative caseload (participation) is compared to its caseload allocation, with monthly reports provided to the Local Agency Executive Director as well as the WIC/CSFP Director. The Local Agency is expected to serve (defined as individuals actually receiving food benefits, including fully breastfed infants) at least 95% but no more than 105% of the contracted caseload in any one month, and is expected to make adjustments necessary to serve 100% of the contracted caseload on an annualized basis. The contract price may, at the discretion of the State Agency, be increased or decreased if the number of persons actually served is less than 95% of the contracted caseload, or if the cumulative discrepancy between the number of persons actually served and the contracted caseload exceeds 105%. The amount of the increase or decrease in the contract price shall be in proportion to the difference between the number actually being served and the contracted caseload.

LOCAL AGENCY BASE FUNDS AWARD - CSFP

CSFP base caseload is assigned to each agency based on prior year performance using the performance standard applied by USDA. Administration funds are allocated on a per participant basis using the best estimates of funds available, with final awards made once fiscal year funding notices are received from

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USDA. A fixed percentage of funds are then directed to the warehouse serving the agency and final awards are adjusted accordingly.

AMENDMENT OF AWARDS

Amendment of the Local Agency funding level occurs when notice of a change in grant award is received from USDA or when caseload performance or unanticipated food cost changes occur. Increases in caseload are made in accordance with the caseload allocation methodology. Reductions are proportionate for each Local Agency. Increases in Local Agency funds are made in accordance with above procedures, with decreases, if necessary, proportionate to caseload reductions.

Each of these actions occurs in consultation with Local Agency program directors to assure that there are not mitigating factors that may affect these decisions. For example, decreases might first consider a specific situation of significant underserving as negotiated with the Local Agency and the balance of the decrease is then applied proportionately to the remaining agencies.

LOCAL AGENCY CONTRACT PROCESS

The Division of Public Health Services has established a standardized protocol for issuing Requests for Proposals and processing contract approvals. A standard State of New Hampshire contract is used, with exhibits delineating specific Program requirements and exceptions to the standard language. Contracts are processed through the Department's Contract Unit and must be approved by the Local Agency Board of Directors (or its designee), the Director of the Division of Public Health Services, the Commissioner of Health and Human Services, the New Hampshire Attorney General, and the Governor and Executive Council. Standard Local Agency contract scope of services and financial protocol formats are employed for WIC services, for CSFP services, and/or for WIC and CSFP services. The latter designates WIC and CSF Program caseload and funding allocations separately. Earmarked funds for enhanced WIC access, WIC breastfeeding peer counseling, WIC/CSFP staff training, and other special projects are designated as part of the allocations process. Amendments during the fiscal year follow a similar approval process.

LOCAL AGENCY BUDGETS/EXPENDITURE PLANS

Local Agency budgets are submitted for State Agency approval prior to execution of a contract for WIC or CSF Program services. Line item changes may be made to budgets with written approval from the State Agency during the contract period. Such approvals include review of allowable costs and federal nutrition education expenditure requirements.

Allocation of Local Agency Program costs among the various functions for WIC (administration, breastfeeding promotion, nutrition education, and client services) and line items are based on time studies and allocation guidelines established by the State Agency. Specific instructions and procedures for completing these activities are provided to the Local Agency with each new budget or budget amendment.

Funds awarded for optional programs or special purposes, such as training, enhanced participant access, or breastfeeding peer counseling, are recovered if not used for the intended purpose.

STATE AND LOCAL AGENCY ACCESS TO FUNDS

WIC Program costs incurred by Local Agencies are presented to the State Agency for reimbursement in an itemized Request for Payment report that follows the New Hampshire line item allocation guidelines and WIC functional cost allocations. A Budget Balance Report is developed each month by the State Agency showing year-to-date costs and balances by line item.

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CSFP Program costs are also invoiced monthly for all agencies. Payment may only be authorized for actual expenditures.

The request for payment is authorized after monthly reports are reviewed to ensure the suitability and allow ability of each line item. The State Agency tracks monthly and cumulative fiscal year expenditures to assure that budget policies are being followed and those expenditures are spread across the entire budget period to assure continuity of services for the entire federal fiscal year.

REPORTING AND REVIEWING OF STATE AND LOCAL AGENCY EXPENDITURES

The Department of Health and Human Services Commissioner's Office of Administration and Finance monitor Local Agency fiscal procedures, including procedures for allocating and billing costs by function and line item.

The Contract further describes limitations upon the contract price to Local Agencies for use in monitoring activities and is also maintained in the vendor payment records for reporting deobligations on the FNS 798 and reconciling expenditures to Lawson, the state financial system.

Once a voucher is paid through a StarLINC payment batch, it cannot be modified in any manner. Vouchers with disposition codes other than redeemed and paid may be modified to reflect changes in status (i.e., resubmitted and approved).

STATE-LEVEL WIC NUTRITION SERVICES AND ADMINISTRATION (NSA) AND CSF PROGRAM COSTS

A Program Specialist under the general direction of the Section Administrator prepares all federal and state reports. The Local Agency Requests for Payment and State Agency internal monthly expenditure reports are reviewed by the Program Specialist through a PC-based spreadsheet to assure adherence to established budget(s) by line item and function. This review assures compliance with applicable regulations, including the one-sixth nutrition education requirement, and other contractual provisions. All state level costs are reported in the Food Programs Reporting System (FPRS). WIC costs are reported monthly in the FNS -798. CSF state level costs are reported quarterly in the FNS -153 and annually in the SF-425.

FEDERAL COST ALLOCATION

New Hampshire uses a job coding system to allocate costs to the correct program or subcomponent, mirroring the individual Grant Award Documents and adding cost breakouts for WIC Administration, Nutrition Education, Breastfeeding Promotion, Client Services, and StarLINC development. Each month, State-paid non-food transactions are posted to the appropriate Program, WIC functional cost center, special project account, and fiscal year, for use in federal financial reporting.

State and Local Agency staff perform periodic time studies to allocate their time spent for each WIC functional cost category. The State Agency uses random moment sampling (RMS) as required by DHHS. Each staff member completes daily sheets for ten of fourteen prescribed dates during each quarter. Talled results are used to determine the percentage of personnel costs allocated to each cost category for the third month of each quarter and the next two subsequent months. Local Agency staff completes daily time sheets for the middle month of each quarter. Results are summarized as a guide to allocating personnel costs by cost category for the next quarter, i.e. August time sheets will be used for October-December.

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All contract and WIC food expenditures are automatically drawn through the federal Cash Management Improvement Act protocols established by the Department. WIC NSA and CSFP funds drawdown requests are prepared for the amount expended during the draw down report period. Upon receipt, the draw down is credited to the State Treasury to reimburse state funds for costs incurred by the program during the draw down report period. The State Agency tracks all draw downs by program and matches to the Grant Award Document and Letters of Credit to assure timely and accurate receipts. Administrative funds are allocated to the correct federal fiscal year based on the original source document or time period covered for the expenditure.

The Division Financial Manager signs the FSRs and 798 reports for WIC and maintains primary responsibility for fiscal reporting oversight. Other staff is cross-trained for specific components of fiscal operations in order to provide redundancy in this detailed and critical function. The Department's cost allocation reports are used as the source for all expenditure reporting.

PROCUREMENT

Equipment

All subcontractor-purchased equipment of significant value is subject to administrative prior approvals. State Agency purchases are approved through uniform state-established channels. Local Agencies must have written authorization from the State prior to the purchase of computer equipment over \$250.00 (including networks), equipment used to determine nutritional eligibility (such as scales, measuring boards, or anemia-screening equipment), and other equipment with a value in excess of \$500, or equipment which will be shared with other programs.

IT Equipment

All such purchases with federal funds are subject to approval by USDA in consideration of the Advance Planning Document Plan filed by the State Agency.

Subcontracts

The State Agency holds no contracts for banking or related services related to the operation of the food delivery system. Major purchases (equipment, print charges in excess of \$1,000) are procured through competitive bid as issued by the appropriate State procurement office.

The State Agency complies with the requirements of 7 CFR Part 3017 regarding non-procurement of goods and services from entities which have been debarred or suspended from entering into contracts or agreements with grantees and sub grantees of federal funds. Local Agency contracts also reflect this requirement.

Property Management

State Agency equipment is subject to state purchase and inventory requirements. The Department of Health and Human Services maintains an inventory list of all equipment, which is physically verified annually, including documentation of location and disposition if applicable. All discarded equipment must be logged out of inventory to the State Surplus agency.

An equipment inventory is maintained by the State Agency for each Local Agency. The Local Agency must inventory equipment annually and verify this to the State Agency. The State Agency physically verifies inventory as part of the Local Agency Management Evaluation. Written approval from the State Agency is required prior to relocation or disposition of equipment. When possible, equipment such as

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computers that cannot be upgraded to meet StarLINC standards, but which is still usable for more limited functions, is donated to local non-profit organizations.

NUTRITION EDUCATION COSTS

Each Local Agency must develop a nutrition education budget. Monthly expenditure reports all costs by function, including nutrition education and breastfeeding promotion. The State Agency monitors the cumulative progress of each Local Agency toward meeting its nutrition education expenditures as part of monthly budget monitoring. In addition, State and local expenses for nutrition education and breastfeeding promotion are entered in monthly budget monitoring spreadsheets to assure that minimum expenditure requirements are met.

As part of the bi-annual financial review, expenses and time sheets are tested against source documents to assure coding to the appropriate function.

INDIRECT COSTS/STATEWIDE AND DEPARTMENT COST ALLOCATION

The New Hampshire Department of Health and Human Services maintains a cost-allocation plan for allocating centralized costs. The U.S. Department of Health and Human Services has approved this plan. Costs for supporting administrative activities are allocated to all programs based on staffing or other pre-determined methods (for example, Office of Information Service staffing costs for State Agency MIS support are job-coded separately by program and IT project and those costs are allocated to the Healthy Eating & Physical Activity Section. Each month, the State Agency verifies these costs charged to its general appropriation based on personnel costs for that month; the DPHS business administrator then draws down the costs from the appropriate fund.

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VI. FOOD FUNDS MANAGEMENT

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COST CONTAINMENT MEASURES

Infant Formula Rebate

- Effective October 1, 2011, the New Hampshire Department of Health and Human Services entered into a rebate agreement with Mead Johnson Nutrition in conjunction with the states of Connecticut, Maine, Massachusetts, and Rhode Island, and the Cherokee, Chickasaw, and Seneca Nations. The effective dates are October 1, 2011 through September 30, 2014, with one allowable two-year extension, extending the agreement through September 30, 2016.
- Milk and soy-based liquid concentrate, ready-to-feed, and powdered formulas are included in the rebate agreement. Products of other companies are not authorized New Hampshire WIC products except by health care provider prescription due to allergy, severe intolerance, or medical need.
- The State agency's infant formula rebate solicitation/contract contains the following provisions:
 - Establishes the contractor's responsibility to provide sufficient quantities of products covered by contract to all authorized WIC vendors in the State.
 - Requires contractor to provide a rebate on all infant formulas it produces that the State agency chooses to issue, except exempt infant formulas.
 - Specifies that the rebate reflects the same percentage discount on the manufacturer's lowest national wholesale cost as the corresponding physical form of the Primary Contract Infant Formula for which bids were received.
 - Specifies that the contractor shall pay the rebate in effect on the day the participant actually transacts the food instrument.
 - Requires payment of rebates on all infant formula purchased while contract is in effect, even though the contract may be void at the time payment is due.
 - Includes an extension option for a specified length of time. Terms and conditions of extension person(s) are specified in the request for bids and contract.
 - Addresses billing discrepancies. Prohibits contractor from withholding rebate payments due under any circumstances. All disputes must be settled by closeout of the fiscal year in which the dispute occurred.

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- The StarLINC system reports the number of cans of contract infant formula by product form (concentrate, RTF, soy powder, milk powder), which were reimbursed to vendors, by issue month and payment month, segregating this information by federal fiscal year. This report is run each month, at the time of WIC deobligation reporting, for the prior month. The number of units actually paid is reported subsequent to an adjustment for under redemption in accordance with procedures adopted under the contract and then invoiced to the manufacturer. Rebates are billed on a reimbursement basis, with infant formula costs advanced by the State of New Hampshire in a pre-established appropriation. Infant formula rebate payments are received into a separate appropriation for ease in tracking.
- New Hampshire does not allow gratuitous infant formula or other items from infant formula manufacturers.
- Per the Child Nutrition Reauthorization Act, rebates received on and after October 1, 2011 will be reported on the FNS-798 in the month in which the rebate is received rather than the month in which it is earned.
- NH staff has developed estimation spreadsheets to calculate the portion of rebate funds that will now be reported as FFY12 rebate income. The State of California Food Forecast Model (CFFM) is used to estimate monthly rebate revenue at the beginning of the federal fiscal year, but the FFY12 estimated portion is replaced by actual revenue when monthly totals are available. The changes in rebate reporting requirements for FFY 2012 will not require a change to the MIS as the system generated reports are based on the payment month of redeemed rebate eligible foods and correctly identify the issuance month which NH already uses to determine which FFY to report rebate against.

Current fiscal year rebates and current net price per can paid:

Primary Contract Infant Formula				
Product	Manufacturer	Rebate/Unit	Net price/Unit	% Discount
Liquid Concentrate (13 oz)	Mead Johnson			
Milk-Based	Mead Johnson	\$4.039/can	\$0.291/can	93%
Soy-based	Mead Johnson	\$3.973/can	\$0.287/can	93%
Powder	Mead Johnson			
Milk-based (12.5 oz)	Mead Johnson	\$12.624/can	\$1.266/can	91%
Soy-based (12.9 oz)	Mead Johnson	\$13.915/can	\$1.395/can	91%
Ready to Feed (4-8 oz)	Mead Johnson			
Milk-based	Mead Johnson	\$2.864/bottle	\$4.876/bottle	37 %
Soy-based	Mead Johnson	\$3.075/bottle	\$5.235/bottle	37%

Infant Food and Cereal Rebates

- Effective October 1, 2009, the New Hampshire Department of Health and Human Services entered into a sole-source rebate agreement with Hero Group, Inc./Beech-Nut Nutrition Corporation in conjunction with the states of Connecticut, Maine, Massachusetts, and Rhode Island. The effective dates are October 1, 2009 through September 30, 2012, with two

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allowable one-year extensions, which could extend the agreement through September 30, 2014. As of October 1, 2013 this agreement will be extended through December 31, 2013.

- A new RFP will be released later this year for a new rebate agreement for the period of January 1, 2014 through September 30, September 30, 2017.
- Infant fruits, vegetables, meats, and cereal are included in the rebate agreement. Products of other companies are not authorized.
- The StarLINC system reports the number of jars and boxes of contract infant foods by product form, which were reimbursed to vendors, by issue month and payment month, segregating this information by federal fiscal year. This report is run each month, at the time of WIC deobligation reporting, for the prior month. The number of units actually paid is reported subsequent to an adjustment for under redemption in accordance with procedures adopted under the contract and then invoiced to the manufacturer. Rebates are billed on a reimbursement basis, with infant food and cereal costs advanced by the State of New Hampshire in a pre-established appropriation. Infant food and cereal rebate payments are received into a separate appropriation for ease in tracking.

ADMINISTRATIVE POLICIES

Food Package Cost

- Eligible store brands of WIC-authorized foods are approved within New Hampshire provided that other federal and State criteria (packaging, nutritional content, etc.) are met. The only exception is in the cereal category where only whole grain store brand cereals are allowed.
- New Hampshire requires purchase of the least expensive brand of fluid milk and eggs.
- Restrictions are placed on container size (minimum 12-oz. cereal box size) and container type.
- Competitive pricing is one criterion for vendor authorization.
- Price limitations have been established for infant formula and infant foods. Stores that do not meet this cap may lower their WIC-charged price, accept a restricted agreement allowing only women and children food package vouchers, or not participate in the program. Store prices as contained on individual vouchers are monitored to prevent subsequent price increases beyond the cap.
- Price survey data is reviewed to determine prices that are significantly higher than those of other similar stores and voluntary price reductions are negotiated with the vendor to make them more competitive. These reductions are also monitored to prevent subsequent price increases beyond the negotiated price. Price surveys include pharmacies that provide only exempt infant formulas, and do not include any non-profit vendors.

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- New vendors may seek authorization at any time, facilitating the addition of chain store outlets, which comprise the bulk of new store activity. This provides for both increased program integrity and lower prices.
- New Hampshire employs a “super voucher” food package in which all of the non-perishable and one-third to one-half of the perishable foods are issued on one voucher; the participant is encouraged to use this voucher at the time of regular shopping and to use the smaller vouchers at more convenient neighborhood stores if necessary.
- New Hampshire also has system-based proration policies and food packages may be tailored per participant request and at the discretion of the nutritionist. This function is maintained in the StarLINC system, and will become available to other states using the core StarLINC WIC system.
- The StarLINC computer system supports vendor peer groups. A vendor peer grouping system in StarLINC is used for vendor price evaluation.

FUNDS MONITORING/798 REPORTING

FOOD COST OBLIGATIONS

NH State staff calculate food cost obligations monthly using an internally developed spreadsheet based on the (CFFM) and StarLINC monthly source data reports. At the beginning of each fiscal year, caseload, gross food costs, rebate revenues, inflation rates, and net food costs are projected based on potential available funds and historical trend data. These projections are updated monthly to record actual data as this becomes available in StarLINC and future projections are adjusted in accordance with actual data. NH WIC Program staff using the FNS 798 online form, report these projections and actual data monthly in FPRS, the federal online reporting system.

The Section Administrator, and/or the Business Administrator closely monitor monthly FNS 798 source data reports in StarLINC to assure that projections are as accurate as possible

FOOD COST PAYMENTS

- The New Hampshire WIC Program employs a prepayment audit system. Records of all vouchers issued are maintained in a computer redemption master file. All vouchers are reconciled to active participant certification records.
- Incoming invoices are entered to a computer invoice file by date, number, and vendor ID and held for processing by order of date received.
- Redeemed vouchers are edited against issuance, expiration, and invoice dates and price edited against the vendor's NTE (Not to Exceed) price for the specific food items contained on the voucher. Price edits are vendor-specific, using price surveys which capture food item costs by item code. Vouchers are visually reviewed for signature discrepancies and alterations.
- The total of all vouchers less rejected costs is reconciled to the store invoice total on an invoice total screen which totals vouchers by amount and number billed, approved, rejected by rejection code, late billing, pending status, and administrative approval or denial.

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Discrepancies are verified through a manual total of the vouchers, comparison to vendor back-up tapes if available, or comparison of each voucher to information entered into the redemption file. Notices of all deductions are prepared for vendors delineating the voucher in question, the reason for rejection, and procedures for resubmission. Copies of these notices are maintained in the vendor file at the State Agency for use in monitoring activities.

- Vouchers rejected as overcharges are either reimbursed at a percentage of the average cost as determined by the specific vendor's price survey data for the items specified on the voucher, or denied with a request to provide the store receipt. The latter procedure is used when the overcharge suggests that the foods purchased are not the foods listed on the food instrument. The vendor may resubmit this voucher for full payment with documentation.
- Once the invoice is reconciled, a program payment authorization is made and the approved vouchers are then held. At specified intervals (at least once weekly), payment data is electronically transmitted to State Division of Accounts for payment, generally within 7 days. No further manifesting is required. Copies of the invoices and the invoice final payment report are maintained at the State office and later in archives.
- At the time the payment run is done, the invoice file program is updated to reflect the payment status and a deobligation report in the format of the FNS 798 is created for use in drawing down federal funds. This report sorts vouchers by month of issuance for use in accrual month reporting. The final report of each month is reconciled to State payment records for reporting deobligations on the FNS 798 and reconciling expenditures to payments.
- Once a voucher is printed on to the IFS tape, it cannot be modified in any manner. Vouchers with disposition codes other than redeemed and paid may be modified to reflect changes in status (i.e., resubmitted and approved).
- Food vendors are required to submit food and cash-value vouchers for redemptions within 30 days of redemption date.
- Vendor reimbursement may be made either by electronic transfer to the vendor's bank or by check directly to the vendor.

RECOVERY OF FUNDS

When recovery of funds previously paid is necessary based on audit or investigation findings the following may occur:

1. The local agency may reimburse the State Agency or an adjustment in future funding may be executed, as provided for in the Contract.
2. The Food Vendor may reimburse the Program voluntarily or administrative action to terminate the Agreement with the Vendor may be taken or legal action may be taken to recover funds, or any combination of the above.
3. The amount to be recovered may be deducted from a subsequent Local Agency Request for Payment or Food Vendor invoice following appropriate notifications.
4. The participant may reimburse the State Agency voluntarily for benefits received in excess of \$100 or administrative and or legal action may be taken to recover the funds.

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WIC AND CSFP PARTICIPATION REPORTING

WIC participation and enrollment counts are gathered using StarLINC reports that are generated after the month is closed in StarLINC.

CSFP participation numbers are collected from the local agencies based on monthly totals of daily counts of food distributions. The monthly count is derived from adding the previous bi-monthly issuance to the current month's issuance by client type.

The State Agency employs an Excel-based spreadsheet to summarize StarLINC reported WIC data for both individual agency and statewide caseload performance management and monitoring. Monthly caseload reports track caseload management performance. Both average and cumulative caseload served are monitored to assure adherence to allocated caseload without making significant year-end compensatory changes that would result in significant over (under) enrollment at the start of the next fiscal year. These reports also track participation rates as a percentage of enrollments. Caseload reports are provided to both the Local Agency WIC Director and the Local Agency Executive Director monthly.

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VII. CASELOAD MANAGEMENT

NO SHOW RATE

No-show rates are monitored by the local agency as a way of assuring that applicants and enrolled participants are able to access services. The State Agency has developed specific policies to ensure appropriate follow-up of no-shows for certification and food instrument pick-ups. Timely follow-up must be done for all initial and subsequent certifications, with particular emphasis on pregnant women and infants. For such potentially high-risk applicants, the telephone number and address is obtained at the time of application, and either mail or telephone contact is attempted within one week of the original appointment. When contact is established, an additional certification appointment is offered. If pregnant women cannot be reached by telephone, a postcard or letter is sent to offer a second appointment. No-show rates for certification appointments are monitored at the Local Agency management evaluation, and agencies are encouraged to conduct their own monitoring of rates. The State Policy and Procedure Manual includes policies and procedures to assist local agencies to improve no show rates.

ALLOCATION OF CASELOAD AND CASELOAD MONITORING

WIC services are available in all counties of the state and are awarded based on relative need and a historical review of participant enrollments by contractors.

The variables used in determining relative need are as follows:

- % of children under 5 years of age living at or below 185% in Poverty based on most recent data from US Census. (weight = 0.75)
- % of infants with Low Birth Weight Births receiving Medicaid, based on most recent data from New Hampshire Birth Certificate Data, Office of Health Statistics and Data Management (HSDM), New Hampshire Department of Health and Human Services (NH DHHS), and the Bureau of Data and Systems Management (DBSM), Office of Medicaid Business and Policy (OMBP), and New Hampshire Department of State, Division of Vital Records Administration , (weight = 0.15)
- % of Births with Late or No Prenatal Care Initiation, based on most recent data from New Hampshire Birth Certificate Data, Office of Health Statistics and Data Management (HSDM), New Hampshire Department of Health and Human Services (NH DHHS), and the Bureau of Data and Systems Management (DBSM), Office of Medicaid Business and Policy (OMBP), and New Hampshire Department of State, Division of Vital Records Administration (weight = 0.05)
- Maternal Age Less Than 19 Years, based on most recent date from New Hampshire Birth Certificate Data, Office of Health Statistics and Data Management (HSDM), New Hampshire Department of Health and Human Services (NH DHHS), and the Bureau of Data and Systems Management (DBSM), Office of Medicaid Business and Policy (OMBP), and New Hampshire Department of State, Division of Vital Records Administration, (weight = 0.05)

WIC and CSFP services are provided by four agencies, serving all ten counties. Three agencies are community action programs, and one agency is a community health center. Local WIC Agencies are awarded caseload according to relative need, and potential eligible population. Additional caseload, remaining from the annual allocation or received as a reallocation, shall be dispensed according to the following schedule and with the noted conditions.

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CASELOAD EXPANSION

Increasing caseload in established agencies:

If food funds are sufficient to allow expansion beyond the contracted caseload Local Agencies that are serving less than the statewide average of potential eligibles shall be authorized to request expanded caseload. The final amounts awarded are negotiated based on waiting lists in the service areas, percentage of eligibles being served, and priorities being served.

In no case will caseload be awarded to areas where more than the statewide average of potential eligible population is being served until all efforts have failed to expand services in those areas serving less than the statewide average.

Increasing the number of local agencies:

If expansion of the program is necessary in the future, a public notice will be placed soliciting inquiries from interested agencies and a Letter of Intent will be requested to prepare full service proposals. The selection process will consider the regulatory priority system and preference will be given to proposals which do not decrease existing service areas or increase the number of Local Agencies, due to funding constraints. Regulatory notice requirements regarding selection criteria and civil rights will be strictly followed. This procedure will occur only when the prospect of being able to fund a new agency or expand services is good or to bi-annually solicit competitive proposals statewide.

If new local agencies are selected in a manner that subdivides present service areas, the accepting agency must specify in writing that:

- They understand an award of caseload, regardless of size, does not constitute promise or guarantee of additional caseload or funds at a later date outside the allocation process described above in the event of new caseload becoming available;
- They assure that sufficient locally raised funds are available over and above administrative funds provided with the award of caseload to ensure compliance with current federal fiscal year; and
- They understand that all expectations for compliance with operating requirements are the same for all agencies regardless of caseload size, administrative funds grants from the State Agency or date of Program inception.

Nothing in this section should be construed as supplanting Section 246.5, Selection of Local Agencies, of the Federal Regulations.

The State Agency may, with full consent and cooperation of all agencies involved, elect to retain caseload with existing Local Agencies when a new Local Agency is being established or when caseload is to be reallocated within the areas. This may be done to protect a portion of the award from being returned to USDA/FNS because of the time involved in accomplishing all steps leading to the full establishment of a Local Agency. Due to USDA/FNS accounting and reallocation procedures, and the time needed to establish a Local Agency agreement, the State Agency may temporarily assign the new Local Agency's caseload to existing Local Agencies with the understanding that such caseload will be transferred from unused monthly caseload and through attrition until the new Local Agency is operating at the caseload awarded.

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FY2014 OUTREACH PLAN

Outreach consists of maximizing the visibility of the WIC and CSF Programs in both the public and professional communities in order to identify and serve those individuals most in need of Program benefits. Outreach is an ongoing activity, although the focus of activities shifts dependent on caseload in order to attract high-risk individuals. Referral is a component of outreach and consists of directing applicants and participants to social, health, and educational services for which specific needs are identified. Together, outreach and referral comprise a network of services, which maximize the resources available to individuals in need. Effective outreach requires ongoing activities at the state and local levels as well as coordination between the two for purposes of:

1. Targeted outreach to high-risk pregnant women in the first trimester, pregnant adolescents, and parents/caregivers of infants

In order to increase the early pregnancy intervention of the WIC Program for pregnant women, outreach activities focus on informing health, educational, and social service providers of Program benefits and eligibility. Letters from the Department of Health and Human Services are sent annually to all obstetricians, family practice physicians, pediatricians, nurse practitioners, childbirth educators, and nurse midwives in the state encouraging referrals of high-risk pregnant and postpartum women to the Program. Additional groups receiving annual notices are listed at the end of this section. Specific outreach brochures for health, medical, and education professionals that emphasize the preventive aspects of the WIC Program are developed and distributed by both the State and Local Agencies. Outreach to pregnant adolescents is achieved through letters and WIC materials sent to high school nurses, family planning and prenatal agencies, primary care centers, and pregnancy centers.

2. Routine outreach to publicize the availability of the WIC and CSF Programs

Periodically, depending on caseload, the State Agency with the Department's Public Information Office issues press releases, which describe existing WIC and CSF Programs. Local Agencies are also encouraged to use the media to publicize Program availability and benefits.

The State Agency distributes outreach brochures to:

- Local Agencies for distribution to locally identified sources of WIC and CSFP referral;
- District Offices (TANF, Food Stamp Program, and Medicaid application sites);
- Maternal and Child Health Section for distribution at Primary Care Centers, Family Planning, Child Health, Home Visiting, and Prenatal Programs;
- Other Department of Health and Human Services programs which serve the WIC and CSFP-eligible populations.

Participant surveys indicate that a majority of participants learn of the WIC or CSF Program from other participants, particularly friends and relatives. Therefore, Local Agency staff encourages participants to inform others about WIC and CSF Program availability and benefits.

Local Agencies display outreach posters at public places frequented by potential WIC and CSFP participants, such as community health centers, primary care centers, Family Planning clinics,

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prenatal clinics, and Division of Family Assistance district offices. Posters are also displayed at other public places, such as day care centers and laundromats.

3. Building an outreach network and informing organizations in the network about the WIC and CSF Programs

The Healthy Eating & Physical Activity Section maintains contact with appropriate New Hampshire health and social service organizations. Efforts are continually made to contact new groups, and provide existing organizations with updated eligibility information. Some organizations with which the Section works are:

The NH Department of Health and Human Services:

Division of Public Health Services (Maternal and Child Health Section)

Office of Family Assistance (TANF, CHAP, Medicaid, and Food Stamp Programs)

Bureau of Drug Abuse Services

UNH Cooperative Extension Service (Nutrition Connections Program, Food Stamp Nutrition Education Program, and County CES offices)

New Hampshire Childbirth Educators Association

New Hampshire Coalition Against Domestic and Sexual Violence

The Early Intervention Network of New Hampshire

La Leche League and New Hampshire Lactation Consultants

New Hampshire Medical Society

Association of Women's Health Obstetrical and Neonatal Nurses (AWHONN)

Employment Security Offices

New Hampshire School Nurses

New Hampshire Foster Parents Association

Planned Parenthood of Northern New England

New Hampshire Job Training Council

Crisis Pregnancy Centers

Fuel Assistance Programs

Family Support Programs

Soup Kitchens and Food Pantries

Hospital Social Service Directors

HELPLINE Information and Referral Hotlines

Homeless Shelters and Primary Care Services for Homeless Populations

Head Start Agencies

New Hampshire Coalition for the Homeless

New Hampshire Municipal Association

Child Care Providers

Child Development Program Network

New Hampshire Nurse Practitioners

New Hampshire Housing Authority

New Hampshire Legal Assistance

Health Maintenance Organizations

Community Health Centers

Resource and referral directories have been compiled by State and Local Agencies, and are updated annually. Each year, information about the WIC and CSF Programs is provided to appropriate

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organizations and current information about those organizations is requested. An inventory of referral materials provided by other organizations in the network is maintained at the State office. In-service education for Local Agency nutrition staff includes presentations by representatives of agencies in the network.

4. Retention of child participants on the WIC Program.

Strategies, including mailings from local agencies to parents of 2 ½ and 3 ½ year old children, are developed and aimed at the retention of older children, as participation levels drop dramatically as children grow older. The major goal is to retain children on the program until their fifth birthday through encouragement to parents on the importance of WIC nutrition services in promoting healthy growth and development of children.

FY2014 AFFIRMATIVE ACTION PLAN

The Affirmative Action Plan is a description of nutrition services that are provided to special populations, as described below. Caseload assignment to local agency service areas is based on select variables: children less than 5 years of age living at or below 185% of poverty, infants with low birth weight and receiving Medicaid, births with late or no prenatal care, and maternal age less than 19 years. Per a recent report citing data from the American Community Survey and US Census, children living in rural NH counties were more likely to receive WIC benefits, with an average ranging from 17.4% of eligible children in Rockingham County (urban) to 29.1% in Coos County (rural). With a recent consolidation of WIC local agency contracts to four local agencies, this enrollment by eligibility may change to reach more eligible children in urban counties such as Hillsborough and Rockingham Counties.

Foster Children

The State Agency periodically contacts State and district offices in the Division for Children, Youth and Families and organizations and agencies serving foster parents in order to publicize the availability of WIC and CSFP benefits to foster children. This includes children in protective custody and infants and children who were exposed to drugs perinatally. Foster children are considered as a separate economic unit for purposes of income determination, and residence verification of the foster parent is used solely for the purpose of assignment to a Local Agency. Foster children from other States who are residing in New Hampshire foster homes are considered New Hampshire residence-eligible.

Native Americans

There are no organized tribes or other socio-economic units of Native Americans in New Hampshire so that formal outreach is not necessary. Applicants declaring Native American status are accorded priority in service in accordance with the certification section of this Plan.

Non-English Speaking Persons

When significant non-English speaking populations are identified, the Healthy Eating & Physical Activity Section works with organizations representing those populations to disseminate public notifications and to provide outreach and nutrition education materials in the appropriate language. Contact is regularly maintained with the NH Minority Health Coalition, Lutheran Social Services, International Institute of New Hampshire, Latin American Center at Southern NH Services, and the Somali Development Center. Spanish WIC outreach materials are available, as well as Spanish-speaking nutrition staff at appropriate local agencies.

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Working Persons and Residents of Rural Areas

The demographic and economic structure of the State consists of a number of "locality centers", or larger towns, which provide essential public services to a group of geographically contiguous smaller towns. The WIC and CSFP clinic schedules (certification and food delivery services) take advantage of this structure by holding mobile clinics in each town providing such essential services on a regular bi-monthly, tri-monthly, weekly or more frequent basis, depending on population and caseload size. New Hampshire regularly holds more than 196 clinics in more than 50 different sites for its 17,610 WIC caseload. There presently are 62 CSFP sites, some with multiple distributions each month, for the 6,223 CSFP caseload of women, children, and elderly persons.

Other accommodations for the working and rural poor, which comprise a large part of the New Hampshire caseload, include:

- Integrated WIC/CSFP certification and food benefit distribution for families with members on both Programs;
- Tri-monthly WIC voucher and bi-monthly CSFP food issuance option for Local Agencies;
- Specific certification appointments and assigned blocks of time for WIC voucher pick-up;
- Flexible proxy options, including proxy representation at the certification of children and designation of a permanent proxy on WIC food instruments;
- Participant selection of second WIC nutrition education contact date;
- Scheduling of certification appointments and food benefit pick-up cycles to accommodate carpooling; and
- Early morning, late afternoon, early evening, and lunchtime appointments.

Homeless Persons

Agencies such as soup kitchens, food pantries, homeless shelters and the NH Coalition to End Homelessness, are at least annually, sent information about the WIC and CSF Programs, encouraging such providers to refer eligible families with pregnant women and young children. Local Agencies are encouraged to develop communication networks with homeless shelters and soup kitchens/food pantries in their service areas. There are three health agencies contracted with MCH-DHHS to provide primary health care services for homeless populations, who are also part of the outreach network.

The State Agency has waived residence verification and allows self-declaration of income for applicants who are homeless or temporary residents of an emergency shelter. At the discretion of the Local Agency, a Verification of Certification (VOC) card may be issued upon enrollment, provided that the VOC card must be produced for future food benefit monthly cycles to prevent dual enrollment. Federal policy prohibits the use of socio-economic criteria in assigning priority in service to this target population.

Food package tailoring and nutrition education provisions for this population are contained in the appropriate sections of this plan and the Local Agency Policy and Procedure Manual. Replacement food benefits may be issued for persons who become homeless due to a fire, domestic abuse or other participant-reported emergency precluding access to the original vouchers or CSFP foods.

Homebound Elderly

In order to make the CSF Program accessible to those individuals who are physically unable to travel to CSFP offices for certification or to pick-up their food benefits but are otherwise eligible, Local Agencies are encouraged to both promote the use of proxies and, when proxies are unavailable, home-delivered food packages to the extent that resources permit.

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WAITING LIST MANAGEMENT

When there are no available funds to provide program benefits to applicants, a General Waiting List (GWL) must be maintained if it is anticipated that benefits may reasonably be expected within three months based on the applicant's category and probable priority or sub priority. Any waiting list shall include applicant name, address, telephone number, date of placement on list, category, priority, nutrition risk, income eligibility status, method of application, and date notified of placement on list.

Applicants are removed from the GWL by probable priority or sub priority, and date of placement on the list, in that order.

When closed caseload exists, the certified applicant receives a Denial of Participation Letter and a copy of the appropriate Program notification pamphlet. The applicant is placed on an appropriate Priority Waiting List (PWL). A separate list must be maintained for each priority level.

The PWL should contain no more persons than may reasonably be expected to be enrolled within a three month time period. Movement from the PWL is in order of priority, with all participants of the highest priority removed from the list before movement from a lower PWL occurs. Movement within a PWL shall always be in order of certification. No individual on a higher Priority Waiting List may be bypassed in favor of an individual with a lower priority, except for migrant farm workers and VOC cardholders, who shall always be immediately enrolled or placed at the top of any PWL.

In the situation of a CSFP Priority Waiting List, women, children, and seniors are of equal priority.

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VIII. CERTIFICATION, ELIGIBILITY, AND COORDINATION OF SERVICES

ELIGIBILITY DETERMINATION AND DOCUMENTATION

Certification is the process by which the eligibility of applicants for WIC or CSF Program benefits is determined. A person wishing to receive WIC or CSFP benefits must first apply to the Local Agency. The application may be made in person or by telephone. At that time the Local Agency shall record in StarLINC, at a minimum:

- The method of application;
- The date of the application;
- The applicant's name;
- The applicant's address and phone number (if available); and
- The category (pregnant, breastfeeding, or postpartum woman, infant, child, or elderly).

When the Local Agency has open caseload available to provide benefits, applicants are scheduled to attend a certification clinic. The eligibility of an applicant for Program benefits is determined at the certification appointment. WIC applicants eligible as migrants, pregnant women, infants, or breastfeeding mothers of infants less than 6 months of age (as defined in the Policy and Procedure Manual) shall be given the opportunity to attend a WIC certification clinic within 10 days of the date of initial request for Program benefits. All other applicants shall be given the opportunity within 20 days of the initial request. "Days" refers to calendar days, not working days. Upon Local Agency request, the State Agency may approve extending the WIC expedited service requirement from 10 to 15 days, based on specific geographical considerations in specified sections of the Local Agency service area.

A participant eligible for either the WIC or CSF Program is given a choice of programs; however, high-risk WIC-eligible persons (such as pregnant and breastfeeding women) are encouraged to enroll in WIC. Infants are not eligible for CSF enrollment.

It is incumbent upon the applicant to be available to the Local Agency to undergo the certification process within the 10 or 20 day period. Local Agencies holding clinics at multiple locations are not required to alter the certification clinic schedule to accommodate the request of a potential participant. The Local Agency, however, must offer the applicant an opportunity to attend any of the certification clinics scheduled within the appropriate time period, regardless of the distance the applicant might have to travel and is expected to document an applicant's refusal of appointments offered within the regulatory processing timeframes.

The majority of certification is done by appointment, however some clinics accept walk-ins when the schedule allows. Applicants are free to select an appointment to suit their needs and schedules. Scheduling flexibility is available to accommodate working applicants or those who desire to carpool. Some Local Agencies offer evening clinics and others are able to reserve early, late and lunch hour appointments for working applicants. Procedures also exist to allow a proxy to represent a parent or guardian at the certification visit.

At the certification clinic a determination of residence eligibility, categorical eligibility, income eligibility, and nutritional risk eligibility (WIC only) is made for each applicant. Identity, income, category, and residence eligibility are verified for each applicant, for either the WIC or CSF Program at certification and proof of identity is also checked when issuing food benefits. Visual recognition by a

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Local Agency staff member at food benefits issuance or subsequent certification is not allowable. Self-declaration of residence and income may be accepted for persons who are homeless or residing in a temporary shelter provided that there is an accompanying affidavit in accordance with federal requirements. Persons indicating self-employment shall show proof of net income, or profit. The applicant or participant shall show proof of a quarterly tax statement, an earnings and expenses statement, or the previous year's W-2. The following are excluded from consideration of income when determining eligibility for military personnel or their dependents: Basic allowance for housing, cost-of-living allowance provided under 37 U.S.C. 405, when a member of a uniformed service is on duty outside the contiguous states of the United States; and combat pay.

WIC nutritional risk eligibility is determined by a Competent Professional Authority (CPA) at the local agency. Statewide uniform nutrition risk criteria are applied consistently, and are based on results of anthropometrics, biochemical, and medical assessments as well as referral information from the health care provider if applicable.

The New Hampshire WIC and CSF Programs employ the maximum allowable income eligibility standards (185% of poverty for women, infants and children and 130% of poverty for elderly). Adjustments to the guidelines occur when the New Hampshire Medicaid Program adopts changes in poverty guidelines on April 1 of each year and for the elderly also on April 1 of each year. For FY2014, the WIC and CSFP income guidelines will be the current poverty guidelines.

INCOME GUIDELINES

The Food and Nutrition Service, USDA, provides the following 185% Income Poverty Guidelines, effective April 1, 2013 to June 30, 2014:

<u>WIC PROGRAM AND CSF PROGRAM FOR WOMEN AND CHILDREN</u>			
<u>Family Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each additional family member add:	7,437	620	144

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The Food and Nutrition Service, USDA, provides the following 130% Income Poverty Guidelines, effective April 1, 2013 to June 30, 2014:

ELDERLY CSF PROGRAM

<i>Family Size</i>	<i>Annual</i>	<i>Monthly</i>	<i>Weekly</i>
1	\$14,937	1,245	288
2	20,163	1,681	388
3	25,389	2,116	489
4	30,615	2,552	589
5	35,841	2,987	690
6	41,067	3,423	790
7	46,293	3,858	891
8	51,519	4,294	991
For each additional family member add:	5,226	436	101

Applicants who are determined to be ineligible are not certified. A Denial of Participation Letter is provided, along with a copy of, “The Rights and Rules” sheet (WIC) or “Welcome to CSFP” (CSFP) pamphlet, for explanation of appeal rights.

Eligible, or certified applicants, are assigned a priority level, as defined in the Policy and Procedure Manual. When open caseload exists, the WIC participant receives a copy of “NH WIC Participant Rights and Rules”, and food vouchers are immediately issued. The CSFP participant receives a copy of “Welcome to CSFP” and commodity foods; persons certified for CSFP at a WIC-only clinic are provided an appointment for obtaining CSFP foods within 10 days.

Per certification requirements implemented by USDA, the following requirements have been implemented:

All applicants not certified under adjunctive eligibility are required to present income documentation at certification. Applicants may self-declare no proof of income with a signed statement indicating why, such as working for cash, forgotten proof of income, or have another qualifying circumstance listed in the NH PPM. Applicants may also indicate zero income. WIC staff must further screen the applicant and offer appropriate referrals. Staff may choose to have the participant with zero income return after 30 days to follow up with referrals or request income documentation. However, if applicants are certified as adjunctively eligible, they must present documentation of current participation in Medicaid, Food Stamp Program, or TANF, as evidence of income eligible for WIC. Active Medicaid enrollment can also be verified in the WIC office by calling the automated tele-machine number when an applicant provides their Medicaid card.

All applicants are required to present proof of residence at certification.

All applicants must present proof of identity at certification, and participants must present proof of identity at subsequent certifications and at voucher issuance. Acceptable documents to utilize as proof of identity can be found in the Policy and Procedure Manual. Visual personal

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recognition by WIC staff at issuance of food or food instruments or subsequent certifications is not allowed.

Income determination from multiple income sources at different frequencies is done using the new conversion factor procedure. All income is annualized by multiplying weekly income by 52, biweekly income by 26, bimonthly income by 24, and monthly income by 12. All values are added together and compared to the annual income for the appropriate guidelines size.

Participants may be screened mid-certification for income or other certification criteria if there is reason to believe the family's situation has changed since the most recent certification. If a participant/family is found over-income or ineligible mid-certification, a Denial of Participation, a WIC Participant Rights and Rules brochure and 15 days' notice (it may or may not include food instruments depending on the last issuance date) shall be given.

NUTRITION RISK DETERMINATION, DOCUMENTATION AND PRIORITY ASSIGNMENT

The New Hampshire WIC Program currently utilizes the USDA Nutrition Risk Criteria referenced in WIC Policy Memorandum 2011-5 and the transmittal notices on May 27, 2012 and June 25, 2012. These changes were made to the NH MIS system in October 2012. WIC Nutrition Risk Criteria daily sheets have been revised as part of the implementation of the new risk criteria. Copies of the daily sheets are available for review and are included in the NH PPM.

The New Hampshire StarLINC system uses the nutrition risk criteria numbering system however it is not visible to staff at clinics that choose the risk criteria by name.

Bloodwork requirements allow the deferment of collection of blood data for up to 90 days following the date of certification, so long as the applicant is determined to have at least one qualifying nutrition risk at the time of certification. If no qualifying nutrition risk criteria are present at the time of certification, a blood test is necessary for certification to occur. The new requirements also allow expansion of the current standard for the maximum age of blood test data to be used to assess nutrition risk for WIC certification.

HEALTH CARE AGREEMENTS, REFERRALS AND COORDINATION

The Healthy Eating & Physical Activity Section maintains contact with appropriate New Hampshire health and social service organizations. Efforts are continually made to contact new groups, and provide existing organizations with updated eligibility information. Some organizations with which the Section works are:

- The NH Department of Health and Human Services,
 - Division of Public Health Services (Maternal and Child Health Section)
 - Office of Family Assistance (TANF, CHAP, Medicaid, and Food Stamp Programs)
 - Bureau of Drug Abuse Services
- UNH Cooperative Extension Service (Nutrition Connections Program and County CES offices)
- New Hampshire Childbirth Educators Association
- New Hampshire Coalition Against Domestic and Sexual Violence
- The Early Intervention Network of New Hampshire
- La Leche League and New Hampshire Lactation Consultants
- New Hampshire Breastfeeding Task Force

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- New Hampshire Medical Society
- Association of Women's Health Obstetrical and Neonatal Nurses (AWHONN)
- Employment Security Offices
- New Hampshire School Nurses
- New Hampshire Foster Parents Association
- Planned Parenthood of Northern New England
- New Hampshire Job Training Council
- Crisis Pregnancy Centers
- Fuel Assistance Programs
- Family Support Programs
- Soup Kitchens and Food Pantries
- Hospital Social Service Directors
- HELPLINE Information and Referral Hotlines
- Homeless Shelters
- Head Start Agencies
- HEAL
- New Hampshire Coalition for the Homeless
- New Hampshire Municipal Association
- Child Care Providers
- Child Development Program Network
- New Hampshire Nurse Practitioners
- New Hampshire Housing Authority
- HIV and STD Counseling and Testing Clinics
- New Hampshire Legal Assistance
- Even Start Projects
- Health Maintenance Organizations
- Community Health Centers
- Watch Me Grow Sites

Resource and referral directories have been compiled by State and Local Agencies, and are updated annually. Each year, information about the WIC and CSF Programs is provided to appropriate organizations and current information about those organizations is requested. An inventory of referral materials provided by other organizations in the network is maintained at the State office. In-service education for Local Agency nutrition staff includes presentations by representatives of agencies in the network.

Federal regulations require that Local Agencies ensure that health services are available to all WIC participants either directly or through referral. Health services are defined as "ongoing routine pediatric and obstetrical care, such as infant and child care, prenatal and postpartum examinations".

As part of the certification process, applicants are asked to identify their current primary health care provider. This information is recorded in the applicant's certification record. If the applicant is not using health care services, appropriate referrals are made to either a private physician or a primary health care center.

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Local agencies maintain lists of health/human service providers in the areas that they serve. Information about the Program is sent to providers in order to facilitate referral and outreach and to coordinate nutrition education and breastfeeding promotion efforts. Contact is made with providers such as:

- Visiting Nurse Associations;
- Local physicians providing obstetrical/gynecological, pediatric and family practice services;
- Prenatal and Family Planning Clinics;
- Hospitals with obstetrical services;
- Nutritionists working in above-named agencies; and
- Primary health care centers and community health centers.

The Healthy Eating and Physical Activity Section is located within the Division of Public Health Services, Bureau of Population Health and Community Services, along with a number of other public health disease prevention programs. There is close contact among the Division programs serving the maternal and child population and efforts are made to coordinate professional training programs. At many Local Agencies there is a regular exchange of professional services or a sharing of nutrition staff. Two of the four New Hampshire Local WIC Agencies administer one or more MCH Programs.

Written information about the Medicaid Program is provided at each (re) certification to WIC adult applicants or applicant caretaker. Applicants and participants who appear eligible for Medicaid are specifically referred and such referrals are documented in StarLINC referrals. The State Agency updates maximum income limits by family size for pregnant women and children from birth to five for Local Agency use in such referrals and provides other information on Medicaid Program changes as this becomes available.

Periodic contact is made with the Division of Family Assistance district offices and the Medicaid Child Health Assurance Program (EPSDT) to assure case technicians make appropriate referrals to WIC and CSFP.

Information regarding the Food Stamp Program, the Temporary Assistance to Needy Families Program (TANF) and the Office of Child Support is provided to each WIC adult applicant or applicant caretaker. Applicants and participants who appear eligible for TANF or the Food Stamp Program are specifically referred and such referrals are documented in StarLINC. The State Agency updates maximum income limits by family size for TANF and the Food Stamp Program for Local Agency use in such referrals and provides other such information as this becomes available.

Referrals to other potential sources of food assistance are provided to all applicants and participants who are eligible for or who appear in need of such services. Persons denied enrollment due to caseload capacity are referred to CSFP, as are those whose WIC categorical eligibility has expired (5 year old children and postpartum women after 6 months).

Each year, the State Agency provides Local Agencies an updated list of food pantries and soup kitchens used in its annual outreach mailings, along with other community resources similarly contacted.

PROCESSING STANDARDS

When the Local Agency is not serving its maximum caseload, it shall accept applications, determine eligibility, and notify the applicant of the decision and, if the applicant is to be enrolled, issue benefits. All pregnant women, all infants and breastfeeding mothers of infants under 6 months of age, and

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members of migrant farm worker households who soon plan to leave the Local Agency geographical area must be notified of (in) eligibility within 10 days of the initial application. All other WIC applicants and all CSFP applicants must be notified of (in) eligibility within 20 days of application. WIC applicants must receive food vouchers at the time of notification and CSFP applicants must receive their foods within 10 days after notification.

For the purpose of processing applications, days are calendar days, not working days. The date of application is defined as the date on which a Local Agency receives an application for Program benefits. The date of the telephone application is the date of application.

If a referral or specific eligibility information is received from another source, including another program within the local agency, the date of application shall be the date upon which the applicant contacts the local agency in order to schedule an appointment for completing the eligibility determination and enrollment process or the date upon which the information is received if an application accompanies the information. A WIC referral source, may, under agreement with the Local Agency or under Local Agency policy, certify eligibility based on the criteria in effect at the time; however, the referral source may not enroll a participant. A Local Agency is not responsible for initiating processing action regarding an applicant until the applicant has actually made a request in written or oral form. In order to reduce oversights, referral sources within the parent agency who regularly provide eligibility information are also requested to obtain applications from the individual and the parent agency develops written policies regarding processing of such referrals.

A local agency may request an extension of the WIC expedited services period up to 15 days, based on geographical considerations rendering difficulty in meeting the 10-day requirement. Such a request must be in writing and shall include justification of the need. The State Agency may deny the request or may limit it to specific areas or towns within the Local Agency's geographical jurisdiction. The Local Agency is expected to continue reasonable efforts to provide services within the 10 days insofar as is possible.

Expedited WIC services for pregnant and breastfeeding women, infants, and members of migrant families may be extended to 15 days for such applicants who make application by mail and who do not provide a telephone number.

It is the applicant's responsibility to attend the certification appointment offered within the specified timeframe. Although Local Agency staff will first offer the applicant a certification appointment within the applicant's geographical area or personal convenience, Local Agency staff shall offer the applicant an opportunity to attend any certification clinic held within the appropriate timeframe regardless of distance. The applicant may reject any appointment, regardless of the timeframe. Rejections and alternatives provided shall be carefully documented.

Waiting lists are maintained when applicants for services are not able to be served due to the Local Agency being at maximum caseload. The Local Agency must inform the State Agency prior to the decision to establish waiting lists or discontinue enrollment by priority. This enables the State Agency to redirect resources from other areas of the State if unserved slots exist. If the Local Agency is serving its maximum caseload, it shall maintain a General Waiting List of individuals who apply for or express an interest in receiving benefits and who are likely to be served within the next three months, as determined by category and probable priority or subpriority. Separate waiting lists must be maintained for WIC and CSFP applicants. If there are no funds available to provide Program benefits to persons who have been certified, these individuals are placed on a waiting list for enrollment. This ensures that persons at highest

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risk receive benefits when openings do occur. The Priority Waiting List takes precedence over the General Waiting List, since this includes persons who have actually been certified as eligible.

Infants of WIC mothers enrolled during pregnancy as Priority I or Priority IV pregnant women are eligible as Priority II infants based on this relationship. In order to expedite the provision of services, particularly due to barriers imposed by travel and recent childbirth, the infant may be certified/“enrolled” during the mother's six week postpartum period based on the income and residence eligibility of the mother at the time of her certification. Proof of birth and documented birth measurements must be provided. The mother is instructed to present the infant and current eligibility information (categorical, income and residence) within the six-week postpartum period, and the infant's current measurements are obtained, in order to verify the infant's eligibility for the duration of the certification period. If medical information dictates, the priority is upgraded at this time. Birth measurements must be documented by a healthcare provider. All such verifications and upgrades are changes rather than recertifications. This is not extended to infants of non-enrolled mothers who would have been Priority I or IV eligible during pregnancy, as verification of the mother's income or residence eligibility during pregnancy for purposes of determining the infant's residence or income eligibility during this postpartum period are not available.

Each participant is notified orally or in writing at least 15 days before the expiration of the certification period that eligibility for the Program is about to expire and that the provision of benefits will be terminated on a specified date. In the case of participants being terminated or suspended prior to the expiration of the certification , at least 60 days written notice is required.

A current or former participant may re-apply for another certification period; however, this re-application is considered to be the same as a new application. No special processing consideration shall be given because of prior enrollment except that the application may be accepted at the time of the notice of expiration of benefits for those participants not expected to be placed on a waiting list in order to maximize efficiencies in the computerized food delivery system.

The Local Agency retains all paper certification records and supporting documents, as well as records of persons denied benefits due to ineligibility or closed caseload, for 3 years. WIC client master files are maintained within the State Agency StarLINC computer system. All Section computer records are protected by user ID and password to restrict access to persons directly involved with the administration of the Section Programs.

Physical presence is no longer required for an infant or child who was present at his/her initial WIC certification and is receiving regular ongoing health care. Health care may be received at the Local Agency or a private physician office. Physical presence may be waived in situations creating unreasonable barriers, such as transportation, weather, or illness of the child. Infants less than 6 weeks of age may not be required to be physically present at certification when determined appropriate by the Local Agency and for whom all necessary certification documentation (documented birth measurements and proof of birth) is provided. Reasons for this would include illness, prematurity, or weather, situations that would be considered as detrimental to the infant's health.

CERTIFICATION PERIODS

Certification period timeframe and duration are defined for each category of participants in the Policy and Procedure Manual. At least 15 days prior to cessation of benefits (usually at final voucher issuance or food distribution), the participant is advised verbally that benefits will cease. If the participant is potentially eligible for continuation of benefits in either program, the participant is given the opportunity

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to reapply, but no special consideration is given because of previous enrollment. If benefits are suspended or terminated due to program abuse, a Termination Letter is provided to the participant at least 60 days prior to such action. If a participant fails to pick-up vouchers, a Termination Letter is provided to the participant at least 15 days prior to the termination of benefits.

Pregnant women are certified for the duration of the pregnancy and up to six weeks postpartum. Breastfeeding women are certified for up to one year postpartum, or until the woman stops breastfeeding, whichever occurs first. Postpartum women are certified for up to the sixth month following the completion or termination of the pregnancy. Infants are certified for twelve-month intervals. At the time of their first birthday, their category and priority are automatically converted by the computer system to the appropriate child category and priority if the certification period has not expired. Infants and breastfeeding women transferring in from a State offering extended certification shall be enrolled for the duration of the original certification, up to the 12th month birthday. Breastfed infants are certified and enrolled even when not actually receiving supplemental WIC foods. At the time of certification, they must be enrolled if openings exist for the priority in which they fall. If the breastfed infant's mother participates, the infant is considered participating as a breastfed infant for that month. New Hampshire has chosen not to implement the twelve-month certification for children at this time, and children are certified at six-month intervals up to their fifth birthday.

All certification periods are for six months, plus or minus 30 days, except that pregnant women are enrolled for the duration of their pregnancy and six weeks postpartum and certification periods are tailored at the time of certification to reflect a change in eligibility. Specifically, the certification periods are tailored to less than six months when a postpartum woman would continue to receive benefits beyond six months after the completion or termination of a pregnancy, a breastfeeding woman would continue to receive benefits after one year from the date of a child's birth, a child would continue to receive benefits after the fifth birthday, or when a previously certified woman who discontinues breastfeeding would receive benefits when the postpartum priority to which she would belong is not being served.

All local agencies have adopted an extended certification period up to the 12th month birthday for infants and breastfeeding women. Local agencies are required to perform a mid-certification nutrition assessment, as described in the Guidance for Providing Quality Nutrition Services during Extended Certification Periods, for participants with an extended certification period. Policies and methods have been developed to assure that the quality and accessibility of health care and services are not diminished, that quarterly nutrition education benefits are available, and that updated records are maintained. In cases of closed Priority IV enrollment, a Priority IV breastfeeding mother must be re-enrolled at 6 months if she is still breastfeeding an infant on extended certification. Cessation of breastfeeding following this re-enrollment would result in termination of the mother, but not the infant. Infants who are between 6-12 months of age may be certified for the full 6-month period or until the 12-month birthday, at the Local Agency option. NH is not prepared at this time to begin offering extended one-year certifications for children, but hopes to implement this later in FY2014.

TRANSFER OF CERTIFICATION

When presented with a WIC Verification of Certification (VOC) card or letter, the Local Agency shall immediately enroll the WIC VOC cardholder in either WIC or CSFP, depending on participant selection. If a closed caseload exists, the WIC VOC cardholder shall be placed at the top of the Priority Waiting Lists for either Program, regardless of priority. Participants transferring in from a State allowing one-year certification for children shall be honored until the expiration of the certification period.

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CSFP VOC cardholders desiring enrollment in WIC must be certified for categorical and nutritional risk eligibility; if they meet criteria, they are then placed at the top of the WIC Priority Waiting List. If transferring to CSFP, they are placed at the top of the CSFP waiting list only.

WIC VOC cards are printed in StarLINC and issued to participants moving outside New Hampshire, upon participant notification to the Local Agency that such a move is planned. If requested by a receiving Local Agency located elsewhere in the nation, a copy of the certification record will be forwarded when the originating New Hampshire Local Agency receives a written request. The request shall be accompanied by a release from the participant. If a participant is moving within New Hampshire, the receiving Local Agency may import the participant record.

DUAL PARTICIPATION, PARTICIPANT RIGHTS, FAIR HEARINGS AND SANCTION SYSTEM

DUAL PARTICIPATION

The StarLINC system requires a dual participation check be completed prior to any certification. If a close match is found and the agency concludes the participant is not the same client, the staff ID and reason is documented in the system. Any participant found to be actively participating in two WIC programs or two CSFP programs simultaneously is immediately removed from the Local Agency not holding geographical jurisdiction. Participants found to be participating in both WIC and CSFP are removed from one program, at their selection. In either instance, persons are subject to investigation, claims, disqualification and sanctions in accordance with established policies and procedures. Although no instance of dual participation has occurred in New Hampshire due to intentional misrepresentation, the State Agency will disqualify the participant for one year and collect improperly obtained benefits exceeding \$100.00 when warranted. Dual participation clarification, exceptions, sanctions, and notice and appeal provisions are adopted under the New Hampshire Code of Administrative Rules.

SANCTIONS

Actions taken in response to suspected or documented program abuse by participants include notification to the Local Agency of the violation or suspected violation, instructions regarding follow-up with the participants to be done within specified time frames, including warning and sanction activity if indicated, and instructions regarding documentation of the contact, content of any discussions, and actions taken. Copies of all such notification and documentation are retained in the participant record and at the State Agency. After one year, the violation is removed from the State Agency record for purposes of determining sanctions.

If a participant is found ineligible for program benefits, s/he is terminated from the Program in addition to any other sanctions, which may be imposed. Any subsequent disqualification resulting from the application of sanctions are imposed on the participant's ability to reapply, even if circumstances change so as to render him or her eligible.

Participant sanctions are adopted under the New Hampshire Code of Administrative Rules and are contained in the Policy and Procedure Manual.

The Local Agency may request a one-time waiver of suspension based on the CPA's documentation of extreme hardship, which may result. Participation is continued pending the final decision by the State Agency Nutrition Coordinator and/or the Section Administrator.

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RIGHTS AND RESPONSIBILITIES

Local Agency staff notify WIC and CSFP participants or applicants of their rights and responsibilities upon eligibility determination. Local Agencies utilize the Rights and Rules form, which is uniform statewide. For all participants or applicants, Local Agency staff provide a brief description of each of the rights and responsibilities listed. For those participants with language barriers or limited reading capabilities, Local Agency staff or a designated translator read the document to the participant or applicant. All participants (or payees when applicable) provide an electronic signature that is date stamped within StarLINC in the presence of Local Agency staff.

The Participant's Rights and Rules document contains the following topics:

- Civil rights
- Availability of health and education services
- Review of eligibility decisions
- Dual participation
- Using participant information for statistical reasons
- Removal from WIC or CSFP for not picking up benefits two months in a row
- Participant acknowledgement of facts and repercussions for false or misleading information
- Illegal to sell benefits

FAIR HEARING PROCEDURE FOR PARTICIPANTS OR APPLICANTS

At the time any adverse action is taken against a participant or applicant, the recipient of this action is advised of his or her right to appeal this action, the method of submitting an appeal, and rights regarding representation.

A. **Hearing Procedures**

1. An applicant or participant may submit an appeal to the Commissioner, Department of Health and Human Services, Administrative Hearings Unit.
2. Time limit for request. An applicant or participant must submit an appeal within 60 days of the date of receipt of a notice of suspension, termination, denial of participation, or other adverse action affecting participation in the Program.
3. Postponement of adverse action. Excepting the expiration of a certification period, the adverse action in question shall be postponed until the Hearing Officer renders a decision. Should the certification period expire during or prior to the rendering of a decision, or should the hearing request be based on a denial of eligibility, benefits will not be provided while awaiting the hearing.
4. Denial or dismissal of appeal. The State shall not deny or dismiss a request unless:
 - a. The appeal is not received within the 60-day time limit.
 - b. The appeal is withdrawn in writing by the appellant or representative.

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- c. The appellant or representative fails to appear at the scheduled hearing without just cause.
 - d. The appellant has been denied participation by a previous hearing officer and cannot provide evidence that the circumstances relevant to Program eligibility have changed in such a way as to justify a hearing.
5. Scheduling of hearing. The hearing shall be held within three weeks of the date the request is received by the State. The appellant shall be provided one opportunity to reschedule a hearing. The Administrative Hearings Unit in Concord shall hold the hearing unless other arrangements are made in advance with approval by all parties.
 6. Notice of hearing. The State shall provide the appellant with a minimum of 10 days written notice which shall include the time and place of the hearing and an explanation of the hearing procedure, including the appellant's right to be represented by legal counsel.
 7. Notice of decision. The appellant shall be notified in writing of the decision within 45 days of receipt of the request by the State.

B. Rights of Appellants

The State shall provide the appellant, or his/her representative, an opportunity to:

1. Examine, prior to and during the hearing, the documents and records presented to support the decision under appeal. The appellant's representative shall have written authorization from the appellant to examine the records. The records shall be available during regular business hours.
2. Be assisted or represented by an attorney or other persons. The cost of legal and other fees shall be borne by the appellant.
3. Bring witnesses.
4. Advance arguments without undue interference.
5. Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.
5. Submit evidence to establish all pertinent facts and circumstances in the case.

C. State and Local Agency Rights and Responsibilities

The State or Local Agency whose decision is under appeal shall have the following rights and responsibilities:

1. May present its own case or be represented by an attorney.
2. Shall be responsible for submitting at the hearing all information on which any decision at issue is based.

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3. Shall introduce into the hearing only the material relevant to the issues.
4. Shall ensure that the documents and records pertinent to the decision under appeal are present at the hearing, and that the appellant has adequate opportunity to examine the materials prior to, and at, the hearing.
5. May bring witnesses.
6. May present and establish all relevant facts and circumstances by oral testimony and documentary evidence.
7. May advance any pertinent arguments without any undue interference.
8. May question or refute any testimony and have an opportunity to confront and cross-examine adverse witnesses.
9. May examine any other pertinent documents produced by the appellant.

D. Authority of the Hearing Officer

The Hearing Officer shall:

1. Administer an oath of affirmation to all people testifying at the hearing.
2. Ensure that all relevant issues are considered.
3. Request, receive, and make part of the hearing record all evidence determined necessary to decide the issues being raised.
4. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing.
5. Order, where necessary, an independent medical assessment or professional evaluation that is mutually satisfactory to the appellant and the State or Local Agency.
6. Render a hearing decision, which will resolve the dispute.

E. Written Record of Hearing

A written record shall be prepared which shall include the decision under appeal, documentary evidence admitted, a summary of any oral testimony presented at the hearing, the decision and the rationale of the Hearing Officer, and a copy of the notification to the appellant of the Hearing Officer's decision. The written record shall be preserved at the Department for a period of three years and shall be available for examination by the appellant, or his/her authorized representative(s), at any reasonable time and place during the three-year period.

F. Adjustments of Matters Related to the Appeal

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Because an appeal has been filed does not prohibit the State from making an adjustment in the matters at issue prior to the hearing. However, the Hearing Officer shall not delay or cancel a hearing because an adjustment is under consideration unless the appellant requests a delay or cancellation.

G. Basis of Hearing Decision

The Hearing Officer may take a number of courses of action in his/her decision:

1. find in favor of the appellant;
2. uphold the State Agency's action;
3. accept the written withdrawal of the appellant's appeal;
4. accept settlement of the issues agreed to by the parties;
5. default any party failing to appear without just cause;
6. modify the State Agency's action; or
7. accept the State Agency's written withdrawal of the action being appealed.

The Hearing Officer's decision is based on the evidence, testimony, materials and regulations presented at the hearing. Any evidence, testimony, materials and regulations presented after the close of the hearing will be excluded unless the hearing is reopened by the Hearing Officer for taking additional evidence.

The Hearing Officer's decision must be rendered in accordance with the regulations governing the specific Program. The Officer, however, shall not render decisions requiring a determination of the legality of the regulations. Matters of legality shall be decided by the courts. In administrative hearings involving the legality of the regulations, the Officer will render a decision that she/he cannot consider the legality of a regulation and base his/her decision on the applicable regulation.

H. Rendering the Decision

The signed decision of the Hearing Officer shall be final and binding on the State Agency. Copies of the decision and its rationale shall be forwarded to the State Agency, the appellant, and the appellant's authorized representative(s) within the appropriate time frame. In the case where the appellant requests, and is granted, a delay or continuation prior to or at the hearing, the period of delay shall be added to this time frame. The decision of the Hearing Officer shall be effective on the date of receipt by the appellant.

I. Judicial Review

If the appellant is dissatisfied with the final decision of the Hearing Officer, she/he has the further legal right of judicial review in accordance with RSA 170E:12. If the appellant wishes to have

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judicial review, she/he shall file a complaint with the Superior Court within thirty days after the effective date of the fair hearing decision. The Hearing Officer shall notify the appellant, and his or her authorized representative(s), of his or her right to seek judicial review and the time limit on seeking the review.

J. Continuation of Benefits During Appeal

An individual who is removed from the Program or denied program benefits during a certification period for whatever reason, including categorical ineligibility, shall continue to receive benefits if a hearing is requested, until a ruling is rendered by the Hearing Officer or until the expiration of the certification period, whichever is first.

An individual applying for program benefits, whether previously enrolled or newly known to the Program, who is placed on a waiting list or found ineligible, shall not receive benefits until the Hearing Officer renders a ruling in favor of the applicant.

K. Notices

The following materials are used to explain the Appeal process and to request and announce the hearing:

- “The Rights & Rules” half sheet pamphlet
- “CSFP Information for Participants” pamphlet
- Notice of Denial of Participation
- Notice of Termination
- Fair Hearing Request

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**IX. FOOD DELIVERY/FOOD INSTRUMENT (FI)/CASH-VALUE VOUCHER (CVV)
ACCOUNTABILITY/CONTROL**

FOOD DELIVERY AND FOOD INSTRUMENT CONTROL

All FI's and CVV's are printed at the local agencies on demand. All standard food packages have been preprogrammed in StarLINC. Age-related food packages for infants and children have also been programmed. Local agencies may exercise options to tailor packages, assign the identified infant formula, or design the entire package to meet individual shopping or storage needs. Bi-monthly and tri-monthly options are also available. Further specifics regarding FI and CVV issuance and control are found in the Policy and Procedure Manual.

FOOD INSTRUMENT PICK-UP AND TRANSACTION

At the time of certification, the Local Agency completes food package information for each participant in StarLINC. The Local Agency staff issues FI's and CVV's upon completion of certification. Edits are in place to prevent unauthorized quantities and items. Individual tailoring downward is available at the participant's request and at the discretion of the CPA. At the voucher site, the payee or her/his designee signs electronically on a signature pad to document receipt of benefits.

Standard proration policies are automatically implemented according to the current month expiration date. Proration is broken down by four time periods within the issuance cycle, with perishable foods prorated to the time remaining and non-perishable foods either provided or withheld.

Proxy means any person designated by a participant, or by a parent or caretaker of an infant or child participant, to obtain and transact FI's and CVV's or to obtain supplemental foods on behalf of a participant for a certification period. For those participants opting to use proxies, the Local Agency must guarantee that nutrition education and health care services are arranged throughout the certification period. General policy statements governing proxy usage are found in the Policy and Procedure Manual.

Participants are allowed to redeem food instruments at any authorized vendor regardless of the service area or county they reside in.

FOOD INSTRUMENT DISPOSITION

The State Agency computer system assures 100% disposition of all FI's and CVV's as required by Federal regulations. FI and CVV dispositions are described as: validly redeemed, lost or stolen, expired (stale-dated), duplicate, voided, or not matching issuance records. Unclaimed and voided FI's and CVV's are shredded by the Local Agency. These FI's and CVV's are coded in the StarLINC computer system. For those FI's and CVV's reported lost or stolen by the participant, replacement vouchers will be allowed by State Agency approval if extenuating circumstances as described in the Policy and Procedure Manual.

VOUCHER STOCK

FI and CVV stock is issued in packages of 500 sheets and may be obtained only through physical pick-up. The local agency confirms the receipt of each order of FI and CVV stock to the State Agency.

All on demand printed FI's and CVV's sheets have stubs for signature by the payees. StarLINC FI and CVV records are created through daily transfer of files for the local agency server and StarLINC System-. FI's and CVV's cannot be created at the local agency without an active status participant.

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SPECIAL FOOD INSTRUMENT ISSUANCE ACCOMMODATIONS

The State Agency and local agencies make every effort to accommodate participant needs. All local agencies have moved to tri-monthly FI and CVV issuance. Upon FI and CVV pick-up, participants are required to bring a valid photo ID as identification. Local agency staff cannot issue FI's and CVV's to participants who do not have a valid photo ID as identification, and a proxy is allowed.

In cases of natural disaster, emergencies or transportation hardship, the local agency will mail WIC FI's and CVV's. A thorough description and procedure regarding the mailing of FI's and CVV's can be found in the Policy and Procedure Manual. Vouchers are not mailed if the participant is scheduled for a certification, nutrition education, or breastfeeding counseling appointment, except in the case of a natural disaster, emergency, or transportation hardship, in order to assure the nutrition services component of the program is maintained and emphasized.

CSFP COMMODITY FOOD WAREHOUSE DISTRIBUTION SYSTEM

Warehouses are located in Concord, Manchester, and Nashua. Food is distributed at the three main warehouse sites and at multiple distribution sites located in all counties throughout New Hampshire. Many of these sites are also WIC voucher issuance sites. Drop-off distribution also occurs at a number of elderly housing complexes.

CSFP FOOD ORDERING AND INVENTORY

The State Agency orders all foods from USDA. A PC-based spreadsheet program is used to help formulate estimates and orders based on projected numbers and categories of clients, food packages planned for each month of the quarter, and number of units and weights per case. Orders are developed to coincide with allowed truckload weights, which may result in part of the following month's food being included with the current shipment.

The foods being ordered via the USDA WEBSCM system are entered as anticipated foods for the receiving warehouse. Actual food receipts are reported to the State Agency from the warehouse, along with shortages, overages or damages. This information is entered into the PC-based CSFP system to update the warehouse inventory record. All food transfers are also entered into the CSFP system.

CSFP commodities are ordered and their use monitored by the Program Specialist at the State Agency. Quantities ordered are based on the adjusted available caseload, maximum food quantities for the caseload and caseload mix projected to be served for the distribution month, and the amount of food remaining in inventory at the time the order is submitted. The monthly physical inventory reported from each local agency is used to update food issuance projections and create actual balances on the monthly inventory spreadsheet. All of this is tracked on computer spreadsheet reports that are maintained by the Program Specialist from information supplied by local agencies. Other spreadsheets track negative/positive inventory adjustments for the latest 6-month period. Inordinate adjustments or trends are followed-up with the Local Agency by the Program Specialist.

Local Agencies are responsible for receiving CSFP commodities. This includes verifying types and quantities of foods delivered and their condition against the consignee receipt form. Shortages or damages are reported using Form FNS-57.

SERVICES TO HOMEBOUND ELDERLY

The majority of current CSFP agencies operate elderly feeding programs or serve elderly persons through other federal program grants (congregate feeding, Meals on Wheels, Fuel Assistance, Weatherization,

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TEFAP, RSVP, and/or outreach). These resources form an integral component for identifying and serving the homebound elderly. For example, CAP area center staff that already perform home visits are used as a resource for certifying eligibility and delivering foods.

New Hampshire is committed to maximizing access to CSFP services for all participants. Services are offered via mobile clinic distributions at a large number of sites statewide as well as at a number of elderly housing sites that have agreed to sponsor these services. In many cases, food packages are delivered directly to the elderly client's living unit. A liberal policy exists for the use of participant-designated proxies in the certification and food distribution process. The majority of food distributions are bi-monthly, reducing the number of visits needed to access clinics.

Volunteers employed in the distribution of foods are required to be trained in the areas of food handling and protection and confidentiality as well as meeting usual Local Agency requirements for participating as volunteers. Local Agency staff receive similar training. In the case of institutional proxies receiving and distributing the foods, the Local Agency must visit the facility at least annually to certify eligibility, provide participant education, and determine continued interest in Program participation.

With the assistance of the New Hampshire Division of Elderly and Adult Services, referral arrangements are established with community-based elderly services programs for outreach, identification of homebound elderly, and volunteers for food transportation. Referral arrangements also include other community programs such as Visiting Nurse Associations and senior centers that serve the elderly.

CSFP FOOD ISSUANCE

Monthly, the Warehouse Agencies develop the food package by selecting the discretionary items (juice, fruit, vegetables, cereal, and meat) to be issued. The Manual Food Issuance Record form is used to list food distributed and to provide a place for the recipient to sign acknowledging receipt.

CSFP FOOD INVENTORY

A month-end physical count of cases and units of foods is reconciled with records of receipts and food packages disbursed. A State Agency final reconciliation of inventory is completed with Local Agency and warehouse month-end reports, with Local Agency records compared to the system tallies and any discrepancies investigated. The month-end inventory is adjusted, when necessary, to the actual physical inventory reported.

Copies of appropriate forms and more specific descriptions of Local Agency procedures may be found in the Policy and Procedure Manual. Procedures for monitoring and financial management are found in the appropriate sections of the State Plan and Policy and Procedure Manual.

IX (F) Vendor Cost Containment System Certification is not included in this section, as the State Agency does not approve above-50-percent vendors. In addition, IX (G) Home Food Delivery Systems is not integrated in section IX because the State Agency does not have home delivery.

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X. MONITORING AND AUDITS

LOCAL AGENCY REVIEWS

SITE REVIEWS

Local WIC and CSFP Agency reviews are conducted biannually, or more frequently if additional formal follow-up is required based on the findings of the review team. WIC review activities contain certification clinic evaluations and management evaluations (including administrative procedures participant file reviews). CSFP review activities contain certification clinic evaluations, warehouse reviews, food inventory verification and management evaluations (including participant file reviews).

Reviews are scheduled in advance with the Local Agency Director. Once dates and certification clinic sites are agreed upon, formal documentation is forwarded to the Director with details of the dates, times, and State Agency staff names of those performing the reviews. Reviews are performed by two or more staff for WIC following an established review format. At the conclusion of all review activities, a summary of findings and recommendations is sent to the Local Agency. Items requiring a plan of correction (major findings or regulatory non-compliance) are identified and the Local Agency management evaluation team leader logs due dates to assure that these are received. Follow-up is performed in a variety of ways ranging from in-office review of documents to a follow-up site visit. Prior review findings are also recorded for follow-up at the subsequent evaluation visit.

For May – September 2012, the following agencies and clinics were monitored:

- Three agencies for WIC management evaluations.
- Three agencies for CSFP management evaluations, and one agency for CSFP warehouse review only.
- Three WIC clinics were monitored.
- There were no agencies required to submit a corrective action plan.

For October – September 2013, the following agencies and clinic reviews will be completed:

- Two agencies for WIC management evaluations, including five clinic reviews.
- Two agencies for CSFP management evaluations.

The Commissioner's Office of Finance performs annual fiscal reviews on all contract agencies. Reports are reviewed by the Section Administrator prior to final issuance and all corrective action plans are approved by the Section. Follow-up is a Section responsibility.

The NH Office of Finance Internal Auditor has completed and scheduled the following financial reviews in FY2012-2013:

- Rockingham Community Action
10/28/2011 with no findings, recommendations, or questioned costs. There are no future reviews scheduled for this agency as they no longer provide WIC-CSFP services.

- Southern NH Services
6/10/2013 The State Agency has not received a final report yet.

- Goodwin Community Health
6/18/2013 The State Agency has not received a final report yet.

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Community Action Program Belknap Merrimack Counties
Scheduled for 8/23/2013.

Southwestern Community Services
Scheduled for 9/3/2013.

REVIEW METHOD

Local Agency Management Evaluations consist of the following:

Pre-visit Review, for:

- Conformance with the current proposal;
- Responsiveness to voucher problems;
- Completeness and timeliness of participant warnings & suspensions documentation;
- Completeness, accuracy and timeliness of monthly reports; and
- Completeness, accuracy, and timeliness of participant master file and voucher data.

On-site Review, including:

- Discussion of pre-visit findings and consideration of resolution for any concerns/discrepancies.
- Examination of Local Agency procedures and program operations in these areas:

1. Administrative Management
2. Fair Hearing
3. Civil Rights
4. Outreach
5. Referrals
6. Notice and Scheduling
7. Certification
8. WIC & CSFP Nutrition Education
9. Inventory and MIS Operations
10. Computer Security and Maintenance
11. WIC Food Delivery
12. CSFP Food Delivery

- Discussion of the Local Agency's relationship to the State Agency, clarification of State and Local Agency policy and procedure.

Post-Visit Summary, including:

- Final report and a narrative of review findings and recommendations, with specified time frame for corrective action and required response, if indicated.
- Upon completion of all Local Agency Management Evaluations, the State Agency will examine data collected for problems common to the Local Agencies or which follow a particular pattern. If warranted, the State Agency shall amend and clarify the Policy and Procedure Manual accordingly.

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Certification Clinic Evaluations consist of the following:

On-Site Review, including:

- Participant identification, verification of client type, date of birth, and date of certification ;
- Eligibility Determination for timeliness and consistency with federal regulations, income criteria, and State guidelines and criteria;
- Accessibility, comfort and safety of the site;
- Counseling competency of nutrition staff;
- Counseling competency of breastfeeding peer counselors;
- Adherence to required anthropometrics and hematological assessments;
- Voucher or food package issuance for completeness, timeliness; and
- Civil Rights compliance through display of the FNS discrimination poster, and consistency with federal regulations and State policy distribution of participant rights pamphlets, observation of participants' signatures on consent forms, observation of data collection and application of certification criteria to members of minority population groups.

MONTHLY OR PERIODIC PERFORMANCE REVIEWS

All reports and records provided to the State Agency are reviewed by the State Agency for accuracy, completeness, timeliness, and the existence of errors or problems, which require correction or policy clarification by the State or Local Agency. Discrepancies requiring Local Agency correction are brought to their attention and followed up as part of the Management Evaluation process.

Fiscal Reports:

- Local agencies report expenditures by month incurred. The Program Specialist who performs fiscal activities verifies accuracy and spending rates prior to payment and provides monthly and quarterly expenditure analysis reports to the Administrator.
- Audits are reviewed and reconciled to State Agency payment records and referred to the appropriate fiscal staff of the Department if incomplete or incorrect. Audits are also reviewed annually as part of the WIC Single State Audit.

Caseload:

- Local Agency participation, enrollment and no-show rates are reviewed monthly, with adjustments in available caseload made each month to reflect cumulative fiscal year performance.
- All eligibility and enrollment data and food package instructions are subject to computer edits at the time of data entry.
- Dual participation is computer-monitored monthly by name and date of birth.

WIC Voucher and CVV Issuance and Control:

- Due to on-demand printing, there are no pre-numbered WIC food instruments or VOC cards requiring inventory.

CSFP Food Distribution and Inventory:

- All food orders are reconciled to the certification record at the time of food issuance.
- Food issued is reconciled monthly to participation.
- Local Agency inventory reports are reconciled monthly by the State Agency.

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VENDOR MONITORING

The State Agency employs a three-tier vendor monitoring operation:

- Prepayment audit monitoring. All vouchers and CVs presented for payment are audited for discrepancies and indications of fraud or program abuse; reasonable food costs in relation to individual vendor prices; timeliness of redemption and billing; appropriate signatures and dates; adherence to State and federal regulations and procedures; and any other such factors as may be deemed necessary by individual situations.
- (Re)authorization monitoring. State Agency staff monitors a minimum of 5% of all vendors authorized as of October 1st of each fiscal year for adherence to selection criteria, for educational purposes, to target specific vendor issues, and to obtain feedback on the quality of the vendor management program. Documentation of these visits contain, at a minimum, the date of the visits, the name and signature of the reviewer and problems discussed.
- High risk monitoring. Vendors identified through on-site or computer system monitoring to be at increased risk of error or program abuse shall be reviewed and/or visited as needed for investigative and educational purposes in an effort to correct those factors creating the risk. Vendors who prove unable to correct the risk factors shall be subject to a review of their qualifications for continued participation and/or sanctioned up to and including disqualification from participation in the WIC Program.

High risk factors shall include the following:

1. Recurring participant or Local Agency complaints;
2. Appearance of little or no price variation on the purchase amount recorded on 50% or more vouchers and/or CVV that contain the identical quantities and types of foods in a three-month period;
3. Recurring errors on vouchers and/or CVV or recurring difficulty in properly redeeming or billing WIC vouchers and/or CVV, as detected through the prepayment audit, routine monitoring activities, or State Agency generated reports;
4. Designation as a high-risk vendor by the US Department of Agriculture Food and Nutrition Service;
5. Recurring incidence of non-compliance with Program rules and federal regulations;
6. Known violations of or sanctions by other State or federal agencies or programs;
7. Specific written or verbal complaints of State Agency established or federally mandated violations;
8. Excessive or inconsistent food costs; or
9. For retail food stores only, WIC gross food sales that meet or exceed gross food sales derived from the food stamp program.

High risk monitoring, including undercover compliance buys, is performed with no notification given. Documentation of compliance buys include, at a minimum, the date of the buy, a description of the cashier, the items purchased and the prices of the items, the shelf prices, and the disposition of the items. Copies of any formal notification to vendors as a result of these activities are provided to the Local Agency.

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Vendor inventory audits are also performed as an alternative method to high risk monitoring and undercover compliance buys.

In accordance with USDA Food Delivery Regulations, the State Agency reviews a vendor's eligibility for continuing participation based on the vendor's demonstrated ability to adhere to applicable federal and State regulations and guidelines, participant need for and use of the vendor (for example, in relation to other vendors in the geographical area) and the potential impact of any continuation/ non-continuation decisions on the vendor and the participants who patronize the vendor. A component of this decision-making is the consideration given to the Local Agency recommendation. The final authorization decision is made by the State Agency.

ABUSE AND INVESTIGATIONS

The responsibility for investigation of suspected abuse and for applying sanctions when abuse has been documented is solely that of the State Agency. The Local Agencies, however, are responsible for assisting the State Agency in supporting any investigation, in carrying out sanctions against participants, and for working with the State Agency to minimize the potential for abuse by participants in either program or WIC vendors.

Participants

- Investigations are initiated when:
 1. A WIC vendor indicates that a participant has tried to abuse Program privileges (e.g., tried to cash a voucher after the void date, received unauthorized quantities of food and/or received unauthorized food, attempted to return infant formula for cash);
 2. A Local Agency or other official informs the State Agency that a participant may not have been truthful in providing personal information during the certification process;
 3. An abuse or possible violation by a WIC participant is discovered during the voucher reconciliation/payment process at the State Agency.

WIC Vendors

- Investigations are initiated when:
 1. A participant informs the State Agency directly or indirectly through a Local Agency that s/he may have suffered from discrimination or poor treatment and/or that s/he believes the vendor may be incorrectly reporting food item costs to the State Agency;
 2. The State Agency is made aware that a vendor may be abusing the Program by practicing discrimination or engaging in questionable or fraudulent billing practices;
 3. An actual or possible violation by a vendor is discovered during routine monitoring activities by the State or Local Agency;
 4. The vendor is designated as being high risk due to specific indicators.

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- Actions which may be taken in response to suspected or documented Program abuse by the State Agency include communication of the problem and/or warning to the vendor, overt or covert observation of voucher and/or CVV redemption procedures, interviews with participants or vendor staff, inventory and price reviews, on-site review of vouchers and/or CVV prior to billing, compliance purchases, or referral to related State or federal officials. The course of action selected shall depend upon the nature of the situation under question, and the prior performance of the vendor.
- Depending on the severity of the violation, if it appears that the vendor is not attempting to deliberately defraud the Program, but is not careful in redeeming vouchers and/or CVV or submitting them for payment, every effort will be made to provide the training or technical assistance necessary to correct the problem before further action, including the imposition of sanctions, is taken.
- Vendor sanctions are adopted under the New Hampshire Code of Administrative Rules and are contained in the Policy and Procedure Manual.
- Individual incidents of voucher and/or CVV rejections or adjustments (overcharges, expired or pre-issued voucher and/or CVV redemption, alterations) are not sanctioned but are subject to payment denial or adjustment and consideration in the authorization process. Such incidents are identified for follow-up through the vendor high-risk identification system.

AUDITS

OMB Circular A-133 is used as the guide for all audits. The Compliance Supplement for Single Audits and Guidelines for Financial and Compliance Audits of Federally Assisted Programs are used to supplement this circular.

Financial audits are performed bi annually on each of the Local Agencies. Copies of audit reports are provided to the Department within nine months of the completion date for the contract year and are reviewed by the Department's Office of Finance for A-133 compliance. Audits are submitted to the Governor and Council for review as part of the contract process and are retained with the executed contract at the State Agency. Audit guidance in the form of applicable federal regulations has been provided to local agencies and is maintained on file at the State Agency.

1. The Internal Auditor of the Office of Finance performs a biannual financial review of each Local Agency, selecting programs in accordance with federal guidelines and requirements. Included in this review is a random month line item review of documentation to support billed amounts, adherence to program-specific requirements, and follow up of prior year findings. Findings are turned over to the State Agency for corrective action, resolution, and recovery if needed.
2. The State Agency programs are randomly audited through the single State audit process, with the WIC Program audit scheduled in accordance with A-133 guidelines. The audit is part of a broad range audit for the State of New Hampshire. Reports are provided to federal funders under single State audit procedures.
3. The value of the WIC food vouchers issued by the Local Agency is included in the schedule of Federal Financial Assistance. The State Agency has established procedures for estimating this value based on statewide closed out food costs for the audit period.

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4. The agreement between the State Agency and the Local Agency, provided elsewhere, contains the provisions for resolution of audit findings when they are of a financial matter. FNS 128-4, "Audit Resolution - Special Nutrition Programs", will be used as a guideline to correct audit deficiencies. The agreement provides remedies for programmatic problems, e.g., default of the Local Agency on provisions of the agreement or on the proposal submitted by the local program and used as the basis for the agreement. Further, it provides that the State Agency may require an audit of the Local Agency when conditions are such that an independent audit seems warranted. This audit will be in addition to the annual audit as described in paragraph A and shall be at the Local Agency's expense.

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XI. CIVIL RIGHTS

POLICY STATEMENT AND ADMINISTRATION

It is the policy of the New Hampshire Department of Health and Human Services that no person shall be excluded from Program participation, denied Program benefits, or discriminated against on the basis of race, color, national origin, sex, age, or disability. This policy includes participants, employees, Local Agencies, and vendors.

TRAINING FOR STAFF

The State WIC Director is responsible for conducting Civil Rights Reviews annually for all State staff. Local Agency staff are trained in all aspects of civil rights compliance as available from USDA in all phases as outlined on pages 16 & 17 of FNS Instructions 113-1.

PUBLIC AND NONDISCRIMINATION NOTIFICATION

While no large minority groups exist in areas presently served by the WIC or CSF Program or in the State of New Hampshire, the southern tier of New Hampshire, particularly the cities of Manchester and Nashua, has an increasing Latino population. Local Agencies reach through existing mediums (social groups, religious groups, ethnic councils, neighborhood associations, and newspapers) eligible minority WIC participants in these and other areas of the State. The outreach efforts are conducted as an ongoing feature of the WIC Program outreach effort. (See Section VIII, Coordination with Other Programs and Services to Special Populations and the Policy and Procedure Manual.) The WIC outreach brochure has also been translated into Spanish.

Per the NH DHHS Office of Minority Health, the number of languages and cultures continues to grow in New Hampshire, and the State Agency and local agencies work with refugee resettlement programs (Lutheran Social Services and the International Institute of New Hampshire) as well as other area partners for outreach and WIC services to refugee populations.

The State Agency will develop or provide materials in languages other than English when the effectiveness of the Program's ability to serve minority groups requires it. Currently, the State Agency has available materials in Spanish for use in the southern tier of New Hampshire, and assures proper translation through the agency contracted with DHHS to do so. The Local Agency in that area of the state has several Spanish-speaking staff available.

The FNS non-discrimination poster is displayed at certification clinics, voucher issuance and food distribution sites, as verified at management and certification clinic evaluations. The non-discrimination statement appears on all materials produced for distribution regarding outreach or eligibility.

The non-discrimination statement appears on consent forms. The statement is read to or read by the applicant at the time of certification. The applicant acknowledges understanding of the statement by signing the consent form.

All printed materials pertaining to availability of WIC or CSFP services contain the non-discrimination statement. Because radio and TV Public Service Announcements (PSA) are brief, all PSAs contain the statement "An Equal Opportunity Program".

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The DHHS website contains the non-discrimination statement at <http://www.dhhs.nh.gov/dphs/nhp/wic/index.htm>. The Department Ombudsman's Office is the designated coordinator for these issues related to public notification regarding Title IX gender issues and Section 504 disability issues, and this will be referenced in appropriate written grievance procedures.

COMPLIANCE REVIEWS AND MONITORING ACTIVITY

Local Agencies are required to document methods to assure non-discrimination in their proposals to provide WIC or CSFP services, including an assessment of minority populations served, methods to provide services to individuals who are non-English speaking or hearing impaired, and accessibility, including alternative arrangements for the delivery of services to individuals who are not able to physically access a specific clinic site.

Routine compliance reviews are conducted in conjunction with management evaluations of Local Agencies and monitoring visits as outlined in the Monitoring section of the State Plan. The reviews consist of observation of activities during the orientation, enrollment and food delivery process and reviews of the appropriate forms used to determine the participation levels each month. The State Agency reviews civil rights compliance procedures with the Local Agency and this is documented in the management evaluation report. Local Agency resource documents, such as employee handbooks, personnel rules, and WIC manuals, are reviewed to assure appropriate inclusion of civil rights information, including designation of the agency official responsible to manage civil rights complaints and non-discriminatory treatment of applicants and participants. Staff meeting minutes are reviewed for ongoing references to civil rights requirements. Finally, the State Agency will ensure, through observations, that the participants are informed of their rights and obligations during the certification process. They must be informed prior to signing the consent statement. The State Agency will ensure that the nondiscrimination statement appears on all appropriate publications.

In addition, when local agencies are reviewed for management evaluations, a review of Denials of Participation is performed to determine if a disproportionate number of minorities have been denied benefits.

Local agency personnel policies and practices are reviewed to determine that discrimination does not occur in employment-related activities. Each agency is required to designate one individual responsible for such compliance. Where there is a finding of non-compliance, the State Agency will follow procedures outlined in FNS Instruction 113-1.

Number of Local Agencies and Clinics Reviewed Annually - The State Agency reviews each Local Agency for Civil Rights compliance bi-annually as part of the Management Evaluation process.

All Local Agencies are required to provide Civil Rights training to new staff, as well as review and document Civil Rights procedures annually with all staff. A Civil Rights Training Manual is available for their use.

Pre-award Reviews - Agencies submitting proposals to initiate a WIC or CSFP Program are reviewed to determine any prior civil rights violations. Careful scrutiny will be given to racial/ethnic data submitted for the potential service population. This data is compared to any other data available at the time, such as current census data, to determine if percentages of minorities identified are appropriate.

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The State Agency further reviews the potential Local Agency to assure that the agency has no recent history of Title VI noncompliance, and will operate within the State Agency's guidelines and procedures regarding civil rights. These reviews will be conducted in accordance with FNS Instructions 113-1.

DATA COLLECTION AND REPORTING

WIC Program racial and ethnic data are reported as part of the bi-annual Participant Characteristics Report to Congress. CSFP racial and ethnic data are collected annually on FNS Form 191 for each Local Agency, and checked for accuracy prior to forwarding to USDA/NERO. Racial and ethnic data is collected through a process of self-identification by participants at the time of certification and recorded in the StarLINC participant record. Participants who decline to provide this information must be assigned by the WIC staff member.

It is the responsibility of Local Agencies to evaluate racial/ethnic participation data by comparing the racial/ethnic proportions of those receiving benefits to the proportions identified, in the geographical area, as statistically presented in census data. The Local Agency must also identify the individual responsible for responding to complaints of discrimination from either employees or participants.

The State Agency is responsible for evaluating each Local Agency's racial/ethnic participation on an annual basis, in the manner described above. The State Agency will conduct a closer review for Title VI compliance where a significant difference is indicated in the racial/ethnic distribution of identified potentially eligible persons and actual program participants.

COMPLAINT HANDLING

All written or verbal complaints alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be forwarded immediately to the appropriate federal authorities, as per FNS Instruction 113-1. Additionally, Local Agencies are required to appoint a coordinator for Title IX gender issues and Section 504 disability issues, and reference this individual in appropriate printed materials.

PHYSICAL FACILITIES

The NH Department of Health and Human Services and the Local Agencies are housed in handicapped-accessible buildings. In those Local Agency facilities that are not accessible, the Local Agency must, as part of its application process, identify alternative provisions for providing services. Personnel may arrange to meet participants and applicants at a site that is accessible and convenient to the participant for certification and voucher issuance. Proxies may be used for voucher issuance and redemption.

INFORMATION SPECIFIC FOR PAST YEAR

No complaints alleging discrimination in applying participant sanctions were filed during the past year. The FNS non-discrimination poster was displayed at all certification clinics evaluated during the past year. All materials pertaining to notification of availability of Program benefits were reviewed for inclusion of the non-discrimination statement.

OTHER

Local Agencies are aware of the need to provide translators at no cost to participants. A current list of approved interpreters for hearing-impaired persons is provided to each Local Agency as published by the New Hampshire Department of Education, along with a copy of New Hampshire statutes and rules pertaining to such services. Non-English-speaking persons are afforded the opportunity to bring a representative or to have a translator provided, whichever is more convenient and comfortable.