(Please indicate) State Agency: New Hampshire for FY FFY 24

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

During a disaster or public health emergency, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.

Executive Order (EO) 13988, "Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation." was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

Electronic Benefit Transfer (EBT) Implementation and Management

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

Retail Food Delivery Systems

- **B.** <u>Food Instrument Control Overview</u> <u>246.4(a)(11)(iii)</u>, <u>(a)(14)(i)</u>, <u>(a)(14)(vi)</u>, <u>and (a)(14)(xii)</u>: describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.
- C. <u>Food Instrument Pick-up and Transaction</u> <u>246.4(a)(11)(iii)</u> and <u>(a)(14)(vi)</u>: describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.
- **D.** <u>Food Instrument Redemption and Disposition 246.4(a)(14)(vi)</u>: describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost/stolen/damaged, expired, duplicate, or not matching issuance records.
- E. <u>Manual Food Instruments</u> <u>246.4(a)(11)(iii)</u>, <u>(a)(14)(i)</u>, <u>(a)(14)(vi)</u> and <u>(a)(14)(ix)</u>: describe the procedures for issuing and accounting for manual food instruments, including the procedures for documentation and disposition.
- F. Special Food Instrument Issuance Accommodations, 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv), and (a)(21) mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.
- **G.** <u>Vendor Cost Containment System Certification</u> <u>246.4(a)(14)(xv)</u>, <u>246.12(g)(4)(vi)</u>: describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

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

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

A.	Electronic Benefit Transfer (EBT)
1.	Is EBT implemented statewide?
	⊠ Yes (Proceed to question 2)
	□ No (Continue to 1.a.)
a.	Does the State agency have an active EBT Project as of July 31, 2016?
	□ Yes □ No
b.	Does the State agency follow APD requirements for EBT management and reporting?
	□ Yes □ No
2.	What is the State agency policy for permitting replacement cards and transfer of balances per <u>7 CFR 246.12(bb)(2)</u> ?
	NH allows replacement cards. We have not had any reason to set a limit on the number of replacement cards at this time.
3.	What are the State agency procedures for providing customer service during non-business hours for EBT cards per 7 CFR 246.12(bb)(3)?
	Clients use the Conduent's automated system to check benefit balances and update their PIN. They can also use the MIS client portal to check their benefit balance. Live customer service will be available through the local and State agency during normal work hours.
4.	Does the State agency use the formula for EBT terminal minimum lane coverage in 7 CFR 246.12(z)?
	⊠ Yes □ No
a.	If no, please provide the date of the approval of the approved alternative installation formula as required per 7 CFR $\frac{246.12(z)(2)}{2}$.
В.	Food Delivery and Food Instrument Control Overview
1.	Food Instruments (i.e., vouchers, checks, EBT cards, coupons or related documents) - General
a.	The State agency uses the following types of FIs (check all that apply):
	□ Paper food instruments
	☐ Automated-point of certification
	☐ Manual-individual prescription
	☐ Pre-printed manual-standard prescription
	☐ Automated-central generation
	☐ Mobile Payment
	☐ Other (specify): Click or tap here to enter text.
h	
b.	The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):
	Automated - EBT Cards Daily/perpetually Physical - Paper FIs Daily
	S & L Other (Specify): Local and State = Monthly Weekly
	Monthly Other (specify): Click or tap here to enter text.

C	. The FI contains/allows for the follows	lowing information (check all that apply):
	Not applicable	☐ Local agency identifier
	☐ Participant WIC ID number	☐ Vendor/farmer endorsement
	☐ Countersignature for participant/	ргоху
	☐ Authorized supplemental foods	
	☐ First date of use	☐ Last date of use
	☐ Redemption period	☐ Serial number
	☐ Purchase price	☐ Signature space
Pro	ovide a facsimile of FI in Appendix o	or cite Procedure Manual: eWIC Card Attachment
d.	The EBT system allows for the foll	owing (check all that apply):
	oxtimes A unique and sequential number	benefit issuance identifier
	⊠ Each EBT purchase is matched t per <u>7 CFR 246.12(x)(3)</u>	o an authorized vendor, farmer, or farmers' market prior to authorizing payment
	⊠ System contains authorized supp	elemental foods
		es of use for electronic benefits
e.	The State agency provides a toll-fr	ee number for participant/vendor/farmer inquiries on:
	☐ Paper Food Instrument ☐ Cash-	value voucher ⊠ EBT Card/Sleeve □ None
ΑD	DITIONAL DETAIL: Food Delivery A	ppendix and/or Procedure Manual (citation): Click or tap here to enter text
2.	Food Instrument Accountability	
a.	FIs are delivered to local agencies	by:
	State agency staff	⊠ Local agency staff
	☐ US Postal Service	
	☐ On-demand printing	
	☐ Contracted service (e.g., UPS, Pu	·
	☐ Other (specify): Click or tap here t	
b.		ady for issuance) are delivered to the local agency (check all that apply):
	Blank	Preprinted
	Not applicable ■	☐ Not applicable
	☐ Weekly	☐ Weekly
	☐ Twice a month	☐ Twice a month
	☐ Once a month	☐ Once a month
	☐ Once every two months	☐ Once every two months
	☐ Other (specify):	☐ Other (specify):
	Blank Specify: Click or tap here to er	iter text.

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL Preprinted Specify: The State agency uses the following procedures to ensure that unclaimed paper FIs are not being used fraudulently (check all that apply): ☐ Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants ☐ Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program ☐ Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments ☐ Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs ☐ Other (specify): Click or tap here to enter text. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply): ☐ Manual issuance ☐ Home food delivery □ Direct distribution ☐ Remote issuance ☐ Other (specify): Click or tap here to enter text. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text. C. Food Instrument Pick-up and Transaction **Food Instrument Pick-Up Policy and Procedures** Food instruments are issued by (check all that apply): **All Locals Most Locals Some Locals** \boxtimes Local agency director

Local agency nutritionist						
Clerical staff	Local agency	nutritionist	\boxtimes			
Other (specify):	Local agency	paraprofessional		\boxtimes		
Click or tap here to enter text. The State agency utilizes a participant identification card: Yes Yes, with photo No If yes, issuance is controlled numerically, and each card is accounted for: Yes No The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards: Participant/parent/caretaker/proxy signature on register confirming receipt Local agency staff initials	Clerical staff			\boxtimes		
The State agency utilizes a participant identification card: ☐ Yes ☐ Yes, with photo ☐ No If yes, issuance is controlled numerically, and each card is accounted for: ☐ Yes ☐ No The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards: ☐ Participant/parent/caretaker/proxy signature on register confirming receipt ☐ Local agency staff initials	Other (specify	/):				
 Yes	Click or tap he	ere to enter text.				
If yes, issuance is controlled numerically, and each card is accounted for: Yes No The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards: Participant/parent/caretaker/proxy signature on register confirming receipt Local agency staff initials	The State ag	ency utilizes a particip	ant identification	on card:		
 ☐ Yes ☐ No The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards: ☐ Participant/parent/caretaker/proxy signature on register confirming receipt ☐ Local agency staff initials 	☐ Yes	\square Yes, with photo	⊠ No			
The State agency requires the following proof of receipt when issuing paper food instruments or EBT cards: □ Participant/parent/caretaker/proxy signature on register confirming receipt □ Local agency staff initials	If yes, issuar	nce is controlled nume	rically, and eac	h card is accounted	l for:	
 □ Participant/parent/caretaker/proxy signature on register confirming receipt □ Local agency staff initials 	☐ Yes	□ No				
□ Local agency staff initials	The State ag	ency requires the follo	wing proof of r	eceipt when issuing	g paper food instrum	ents or EBT cards:
• ,	□ Participan	t/parent/caretaker/proxy	/ signature on re	gister confirming rec	eipt	
☐ Date of food instrument pick-up	☐ Local age	ncy staff initials				
	☐ Date of fo	od instrument pick-up				

b.

C.

	IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
	☐ Stub with participant signature or initials
	☑ Other (specify): The MIS system captures participant/proxy signature, date, and staff person; for remote
	appointments a "Manual Signature" is generated/captured.
d.	The State agency has a policy to prorate food packages for the following:
	☐ Late FI pick-up ☐ Certification due to expire within 30 days
	☐ Mid-month certification ☐ Other (specify): Lost/Stolen benefits for formula, and any custody change and new family member additions.
e.	The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):
	□ Transaction procedures □ Use of proxy
	⊠ Reporting problems/requesting assistance
	☑ Participant violations (i.e., selling or offering to sell WIC benefits)
	☑ Other (specify): Signature is obtained for eWIC card on signature pad and recorded in the MIS; for remote
	appointments a "Manual Signature" is generated/captured.
f.	The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers' markets:
	⊠ Yes □ No
g.	The State agency permits a participant to transact food instruments with any authorized vendor or farmer/farmers' market in the State:
	⊠ Yes □ No
ΑD	DITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text
2.	The State agency's proxy policy includes the following:
	 □ Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility □ Limits proxy to a specified number of FI pick-ups □ Limits proxy to a minimum age
	☐ Limits proxy assignment to local WIC staff
	☑ Other (specify): No NH WIC staff, volunteers, or employees of authorized NH WIC Vendors are
	allowed to be a NH WIC Proxy.
	DITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): NH PPM Chapter 9B pointment Proxy
ום	Food Instrument Redemption and Disposition
1.	Food Instrument Disposition Procedures for paper FI issuance
a.	The State agency system assures 100% disposition of all issued Fls
	⊠ Yes □ No
	If no, specify the circumstances that prevent 100% disposition: Click or tap here to enter text.
	· · · · · · · · · · · · · · · · · · ·

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

7

	☑ Yes (specify period): Monthly redemption ☐ No
C.	The State agency monitors each local agency's:
	☐ Number of manual FIs utilized
	□ Number of unclaimed FIs
	□ Number of voided FIs
	☐ Number of redeemed FIs with no issuance record
2.	Unclaimed, Voided, Prorated FIs
a.	The State agency requires local agencies to return "unclaimed/not picked up" paper FIs or EBT cards:
	⊠ Not applicable □ Daily □ Weekly □ Monthly
	☐ Other (specify): Click or tap here to enter text.
b.	The State agency requires local agencies to return "voided" FIs:
	☑ Not applicable ☐ Daily ☐ Weekly ☐ Monthly
	☐ Other (specify): Click or tap here to enter text.
4 D	
	DITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to ter text.
3.	Lost/Stolen/Damaged Food Instruments
	The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):
	☐ State agency ☐ Police department ☐ State agency's banking institution
	☐ EBT Coordinator
	☑ Other (specify): Recorded in MIS as reported by participant or through Conduent IVR toll free number and portal.
b.	Replacement/duplicate Fls Issuance
	(1) Replacement/duplicate FIs are issued when FIs are reported <u>lost</u> :
	□ No
	☐ Depends on the circumstances
	⊠ Yes (If FIs are reissued, it is done):
	⊠ Immediately
	☐ Following notification of State agency/bank agency
	☐ After a Click or tap here to enter text. day waiting period (specify number of days)
	(2) Replacement/duplicate FIs are issued when FIs are reported stolen:
	□ No
	□ Depends on the circumstances
	⊠ Yes (If FIs are reissued, it is done):
	⊠ Immediately
	 ☐ Following notification of State agency/bank agency ☐ After a Click or tap here to enter text. day waiting period (specify number of days)
	(3) Replacement/duplicate FIs are issued when FIs are reported <u>damaged</u> :
	□ No

□ Depends on the circumstances ☐ Following notification of State agency/bank agency ☐ After a Click or tap here to enter text. day waiting period (specify number of days) ☐ Other (specify): Click or tap here to enter text. c. Is a police report required before replacement benefits are issued when reported stolen? ☐ Yes ⊠ No d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen/damaged FIs (check all that apply): ☐ Stops payment on the lost/stolen/damaged FIs □ Notifies vendor or farmer ☑ Other (specify): Inactivates the eWIC card so if found it cannot be used. Please provide a copy/citation of the State agency's policy and procedures that ensure that lost/stolen Fls cannot be redeemed OR lost/stolen/damaged EBT cards will be replaced and associated benefits transferred (7 CFR 246.4(a)(14)(xix)). NH PPM Chapter 9C Replacement of Cards and Voiding and Replacing Benefits policies. e. The local agency documents in the participant's file that replacement Fls were issued: ☐ No f. If it is established that lost/stolen/damaged Fls are transacted by the participant who reported them lost/ stolen/damaged, the following actions are taken: ☐ A claim for cash repayment is issued to participant ☐ Participant is disqualified; specify the period of time: Click or tap here to enter text. ☐ Participant receives a warning Other (specify): N/A g. If lost/stolen/damaged FIs are transacted by someone other than the participant, the following actions are taken, check all that apply: ☐ Reported to police for investigation State agency or local agency does an investigation State agency or local agency notifies the participant ☑ Other (specify): Review Program rules and importance of keeping PIN secure. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text. h. The State agency monitors the level of reported lost/stolen/damaged FIs by local agency: ⊠ Yes □ No 4. Benefit Redemption Review (7 CFR 246.12(k)(1)) a. Describe in detail how the State agency sets maximum allowable reimbursement levels for payment for supplemental foods (including whether the State agency uses vendors' shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable reimbursement levels differently for above-50-percent vendors and regular

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

The NTE for each Sub Category by peer group is calculated by the MIS System by using system redemption data over the last 30 days. The average is taken and a 2.0 Standard Deviation is applied. This calculation happens on a weekly basis.

vendors, please explain the different methods used.

The system also allows an override amount for any sub category as needed by the State Agency. The system would use the higher of the two NTEs. NTE's can be established at the UPC level when enough data is collected by the MIS system during the last 30 days. The threshold is established in the MIS system for this calculation. NH does not allow 50% vendors

(1)	The State	agency es	tablishes max	imum allowab	le reimburs	ement levels	s for:	
	(a) Each p (b) Each fo (c) Other (ood instrui	ment or food	category			⊠ Yes ⊠ Yes □ Yes	□ No □ No □ No
	Click or ta	ap here to	enter text.					
(2)	The State a	agency est	tablishes max	imum allowab	le reimburs	ement levels	s using:	
	(a) Standa	rd deviatio	ons 🗵 Ye	es 🗆 No				
				viation numbe ppropriate: <u>2.(</u>		in how the S	state agency det	ermined the
	(b) A perce	entage abo	ove the averag	e redemption	amount	□ Yes ⊠ N	lo	
	approp	oriate.	e percentage o enter text.	and explain ho	w the State	e agency det	ermined that thi	is percentage is
	(c) Other (ſ	□ Yes	□ No		
	` ,		to enter text.		_ 100	□ 1 10		
(3)		-		ement levels i	nclude a fa	ctor to reflec	t:	
` '	□ Yes	⊠ No					ap here to enter	text.
	□ Yes	⊠ No	Inflation	: explain: Click	or tap here	e to enter tex	ct.	
	□ Yes	□ No		olease specify):				
	payment) pi Not	rocess to Pre-Edit	detect the foll Post-Edit	-	nrough a pi	e-edit (befor	e payment) or p	ost-edit (after
	Applicable	Screen ⊠	Screen	Purchase o	requested	nrice exceeds	s price limitations	2
				Altered pure	•	prioc cxoccu.	s price illitiations	,
	\boxtimes			•	•	ation missing		
	\boxtimes			Invalid/cour	terfeit vend	or/farmer ider	ntification	
				Transacted	•	•		
				Transacted	•	•		
				Redeemed	•	ed period		
	\boxtimes			Altered date Missing sigr				
				Mismatched				
	\boxtimes			Altered sign	-			
				_		r tap here to	enter text.	
			unt on a food i		he maximu	m allowable	reimbursement	amount,
\boxtimes	Reimburses	the vendor	for amounts u	p to the maximu	ım allowable	e reimbursem	ent amount	
	Reimburses	the vendo	r at the peer gr	oup average				
	Rejects the r	eimbursem	ent request but	allows the ven	dor to resub	mit		
	Rejects the r	eimbursem	nent request wi	thout allowing t	he vendor to	resubmit		
	Other (pleas	se specify):	Click or tap h	ere to enter te	xt.			

C.

d.	I. Where pre-edit scree	ens are used, the	proportion of FIs r	eviewed includes:	
	⊠ All Fls □	Percentage of FI	(Click or tap here to	enter text.%)	
	☐ Other (please spec	ify): Click or tap h	ere to enter text.		
e.	 The edit system(s) the rejects food instrument 		num allowable reiml	oursement levels to	o screen for vendor overcharges
	Pre-Edit Po	ost-Edit			
	\boxtimes		lot To Exceed or Max	kimum Prices	
		□ P	ercentage above ave	erage (Click or tap h	ere to enter text.%)
			mount above averag	e (\$Click or tap here	e to enter text.)
			other (specify): Click of	or tap here to enter	text.
f.	. The following action	s are used to co	ntrol against unautl	norized stores rede	eeming Fls:
	⊠ Provide up-to-date	e list of authorized	l vendors to participa	nts at certification a	nd/or issuance
	⊠ Remove a vendor/	/farmer/farmers' a	ability to conduct tran	sactions when it is r	no longer authorized
	☐ Conduct compliand	ce buy to verify if	unauthorized store tr	ansacts and redeen	ns FIS
	0 ,	ized vendor/farm			t ID numbers on redemption requests dors/ farmers/farmers' markets for FIs
	☐ Inform all participa	ints who might us	e the unauthorized s	tore	
	\square Other (specify): Cli	ck or tap here to	enter text.		
ΑD	ADDITIONAL DETAIL: Fo	ood Delivery App	pendix: and/or Proc	edure Manual (cita	tion): Click or tap here to enter text.
5.	5. Price Lists				
a.	. Shelf Price list inforr	mation is routine	ely collected from ve	endors:	
	⊠ Yes □ No; Ex	plain: (Proceed to	item #6) Click or tap	here to enter text.	
b.	o. Shelf Price list data	are collected:			
	☐ Real Time or Daily☐ Other (specify): Cl		•	☐ Quarterly	⊠ Semiannually
c.	. Shelf Price data are o	collected by:			
	State agency staff				
	☐ Local agency staff	f			
	☐ Reports are submi	itted by vendors			
	☐ EBT system				
	☐ Other (specify): Cli	ick or tap here to	enter text.		
d.	. The data collected ha	as food prices fo	or (check all that ap	ply):	
	\square All brands and size	es of supplement	al foods		
		olemental food ite	ms within food categ	ories	
	☐ Most commonly re	edeemed food ite	ms; please specify: C	lick or tap here to e	nter text.
	☐ All authorized vend	dors			
	\square A sample of autho	rized vendors (pl	ease describe the sa	mpling method used	d): Click or tap here to enter text.
	☐ Other (specify): Cli	ick or tap here to	enter text.		
e.	. The State agency/loc	al agency verific	es price data provid	ed by vendors:	
	□ During routine more □ During	nitoring visits			

	IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
	☐ Does not verify on a routine basis
	☐ Other (explain): Click or tap here to enter text.
f.	The State agency/local agency analyzes price data:
	⊠ Manually on a routine or as needed basis
	☐ In an Automatic Data Processing system and uses it to:
	☐ Generate estimated food instrument values
	☐ Help inform WIC staff on vendor selection decisions
	☐ Develop vendor peer groups
	\square Flag individual food instruments that appear to be overcharges
	☐ Other (specify):
6.	System to Detect Suspected Overcharges
a.	Does the State agency screen for suspected overcharges?
	\square Yes, vendor claims are issued for overcharges.
	☑ No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section <i>D. Manual Food Instruments</i> .)
	☐ Other (specify): Click or tap here to enter text.
b.	The methods used to identify potential vendor overcharges are:
	\square Comparison of vendor's redemption prices to charged prices (via receipt).
	☑ Other (specify): Reaching the NTE in WIC Connect
C.	To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)
	☐ Provide an updated price list
	☐ Provide written justification for the higher prices
	□ Provide receipts
	⊠ Other (specify): File a claim with the State
d.	What action(s) is/are taken when a potential vendor overcharge is identified? (Check all that apply)
	☐ Routine monitoring or remedial vendor training is conducted
	\square Vendor is designated as high-risk and scheduled for compliance investigation
	$\ \square$ Vendor is provided with a written warning of potential sanction for overcharging
	☑ Other (specify): Designated as high risk when exceeds too many overcharges
	within a time period.
ΑĽ	ODITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text.
E . I	Manual Food Instruments
\boxtimes	DOES NOT APPLY (PROCEED TO NEXT SECTION)
1.	Manual FIs Policy
a.	Manual FIs are utilized for the following reasons:
	□ New participants

	☐ Automated FIs not available
	☐ Mutilated automated FIs
	☐ Wrong food package on automated FI
	☐ Wrong dollar amount on automated FI
	☐ Provide for the special needs of the homeless
	☐ Food package tailoring
	☐ Routine monitoring visits (i.e., educational buys) of vendors/farmers
	☐ Compliance buys of vendors/farmers
	☐ Special conditions, e.g., disasters
	☐ Other (specify): Click or tap here to enter text.
b.	The State agency requires the following for completing the manual FI register:
	☐ Participant/proxy signature ☐ Local agency staff initials
	☐ Date of FI pick-up ☐ Other (specify): Click or tap here to enter text.
c.	Manual FIs have a "Not to Exceed Value" of:
	\square Same dollar amount for all manual food instruments \$ Click or tap here to enter text.
	☐ Variable dollar amount depending on type of prescription on manual FI
	□ Variable dollar amount depending on participant category on manual FI
	□ No limit
	☐ Other (specify): Click or tap here to enter text.
ΑC	ODITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text
2.	Manual FI Documentation and Disposition
a.	A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:
	☐ Not applicable ☐ Weekly ☐ Monthly
	☐ Other (specify): Click or tap here to enter text.
b.	Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:
	☐ Turnaround documents to establish valid certification records
	☐ Telephone calls to the State/local agency on irregularities
	☐ Other (specify): Click or tap here to enter text.
C.	If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):
	☐ Reports the FI serial numbers to the State agency
	☐ Provides the FI serial numbers to local vendors/farmers
	☐ Other (specify): Click or tap here to enter text.
rec	rovide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be conciled.) lick or tap here to enter text.

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text.

F. Special FI Issuance Accommodations

1. a.			lowing FI issuance policy (cat the clinic or local agency, e		ices
			dentification at FI card pick up	·	
	☐ FIs cards are routinely m (including breastfeeding	nailed to participar promotion and su	nts except (1) when the particular activities) or a certifical areas are known to have expe	cipant is scheduled for nutrit	areas where
	☐ Benefits are provided ele	ctronically to a loc	ation (such as a grocery store	e) under certain conditions;	thus,
	participants may not alwa	•	,	,	
	⊠ Other (specify): eWIC alle	ows for benefits to	be pushed to the card accou	<u>unt.</u>	
2.	Mailing Policy/Procedures	3			
a.	-	s local agencies	with guidelines/procedures	for mailing paper FIs or EI	ВТ
	⊠ Yes □ No				
b.			er FIs or EBT cards whenev ng promotion and support a		nt is due or
	⊠ Yes □ No				
C.	The State agency has imp apply):	lemented the foll	lowing policy regarding mai	ling paper FIs or EBT card	ls (check all that
		ail *(first class is c	onsidered <i>regular</i> mail)		
	\square FIs are sent registered m	ail			
	\square FIs are sent certified mail	I			
	\square FIs are sent restricted ma	ail			
	☐ Return receipt is requeste	ed on FIs sent cer	tified mail		
	oximes Envelope specifies, "Do r	not forward, return	n to sender" or "Do not forware	d, address correction reques	sted"
	☐ Other (specify): Click or to	ap here to enter t	ext.		
d.	The State agency approve	s mailing FIs und	der the following conditions	(check all that apply):	
		State-Wide	LA with SA Approval	Case by Case	
	Participant hardship				
	Travel-related issues				
	Better clinic management				
	Participant safety				
	Participant convenience				
	Cost effectiveness				
	Public Health Emergency	\boxtimes			
	Other				
	(if other, specify): to facilitate	e remote appointr	nents when needed		
e.	When mailing paper FIs or	EBT cards, doc	umentation of FI issuance is	3 :	
	\square Signed by the participant	t at the following F	FI pick-up/visit		

IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL ☐ Signed and dated by local agency staff after return receipt is received ☐ Other (specify): Click or tap here to enter text. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text. 3. Participants who receive paper FIs or EBT cards by mail are provided: ☐ One month of benefits ☐ Two months of benefits ☐ Three months of benefits ☑ Other (specify): N/A – only card is sent. Once confirmed as received then benefits are loaded. ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text. G. Vendor Cost Containment System Certification If the State agency authorizes or plans to authorize any above-50-percent vendors, FNS must certify the State agency's vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information. **☑ DOES NOT APPLY (PROCEED TO SECTION H)** 1. Calculation of competitive price levels Describe how the State agency derives (or will derive) competitive price levels for regular vendors that excludes the prices of above-50-percent vendors. Click or tap here to enter text. 2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors a. Explain how the State agency ensures that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors. Click or tap here to enter text. b. The State agency exempts above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels. ☐ Yes □ No If yes, how many vendors will be exempted? Click or tap here to enter text. Are these vendors needed to ensure participant access to supplemental foods? ☐ Yes □ No c. The State agency applies peer-group specific maximum allowable reimbursement levels during the benefit redemption process. ☐ Yes ☐ No If yes, describe the procedure or process used: Click or tap here to enter text.

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

 \square Yes \square No If yes, provide the following information in detail: Click or tap here to enter text.

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

Click or tap here to enter text.

b.	Describe the supplementa	reason the non-profit above-50-percent vendors are needed to ensure participant access to all foods.
	Click or tap	here to enter text.
c.	Does the Sta	te agency collect shelf prices from non-profit vendors?
	□ Yes	□ No
d.	that are subj	w the prices of the non-profit vendors compare to those of other vendors in their geographic are let to competitive price criteria and allowable reimbursement levels. ere to enter text.
e.		w the State agency establishes the level of reimbursement for the non-profit above-50-percent it has exempted.
	Click or tap h	ere to enter text.
4.		ency has fully implemented the competitive price criteria and maximum allowable reimbursemen es described in items 1 and 2 above.
	□ Yes	□ No
	•	gency has not fully implemented the revised competitive price and maximum allowable reimbursement es, describe the current status of this effort and include the timetable for achieving full implementation.
	Click or tap h	ere to enter text.
5.	The State ag	ency plans to exempt <i>pharmacy</i> vendors from competitive price criteria and maximum allowable ent levels.
	□ Yes	□ No
	•	ite agency has confirmed that these pharmacies provide only exempt infant formula and/or WIC-eligible ds to program participants.
6.	Does the Sta	te agency collect shelf prices from pharmacies that provide only exempt infant formula?
	☐ Yes	□ No
7.	establishing ensures that	e table on the following page to demonstrate that the State agency's procedure for and implementing competitive price criteria and maximum allowable reimbursement levels average payments per food instrument or food item to above-50-percent vendors do not age payments to regular vendors.
8.	per food inst such a repor	h and cite of a copy of the report(s) that the State agency will use to monitor average payments trument to above-50-percent vendors and regular vendors. If the State agency does not have rt, describe the State agency's plans to develop and implement a report(s) for monitoring including the report contents or fields.
	Click or tap h	ere to enter text.

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

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

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

Supplemental WIC State Plan Guidance section IX.I – Vendor Cost Neutrality Assessment will be issued in the spring.

H. Home Food Delivery Systems

\boxtimes	DOES NOT APPLY (PROCEED TO NEXT SECTION)						
1.	Home Food Delivery Systems Overview						
a.	a. Home delivery vendors include (check all that apply): □ Dairies						
	☐ Private delivery service doing WIC business only						
	☐ Private delivery service						
	☐ Other (specify): Click or tap here to enter text.						
b.	Participants who receive home food delivery:						
	\square Are notified in writing of the types and quantities of foods						
	\square Are issued FIs that they sign and provide to the vendor when the food is delivered						
	\square Are delivered not more than a one-month supply of supplemental foods at any one time						
	☐ Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received						
	☐ Other (specify): Click or tap here to enter text.						
c.	Supplemental foods may be delivered:						
	☐ Only to the participant of record						
	☐ To the participant of record or proxy of record						
	☐ To any adult at home during time of delivery						
	☐ To anyone at home at the time of delivery						
	☐ Other (specify): Click or tap here to enter text.						
ΑC	DDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text.						
2.	. Documentation						
a.	The forms verifying delivery are reconciled against vendor invoices:						
	□ Weekly						
	☐ Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies						
	☐ Other (specify): Click or tap here to enter text.						
b.	Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.						
	□ No □ Yes, sample □ Yes 100%						
ΑĽ	ODITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Click or tap here to enter text.						
I. C	Direct Distribution Food Delivery Systems						
\boxtimes	□ DOES NOT APPLY						
1.	Direct Distribution Food Delivery - General						
a. The State agency uses a direct distribution food delivery system to:							
	☐ Distribute all its WIC Program foods						
	☐ Distribute only exempt infant formula and/or medical foods						
	□ Distribute (specify):						

b.	The State agency uses:						
	\square Warehouse not used						
	☐ One central warehouse	e central warehouse, deliveries directly to local agencies					
	☐ One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies						
	☐ Other (specify): Click or tap here to enter text.						
C.	Warehouses are operated by:						
	☐ State agency	☐ Loca	al agency				
	☐ Other state or public ag	ency □ Und	er contract with a	private business			
	☐ Other (specify): Click or	tap here 1					
d.	Varehouses used for storage of WIC foods are also used to store other FNS program commodities Please specify which commodities):						
	☐ Yes ☐ No Spe	ecify commodities: Cli	ck or tap here to	enter text.			
ΔΓ	ODITIONAL DETAIL: Food I	nelivery Annendiy ar	nd/or Procedure	Manual (citation): Click or tap here to en	tor toyt		
	Food Distribution	senvery Appendix an	id/of i foccadic	manda (orderon). Onor or tap here to on	tor toxt.		
a.	Foods are distributed to participants:						
	☐ Grocery store fashion	•					
	☐ Pre-packaged						
	☐ Other (specify): Click or	tap here to enter tex	ĸt.				
b.	Participants receiving food are required to sign:						
	☐ A register once for all foods received						
	□ A register/form for each food item received						
	☐ Other (specify): Click or tap here to enter text.						
c.	Foods are distributed to participants:						
	□ Monthly						
	□ Not to exceed a one-month supply at any one time to any participant						
	☐ Other (specify): Click or tap here to enter text.						
d.	Participants with limited a	access to facilities us	sed for distribut	ion have available to them:			
		Services provided by:					
		Local Agency	Other Sources				
	Home delivery						
	Cost-free transportation						
	Other						
	(if other, specify): Click or to	ap here to enter text.					
ΑD	DITIONAL DETAIL: Food D	Delivery Appendix: a	nd/or Procedure	Manual (citation): Click or tap here to en	ter text.		
3.	Warehouse Insurance and	d Inspections					
	Insurance for the warehou	•	I that apply):				
		☐ Infestation □					

	☐ Other (specify):				
b.	Warehouses are inspected by a public authority responsible for enforcing:				
	\Box Fire safety laws and regulations (specify date and grade of last inspection): Click or tap here to enter text.				
	\square Sanitation laws and regulations (specify date and grade of last inspection): Click or tap here to enter text.				
	☐ Other (specify): Click or tap here to enter text.				

ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation): Click or tap here to enter text.

4. Monitoring and Inventory Control

Please describe the State agency's methods for ensuring WIC supplemental foods are under proper inventory control (separation of duties for intake and inventory; stock rotation; performance of perpetual and physical inventory duties; reconciliation against issuance records; etc.). Click or tap here to enter text.