

WIC and Nutrition Manual
700 Policy Group
Caseload Management

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Policy 701

Enrollment and Participation

POLICY

WIC Coordinators or designees shall review enrollment and participation on a monthly basis and ensure caseload management reports are being utilized.

PURPOSE

To serve the maximum level of eligible participants and maintain funding.

RELEVANT REGULATIONS

[7 CFR 246.2](#) Definitions

[7 CFR 246.12](#) Food delivery methods.

[7 CFR 246.25](#) Records and reports.

PROCEDURES

Enrollment

Enrollment is the total number of all pregnant, breastfeeding, and postpartum women, infants, and children determined eligible for WIC and enrolled in the WIC Program.

- A. Eligible applicants are enrolled by creating or adding the applicant to the household record and completing the Patient Registration screen.
- B. Eligible infants who are fully breastfed and receive no formula from WIC must be certified and enrolled as soon as possible. These infants are referred to as Infant Fully Breastfed (IFB).
- C. Mothers who have continued to partially breastfeed after six months postpartum and who have requested more than the maximum amount of formula for a partially breastfed infant are continued on the program with a Woman Partially Breastfeeding (WPB) status.
- D. The system produces a monthly 1902 report of enrollment by status and priority. The monthly 1902 system report lists the number of persons enrolled at the time the report is produced. It reflects all certifications and termination actions as of the date and time of the report. Refer to Section 800 Appendices.
- E. Enrollment should be reviewed monthly as part of caseload management.

Participation

Participation is the total number of pregnant, breastfeeding, and postpartum women, infants and children who receive food benefits for the month, plus the number of infants fully breastfed and women partially breastfeeding who no longer receive food benefits but continue to partially breastfeed.

- A. A participant is:
 1. A woman, infant, or child who receives at least one (1) food benefit issuance during a calendar month.
 2. An infant fully breastfed enrolled with an assigned BF1 food package who does not receive food benefits until six months of age.
 3. A breastfeeding woman who is six months or more postpartum, whose infant is receiving a full formula package, would no longer receive food benefits but is continued to be counted as a WIC participant until the infant's 1st birthday as long as she continues to breastfeed at least an average of one time per day.
 4. A breastfeeding woman who is six months or more postpartum whose infant is receiving a partially breastfeeding formula package continues to receive food benefits until the infant's 1st birthday as long as she continues to breastfeed, and the infant remains on the partially breastfed formula package.
- B. Participation is determined by:
 1. Issued food benefits and the first day to use.

- a. The computer system captures issuance by the first day to use on the food benefits and assigns the food benefits and the participant to the appropriate month.
- C. WIC funding is based on participation.
- D. All eligible applicants/participants are assigned an issue month and date. This date determines the first day to use the food benefits and continues through the participant's continuous participation in WIC unless extenuating circumstances exist to change it
- E. Infants fully breastfed must be assigned the BF1 food package to count as participants.
- F. Women who continue to partially breastfeed after six months postpartum and who have requested more than the maximum amount of formula issued for a partially breastfed infant shall continue on the program to receive the other benefits of WIC, such as nutrition education.
- G. Continuous participation and obtaining food benefits for all months of the certification period shall be encouraged.
- H. A maximum of three (3) months of food benefits may be issued at one time. Three months issuance is encouraged to maximize participation, the participant's benefits, and reduce the participant's time in the clinic.
- I. Follow-up for missed appointments shall be made to encourage continued participation. Two reports are produced for this purpose: the 7-Day Late Benefit Issuance List and the 30-Day Late Benefit Issuance List. Refer to 704- Nonparticipation and Section 800 Appendices.
- J. Applicants/participants/proxies picking up food benefits late are issued benefits for the remainder of the issuance month. The quantity of food benefits issued may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance cycle and issues the appropriate quantified food benefits. Refer to Policy 803- Issuance of Benefits and Assigning Issue Dates.
- K. Voided food benefits affect issuance and participation information. Voided food benefits must be entered into the system. Refer to Policy 804- WIC Food Benefit Replacement.
- F. The system produces a monthly 1930 report of participation by status and priority. The 1930 system report is the number of participants for the calendar month, from the first day to the last day of the month. Refer to Section 800 Appendices.
- L. Participation reports are produced in provisional and final numbers, beginning the month following the report month. Each report reflects data in the system at the time the report is produced.
- M. After a final participation report is produced, no additional data entered in the system affects the participation count for that month.
- N. Participation shall be reviewed monthly as part of caseload management. A participation rate can be determined by comparing enrollment to participation for a month, but it is not precise due to the differences in time periods of the two reports.

Policy 702

Caseload Management – Participation

POLICY

The goals of caseload management and outreach are to identify the target population and any special populations, inform and enroll such populations in the WIC program, and encourage consistent and continued participation. Local WIC agencies shall conduct outreach activities on a regular basis and at least annually through local media sources to inform potential participants about the availability of the WIC program. Participation is the basis of WIC funding.

PURPOSE

Local WIC agencies must make every effort to ensure current and potential participants' access to WIC services by minimizing hardships and barriers to enrollment and participation.

DEFINITION

Participation – The number of participants who have received food benefits or supplemental foods during the reporting period plus the number of partially breastfeeding women and fully breastfed infants participating but not receiving food benefits or supplemental foods.

Participant-Centered Services – Providing services based on participant needs. Including but not limited to nutrition education, appointment scheduling, and benefit issuance.

RELEVANT REGULATIONS

7CFR Ch. II (1 – 1 – 12 Edition) 246.2 Definitions

7CFR 246.4(a) (6), (7), and (20) – State Plan; Requirements

[7CFR 246.7\(b\) – Program Referral and Access](#)

PROCEDURES

- A. Local WIC Agencies shall strive to serve all enrolled participants. An active caseload (high participation rate) is maintained by having a high number of enrolled participants, issued food benefits, and by completing actions (WIC services and terminations, as applicable,) timely.
1. Shall maintain a participation rate of 95% or higher. The participation rate is calculated by enrollment divided by participation multiplied by 100.
 2. Participation and Caseload Monitoring Reports are available for staff to work to achieve an active caseload via e-reports. WIC Coordinators or their designees shall review and work reports weekly to ensure an active caseload. For e-report access, contact the WIC.helpdesk@ky.gov.
 3. The monthly enrollment report and participation report shall be reviewed to assess increases or decreases in numbers, i.e., total number, number in a specific status or priority, etc.
 4. All enrolled participants shall be encouraged to obtain food benefits for all months of their certification period to ensure continued participation.
 5. The table below provides a list of reports available, intended use, and the frequency of availability.

<u>Report Number</u>	<u>Title</u>	<u>Frequency</u>	<u>Use</u>
1902	Enrollment by Status and Priority	Monthly	The report is to be used for caseload management and evaluation of enrollment.

1930	WIC Participation Report by Priority/Status	Monthly	This report is to be used for caseload management of active participation.
274/110	7-Day Late Benefit Issuance List	Weekly	<p>This report is to be used to contact non-participants to urge their participation.</p> <p>To mail a reminder, affix label to Reminder Postcard (WIC-51).</p>
275/111	30-Day Late Benefit Issuance List	Weekly	<p>This report is to be used to contact non-participants to urge their participation.</p> <p>To mail a reminder, affix label to Reminder Postcard (WIC-51).</p>
562	Actions Due Listing	Weekly	<p>This report is a caseload management tool that lists participant recertification and termination actions that are due and overdue. The report must be worked on a weekly basis to decrease inactive enrollment and increase participation. Overdue actions indicate an inactive caseload, which lowers the rate of participation to enrollment.</p>
587/588	Automatic Terminations & Automatic Terminations labels	Weekly	<p>The report is a listing of all participants whose next action due is termination, and the action date is on or before the report date, or those who have not received food benefit issuance for two (2) consecutive months (60 days) from the expiration date (last day to use) of last set of food instruments issued. The reason for termination is listed on the report as non-participation or categorically ineligible.</p> <p>Affix label to participant's service report (CH-3A).</p>
1962	Medicaid and SNAP recipients Not Enrolled in WIC	Weekly	Use this report to outreach to the appropriate Medicaid and SNAP recipients that are not enrolled in the WIC Program.
1975	Waiting List by Priority (if applicable)	Monthly	Use the report to contact participants when benefits become available.

*For a list of all reports, refer to Section 800, Food Delivery/Data Appendices.

- B. To ensure accurate reporting of participation:
1. Eligible infants that are fully breastfed and receive no formula from WIC must be certified and added/enrolled with a BF1/F1 food package.
 2. Partially breastfeeding women who have requested more than the maximum amount of formula allowed for a partially breastfed infant, and do not receive a food package, shall continue on the program until breastfeeding ends or until one (1) year post-delivery.
 3. When adding newborns, to minimize participant time in the clinic, both mom and baby may be certified during the same clinic visit. Ensure post-partum women who were enrolled while pregnant receive the six weeks of the pregnant food package after delivery.
 - a. This action decreases participant burden and staff time and better captures early breastfeeding status. Increased breastfeeding status increases WIC funding and WIC Breastfeeding Peer funding.
- C. To encourage continued participation and improve Program access:
1. Offer extended hours and lunch-hour appointments. Refer to the AR, Section VIII: LHD Operations, Days and Hours of Operation.
 2. Offer participants the opportunity to designate proxies. Refer to Policy 213- Proxy and Policy 803- Issuance of Benefits and assigning issue date.
 3. Issue a maximum of three (3) months of food benefits. Three months of issuance maximizes benefits to the participant, maximizes participation, and reduces patient time in the clinic. Policy 803- Issuance of Benefits and Assigning Issue Date.
 4. Offer remote Nutrition Education or Online Nutrition Education secondary visits and upload eWIC Benefits to address the participant barriers, such as time away from work or transportation. Refer to Policy 221 ARPA Waiver for Remove Services and Policy 805- Mailing and Uploading Benefits.
 5. To reduce barriers (work, travel etc.) on the applicant/participant/caretaker, WIC services should be scheduled with other services to minimize the burden on the household. Refer to Policy 202- Processing Standards.
 6. If an applicant/participant misses an initial certification, subsequent certification, or nutrition education appointment, make every attempt to reschedule the participant to ensure the participant receives needed services.
 - a. In an attempt to reschedule appointments, follow-up calls, reminder cards, texts, or letters shall be used for participants that have missed their appointments.
 - b. Patients requesting “no home contact” or privacy restriction shall be excluded from contact/follow-up.
 - c. Documentation of all appointments and contacts made or attempted must be in the participant’s medical record.
 7. Utilize the auto-dialer system. The auto-dialer automatically calls or texts the participant regarding upcoming appointments or when benefits are due to expire. Refer to Food Delivery/Data 800 Appendices.
 8. When a state-authorized Wait List is imposed, utilize the waitlist report to offer benefits to the highest priority participants. Refer to Policy 706- Waiting List.

Policy 703

Caseload Management – Outreach

POLICY

The goals of caseload management and outreach are to identify the target population and any special populations, inform and enroll such populations in the WIC program, and encourage consistent and continued participation. Local WIC agencies shall conduct outreach activities on a regular basis and at least annually through local media sources to inform potential participants about the availability of the WIC program. Participation is the basis of WIC funding.

PURPOSE

Local WIC agencies must make every effort to ensure current and potential participants' access to WIC services by minimizing hardships and barriers to enrollment and participation.

RELEVANT REGULATIONS

7CFR Ch. II (1 – 1 – 12 Edition) 246.2 Definitions

7CFR 246.4(a) (6), (7), and (20) – State Plan; Requirements

7CFR 246.6 (f) – Outreach/Certification in Hospitals

7CFR 246.7(b) – Program Referral and Access

7CFR 246.14 (c) (3) – Program Costs; the Cost of Outreach Services

DEFINITION

Participation – The number of persons who have received food benefits or supplemental foods during the reporting period plus the number of partially breastfeeding women and fully breastfed infants participating but not receiving food benefits or supplemental foods.

Participant-Centered Services – Providing services based on participant needs. Including but not limited to nutrition education, appointment scheduling, and benefit issuance.

PROCEDURES

Outreach efforts are required to inform eligible persons of the availability of the WIC program.

- A. Outreach shall be done for all categories of eligible persons on an annual basis. Emphasis shall be placed on reaching and enrolling:
 - 1. Pregnant women in the early months of pregnancy
 - 2. Priority I infants
 - 3. Migrant workers and their family members
 - 4. Homeless individuals
 - 5. Infants and children in foster care, protective services, or child welfare agencies
 - 6. Limited English proficiency individuals
 - 7. Individuals with disabilities
- B. At a minimum, information on WIC must be provided annually to the following agencies/organizations in the service area:
 - 1. Health and medical organizations, including private doctor offices.
 - 2. Hospitals and clinics, including rural health clinics.
 - 3. Welfare and unemployment offices, including DCBS.
 - 4. Social service agencies, including foster care, protective services, and child welfare.
 - 5. Migrant worker organizations, if applicable.
 - 6. Organizations/agencies serving homeless individuals, if applicable.
 - 7. Community organizations.
 - a. Agencies serving refugees, limited English proficiency, or ethnic/cultural groups such as Refugee Centers, La Casita Center, etc. and organizations serving those

- with disabilities, such as the School for the Blind or The Hearing and Speech Center, etc.
- 8. Food banks.
- 9. Public announcements, such as newspaper, bulletins, radio, social media.
- C. Information on WIC shall be provided to other agencies/organizations in the area, such as:
 - 1. Childcare centers
 - 2. Head Start
 - 3. Factories
 - 4. Military bases
 - 5. Schools, colleges, and universities
- D. At least annually, the local WIC agency shall publicly announce the availability of WIC services, including the eligibility criteria and the location of the agency/site.
 - 1. If homeless facilities are in the service area, information shall be included on the requirements for their residents to participate in WIC. Refer to Policy 208- Homeless participants.
- E. Provided to other health agencies and to agencies and organizations that deal with persons possibly eligible for WIC.
- F. The following is a list of outreach materials provided by the State WIC office: Refer to Section 700 Appendices.
 - 1. WIC Helps Pamphlet
 - 2. WIC Proof Requirements – (WIC-PR)
 - 3. Health Care Providers and KY WIC Pamphlet
 - 4. Stretch Your Food Budget Poster
 - 5. Pregnant? New Baby? Poster
 - 6. Tell Your Friends and Family about WIC Flyer
- G. An agency/site may develop materials for outreach.
 - 1. The following information might be included:
 - a. Name of Program
 - b. Location
 - c. Operating Hours
 - d. Telephone Number
 - e. Types of Benefits
 - f. Eligibility Criteria
 - g. Use of Common Language and Dialect for Target Population
 - h. Required Non-Discrimination Statement (NDS)
 - 2. Materials must be submitted to the State WIC Office, Program Management Supervisor for review and approval prior to use.
- H. All outreach materials and advertisements (i.e., bulletins, Facebook, Twitter, Local WIC Agency Website) must include the required non-discrimination statement. This statement is included in the WIC and Nutrition Manual, Policy 306 Civil Rights and Refer to CIO-061 Social Media Policy from the Office of the Chief Information Officer Enterprise Policy
- I. Outreach efforts must be documented and maintained on file for review. Documentation shall include copies of correspondence, information provided to agencies and organizations, participation in health fairs and exhibits and presentations, etc.
- J. Items may be purchased for outreach and/or promotion of the WIC Program. Items specifically for WIC are allowable expenses to the agency's allocated WIC budget. The following guidance shall be considered for WIC Program purchases:
 - 1. Program incentive items refer to a class of goods, usually of nominal value, that are given to participants, potential participants, or persons closely associated with the WIC Program (such as staff) for purposes of outreach, nutrition education, or breastfeeding promotion. Other terms that may be used to describe these items include memorabilia, souvenirs, or promotional items.
 - 2. Program incentive items for outreach shall:
 - a. Contain a WIC-specific designation or message for the target population.

- b. Normally be seen in public.
 - c. Contain the nondiscrimination statement if a publication or other printed material that includes program information.
 - d. Have value as outreach devices.
 - e. Include WIC contact information such as the agency name, address and/or telephone number.
 - f. Constitute (or show promise of) an innovative or proven way of encouraging WIC participation.
- 3. Supporting documentation must be maintained for WIC purchases. Documentation must include the item purchased, quantity, where purchased, date, and cost.
- 4. Cost over \$500 must be submitted to the State WIC office for prior approval.
- K. WIC services must be made available to meet the need. Options available to meet varying needs are:
 - 1. Extended hours and lunch hour appointments.
 - 2. Scheduling appointments, particularly for employed individuals and individuals who reside in rural areas.
 - 3. Completing remote WIC services when appropriate.
 - 4. Using proxies when appropriate.
 - 5. Three (3) months issuance of WIC food instruments.
 - 6. Opening a new service site.
 - 7. Certification in the hospital.

Policy 704

Nonparticipation

POLICY

A participant who has not picked up food benefits for two (2) consecutive months (60 days from the last valid date of the benefits) is considered nonparticipating and automatically terminated by the system for non-participation. Local WIC agencies must provide follow-up for missed appointments to promote continued participation.

PURPOSE

To ensure continuous participation for all months of a participant's certification period.

RELEVANT REGULATIONS

7CFR 246.7 (h) – Actions affecting participation in mid-certification

7CFR 246.7 (i)(10) – Certification Forms

7CFR 246.7 (j) – Notification of Participant Rights and Responsibilities

Kentucky WIC and Nutrition Manual, Policy 213 – Proxy

PROCEDURES

Notification is provided to the participant at certification in the eWIC-1 Pamphlet. The signature for WIC Rights and Responsibilities on the CH-5, CH-5WIC, or CH-5B documents the patient was provided this policy. Participants who receive at least one (1) food benefit issuance for a month are counted as participants. Participants picking up food benefits late keep their assigned issue date and are issued food benefits for the remainder of the issuance month. The quantity of food benefits may be reduced for late pick-up based on the number of days remaining in the issuance. The system automatically calculates the number of days remaining in the issuance and issues the appropriate food quantity. Refer to Policy 803- Issuance of Benefits and Assigning Issue Date.

Follow-Up

Follow-up shall be done for missed appointments/no-shows/overdue issuance to encourage continued participation.

- A. All no-shows shall be contacted at least once prior to termination unless no home contact or a privacy restriction has been requested.
- B. For agencies utilizing same-day scheduling, participants who are overdue issuance shall be contacted at least once prior to termination unless no home contact or a privacy restriction has been requested. Agencies must have a methodology to track when issuance is due to ensure no gap in benefits.
- C. Follow-up may be any of the following: telephone call, letter, reminder postcard, or contact through other agency services. A reminder postcard (WIC-51) is available for this purpose. Refer to Section 200 Appendices.
- D. Documentation of follow-up efforts must be made in the medical record.
- E. A 7-Day Late Food Benefit List and a 30-Day Late Food Benefit List are provided for follow-up
 1. Working the 7-Day late report will assist participants with receiving benefits for the month and the local agency to increase the total number of participants served each month. This will help ensure the agency will receive adequate funding in following years to serve potential eligibles in their community.
 2. Working the 30-Day late report will prevent the participant from missing 2 months of benefits and being terminated.
- F. An effort to contact the following participants with the specified risk(s) **is required** unless no home contact or a privacy restriction has been requested. Efforts to contact these participants must be done no later than the receipt of the 7-Day Late Food Benefit Pick-Up List.
 1. Pregnant Women

- a. Age 17 or less
 - b. Whose last pregnancy resulted in a low birth weight or premature infant
 - c. Whose last pregnancy resulted in a fetal or neonatal death
 - d. With a nutrition/metabolic condition
- 2. Infants
 - a. With low birth weight or prematurity
 - b. With a nutrition/metabolic condition
 - c. Who receive special formula
- 3. Children
 - a. With low birth weight (up to age 2)
 - b. With a nutrition/metabolic condition
 - c. Who receive special formula
- G. If the participant/caretaker is unable to come to the clinic, other options may be considered. Refer to Policy 213, Proxy, and Policy 221 ARPA Waiver Remote Services.

Termination

After two (2) months of nonparticipation, the system automatically terminates the participant. Refer to Section 800, Food Delivery/Data Appendix.

- A. A "T" label is produced for placement in the medical record. "Non-part." (Non-participation) is printed on the label to document the reason for termination.
 - 1. Automatic terminations are processed on a weekly basis.
 - 2. Automatic terminations are performed for:
 - a. All patients who are categorically ineligible (women who are six (6) months postpartum, breastfeeding women who are one (1) year from infant's birth, and children who are five (5) years old).
 - b. All enrollees that have not received food benefits within two (2) months from the expiration date (last day to use) of the last set of food benefits issued.
 - 3. A termination is done when the Action Due Date is earlier than or the same as the date of weekly automatic terminations are processed.
 - a. A "T" label for each participant is produced and placed in each medical record.
 - b. A report listing participants who were terminated.
- B. If the participant seeks WIC services after termination and the certification period has not expired, the participant shall be reinstated by completing the information on the Save & Reinstatement/Term screen.
- C. Participants whose next action due is termination shall receive all benefits due within the first day to use prior to the termination due date.
- D. Other terminations must be done by clinic staff. The reason for termination must be documented in the participant's medical record.
- E. Local WIC agencies may terminate participants in specific circumstances.
 - 1. Death
 - 2. Verified "Out of state" Verification of Certification (VOC)
 - 3. Above income guidelines, more than 90 days left in the certification period
 - 4. Participant not eligible based on income or nutritional risk
 - 5. Participant choice

Policy 705

Ineligibility and Discontinuation of Benefits

POLICY

Applicants/Participants determined ineligible for the WIC program or who will no longer receive WIC benefits must be notified by written notice of the reason for discontinuation/ineligibility. The written notice will include the right to a Fair Hearing. WIC Program Notice of Ineligibility (WIC-54) shall be used to provide the required information to an applicant/participant.

Documentation of the reason for ineligibility and discontinuation of benefits, along with all supporting information, documentation, and a copy of the WIC-54 (Notice of Ineligibility), shall be completed and placed in the medical record.

PURPOSE

To ensure that WIC participants and applicants are fully informed of their program eligibility within the timeline designated by USDA Federal Regulation.

RELEVANT REGULATIONS

[7 CFR 246.7 \(j\) \(5\) Notification of Participant Rights and Responsibilities](#)

[7 CFR 246.9 Fair Hearing Procedures for Participants](#)

PROCEDURES

See the table below for specific situations and the documentation requirements. For information and instructions on the WIC-54, refer to Section 200 Appendices.

Reason for Ineligibility/Discontinuation of Benefits	Documentation Requirements
<p><u>Participant Status/Category-</u> The participant does not meet the definition of Infant, Child, Pregnant, Breastfeeding, or Postpartum Woman</p> <p>Examples: A child turning five years old; a mother is six months postpartum and not breastfeeding; a breastfeeding mother is one year postpartum</p>	<p>New Participant found to be ineligible at certification:</p> <ul style="list-style-type: none">A. Staff must complete and provide a WIC-54.B. Staff must also complete a CH-5/CH-5B/CH-5WIC Registration Form.C. Voter registration must be offered if the applicant/participant is 18 years or older.D. Document the ineligibility and the reason for ineligibility in the applicant/participant's medical record.E. Complete a Patient Encounter Form (PEF) for the ineligibility determination. <p>Currently enrolled in the Program:</p> <ul style="list-style-type: none">A. At Recertification:<ul style="list-style-type: none">1. Complete and provide the WIC-54.2. Complete the termination process in the system and document accordingly in the applicant/participant's medical record.<ul style="list-style-type: none">a. A WIC-54 shall be provided when a child reaches age 5, a postpartum woman reaches six months postpartum, a breastfeeding woman discontinues breastfeeding and does not qualify as a postpartum woman, or a breastfeeding woman reaches one year postpartum.

	<ul style="list-style-type: none"> b. Provide notice of ineligibility and discontinuation of benefits at least 15 days prior to the certification expiration. 3. Provide food benefits for the month the participant becomes ineligible. 4. For breastfeeding women who discontinue breastfeeding after six (6) months postpartum: complete the termination (T) action. 5. All others becoming status/category ineligible will be terminated automatically by the system. A termination label will print and shall be placed in the medical record.
Residence: Not a resident of Kentucky	<p>New participant at Certification:</p> <ul style="list-style-type: none"> A. Complete and provide a WIC-54. <p>Currently enrolled in the program:</p> <ul style="list-style-type: none"> A. At recertification <ul style="list-style-type: none"> 1. Complete and provide a WIC-54. 2. Complete a termination action. B. During a Certification Period: <ul style="list-style-type: none"> 1. If staff is informed that a participant is moving to another WIC site, a VOC (Verification of Certification) must be provided to transfer eligibility to the receiving site.
<p>Does not meet income requirements:</p> <p>Example: Participant reports an increase in income or reports a loss of Medicaid eligibility. Staff would determine the timeframe left in current WIC eligibility to determine if a re-evaluation of income would need to be completed.</p>	<p>New participant at Certification</p> <ul style="list-style-type: none"> A. Complete and provide a WIC-54. <p>Currently enrolled in the program.</p> <ul style="list-style-type: none"> A. At registration of a recertification: <ul style="list-style-type: none"> 1. Complete and provide a WIC-54. 2. Complete a termination action. B. During a certification period: <ul style="list-style-type: none"> 1. If new income information becomes available for a household, eligibility to continue on the program shall be evaluated. <ul style="list-style-type: none"> a. When income is re-evaluated and exceeds eligibility levels and adjunct eligibility does not apply: If there is more than 90 days remaining of the current certification period staff must complete a termination action, document the reason for ineligibility, and provide a WIC-54. b. Other household members on the program whose eligibility is no longer supported by the new income information must be terminated as well. c. An entry on the CH-3A (Service Record)/medical record must be made explaining the reason for termination, the participant (s) be terminated, and a termination action is required.

	<p>2. If the current certification period has less than 90 days remaining, the participant can continue enrollment in the program.</p>
If the participant does not meet nutritional risk criteria:	<p>New participant at Certification A. Complete and provide a WIC-54</p> <p>Currently enrolled in the program A. Complete and provide a WIC-54 and complete a termination action.</p>
Participant Violation	<p>If a participant commits a program violation: A. Refer to Policy 303- Program Integrity- Participant Violations. B. Complete and provide a WIC-54, if appropriate. C. Complete a termination action for the specific abuse.</p>
Non-participation/Drop-Out	<p>Does not receive food instruments for two consecutive months (60 days from the benefit ending date on the Benefits Shopping List issued) A. No written notification is required. B. If the applicant/participant seeks WIC services after being terminated, and eligibility remains in the certification period, they can be reinstated. C. If the applicant/participant seeks WIC services after being terminated and the certification period has expired, a new certification must be started, and a new date of initial contact is entered into the system.</p>
Proof not presented in the appropriate timeframe for a Hospital Certification (30 days)	<p>A. Complete and provide a WIC-54. B. Complete a termination action. Place the generated system label in the applicant/participant's medical record and document the reason for the termination. C. If the applicant/participant presents with acceptable proof after being terminated, and the certification period has not expired, they shall be re-instated. D. If the applicant/participant seeks WIC services after being terminated and the certification period has expired, a new certification is started, and a new date of initial contact is entered in the system.</p>

Policy 706

Waiting List

POLICY

A waiting list is implemented only when directed by the State WIC office. The State WIC Office will direct a waiting list to be initiated and maintained when it is determined that funding is inadequate to serve all eligible persons seeking WIC.

PURPOSE

To indicate when and how to use a waiting list to ensure service to the highest priority participants when the State agency has authorized that local WIC agencies cannot serve all participants based on funding.

RELEVANT REGULATIONS

7 CFR 246.7 (f)(1) Participant Eligibility- Certification of Participants
246.7 (k)(3) VOC
246.7(e)(4) Nutritional Risk Priority System
FNS Instruction 803-6 Rev. 1

Definition

Waiting List – A list of prioritized, eligible individuals who have visited the local WIC agency expressing interest in receiving benefits and who are likely to be served when caseload slots become available.

PROCEDURES

- A. A waiting list is implemented only when directed by the State WIC Office. The State WIC Office will direct a waiting list to be initiated and maintained when it is determined that funding is inadequate to serve all eligible persons seeking WIC.
- B. A local WIC agency that is below its assigned caseload may not use a waiting list.
- C. A waiting list is a list of prioritized, eligible persons waiting to be enrolled or served by the WIC Program.
- D. Priority and risk may be determined by pre-assessing the person through a WIC screening or from the person's medical record.
- E. Migrants and participants transferring with a valid "Verification of Certification" (VOC) shall be placed on the waiting list ahead of all other persons. If the certification period has expired, the person shall be screened and, if eligible, placed on the waiting list in the appropriate priority. Refer to Policy 204- Transfer/VOC.
- F. Persons placed on the waiting list must be notified in writing within twenty (20) days of their initial visit that they are on a waiting list. The notice must include:
 - 1. Reason placed on the waiting list.
 - 2. Right to a fair hearing.
 - 3. Priority is based on nutritional risk and status.
 - 4. Availability of other services at the agency/site and services from other agencies, such as food banks, SNAP, etc.
- G. The system produces a monthly waiting list report. Refer to Section 800 Food Delivery/Data Appendices.
- H. When caseload openings occur, persons must be added from the waiting list by priority order.
 - 1. Migrants and participants that transferred with a VOC shall be served ahead of all others on the waiting list.
 - 2. Highest priorities shall be served first, i.e., all priority I persons shall be served before any priority II persons, all priority II persons shall be served before any priority III persons, etc.
 - 3. Equal priorities within a priority shall be added to the Program by the date placed on the waiting list (action date), i.e., a priority I placed on the waiting list on March 5 is added to the Program before a priority I placed on the waiting list on April 22.

4. Persons that are new enrollees and persons recertified must be served by priority, with the highest priority served first. A priority one new enrollee must be served before a priority III participant is recertified.
- I. The waiting list must be updated as needed.
 1. If the eligibility period has expired, eligibility must be again determined to remain on the waiting list.
 2. Persons who do not wish to remain on the waiting list shall be removed from the list. Documentation must be made in the medical record.

Policy 707

Request to Open, Relocate, or Close Local Agency Site

POLICY

Local WIC Agency shall provide written notification and coordinate with the state agency prior to opening, relocating, or closing a clinic site. Sites must meet and follow all WIC Program requirements as outlined in the WIC and Nutrition Manual and Cabinet for Health and Services (CHFS) contract.

PURPOSE

To provide guidance on required procedures for notification and coordination to open, relocate, or close a clinic site and ensure the provision of WIC services are provided by agencies in good standing in a manner that assures appropriate and meaningful access to all eligible participants.

RELEVANT REGULATIONS

7 CFR 246 Subpart E – State Agency Provisions

KDH Administrative Reference for Local Health Departments (AR)

902 KAR 8:160, Section 7

Civil Rights FNS-113-1, pages 20-21, C and D

DEFINITIONS

Local WIC Agency Site: The program's administrative site is generally co-located with the sponsoring agency. Offers a full range of regularly scheduled WIC services and is open full-time with extended or non-standard hours.

Satellite Site: Any site that is not the main site and offers a full range of regularly scheduled WIC services: (re)certifications, nutrition education, referrals, etc. Sites can be full or part-time and may offer extended or non-standard hours.

Suspension and Debarment (S & D): The S & D process protects the federal government from fraud, waste, and abuse by using a number of tools to avoid doing business with non-responsible contractors. Suspensions, Proposals for Debarment, and Debarments are the most widely known tools, as these actions are visible to the public via SAM (formerly EPLS). CHFS will not award a local agency Subrecipient a contract if that agency is in a suspension or debarment status.

PROCEDURES

Notify the State WIC Office a minimum of 45 days prior to the desired opening of a new site; a minimum of 90 days prior to relocating a site. The State Agency will coordinate with the Local WIC Agency. Refer to Section 200 Appendices, Kentucky WIC Program Application for Proposed WIC Site.

Opening or relocating a clinic site

- A. When an existing site(s) cannot meet the needs of the population, a new site may be needed. Some factors to consider for a new site are number of persons to be served, services to be provided, staffing, and cost. A site may perform certification, issuance, counseling, or a combination of these services. A needs assessment must be conducted to evaluate, at a minimum, the following: the number of persons to be served, services to be provided, staffing, budget, and equipment needs.
- B. At contract renewal and when expanding or relocating, the local agency is responsible for notifying the Kentucky WIC Program if they have experienced a suspension or debarment.
- C. A site must operate under all policies and procedures in the WIC and Nutrition Manual and the Administrative Reference (AR), and comply with Civil Rights FNS-113-1, pages 20-21, C and D. See WIC and Nutrition Manual, Policy 306, Civil Rights for additional information on WIC Civil Rights requirements.
- D. Site Requirements
 1. Location:

- a. WIC sites shall be located within agencies that have other health and social services on site or near places where potential participants would seek community services (e.g., disability and unemployment offices, etc.).
 - b. Sites shall be accessible to public transportation or by car, depending on the services available in the community. There shall be no other WIC sites within the proposed location, and/or its service area shall not overlap with another program.
2. Size:
 - a. Anticipated size for new sites shall be at least 100 participants (based on serving 95% of estimated eligible). If the proposed site is less than 100 participants, justification must be provided.
3. Meaningful Access:
 - a. All sites must provide timely language assistance services (interpreters and translated materials) to ensure meaningful access to WIC Program services and activities for individuals with Limited English Proficiency (LEP). See Administrative Reference (Local Health Operations, Local Health Personnel, & Medical Records Management Sections) as well Policy 306, Civil Rights.
4. Accessibility:
 - a. All sites must comply with the standards outlined in Section 504 of the Rehabilitation Act of 1973 at 7 CFR 15b and the Americans with Disabilities Amendments Act of 2008 at 28 CFR 35 or 28 CFR 36 as applicable.
 - b. All sites provide reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities when necessary unless the provision of such will result in a fundamental alteration or undue burden in the WIC program. In such cases, individuals with disabilities still must be receive accessibility assistance to the extent possible). See Administrative Reference (Local Health Operations, Local Health Personnel, & Medical Records Management Sections) as well Policy 306, Civil Rights.
 - c. WIC sites must be sensitive to the access needs of participants, who are pregnant, have infants in strollers & infant carriers, and have young children.
 - d. See Policy 306, Civil Rights.
5. Technology:
 - a. Must have internet and telephone services in order to utilize web-based WIC system and communicate effectively with participants.
 - b. Telephone voice mail menus on customer service lines for WIC at least should be in English and Spanish. More language options may be required to ensure meaningful access for individuals with LEP.
 - c. The Local Health Operation (LHO) Branch must be notified via LocalHealth.HelpDesk@ky.gov. The Local Health Operations Branch of the Division of Administration and Finance must approve new online "site" addresses and security roles for the new site.
 - i. A service delivery site can operate in one of the following configurations:
 - ii. Automated online site with its own site number
6. Hours:
 - a. WIC Clinic hours must support access for working parents and students.
 - b. Each local program shall have at least one site open during business hours.
7. Privacy:
 - a. Privacy shall be provided whenever participants are asked to give sensitive information, especially at eligibility determination (income, residency, etc.) and during nutrition counseling. All participant information must be kept confidential.
8. Space:
 - a. Space shall be adequate for all program operations, including staff and participants.
 - b. Consideration shall be given for storage, the potential of expansion, and the ability to conduct group appointments.
9. Security:

- a. If equipment and supplies are stored at the site, it must have locked storage space for eWIC Card stock, portable computers, printers, etc.
 - b. If eWIC cards are transported, they must be secure during transport.
- 10. Anthropometrics and Bloodwork:
 - a. Each site must have the ability to collect heights and weights and must have one of the following provisions to ensure that participants are not charged for bloodwork:
 - i. Staff are trained to collect and analyze bloodwork,
 - ii. The site's host agency collects and analyzes bloodwork, and MOA is in place to share data.
- 11. Safety:
 - a. Site shall meet all local health and safety codes and be safe for small children (outlet covers, stairwell gates, etc.).
 - b. Electrical system must be able to support the WIC computers safely.
- 12. Environment:
 - a. Heat, air conditioning, and maintenance services must be adequate, and sites must follow DPH contract guidelines for a smoke- and drug-free workplace. A baby changing station and breastfeeding/pumping area must be available.
- 13. Staffing:
 - a. To prevent conflict of interest and assure separation of duties, WIC sites must have at least one health professional and one program staff member. Refer to Policy 708 staffing standards.
 - b. It is recommended that staff at satellite sites shall report directly there rather than use work time to travel from the main site.
- 14. Medical Record:
 - a. If the new site is to operate in a non-health department site/facility, a separate medical record must be maintained for WIC services.
 - b. This record must comply with the AR and WIC and Nutrition Manual and must remain the property of the local WIC agency.
 - c. Automated online site operated under an existing site's number

Closing a Site

- A. When a site is no longer justified due to the number of participants seen and/or the number of services provided, the site may be closed, or WIC services discontinued.
- B. Notify the State WIC Office at least ninety (90) days in advance of the closing. The Local WIC Agency must coordinate the closing of a WIC Clinic with the State Agency. The local WIC agency must submit a completed Kentucky WIC Program Notification of Closing a WIC Service Site for approval 90 days prior to the proposed close date of the clinic site to the State Agency.
 - 1. Adequate time must be provided to notify participants of the site closing and provide for their transfer to another site without interruption of services.
 - 2. Issue food benefits to participants up to a maximum of three (3) months.
 - 3. Transfer all participants to another site. The location of alternative WIC sites shall be reviewed with the participant/caretaker to determine the most appropriate WIC site for continued participation.
 - 4. A VOC must be issued for the transfer to another site. Refer to Transfer VOC Policy 204.
 - 5. All eWIC cards in inventory at the closing site must be accounted for as issued or voided. Remaining FMNP food instruments must be voided and submitted to the State WIC Office through routine procedures (refer to Policy 804 WIC Food Benefit Replacement.) These voided food instruments shall be submitted to the State WIC Office within one (1) week after closing the site.
 - 6. The agency stamp and void stamp must be transferred to another site or returned to the State WIC Office.
 - 7. All original WIC medical record documentation and information (income, certification, counseling, issuance, etc.) must be maintained by the local WIC agency. If this site

- operated in a non-health department facility, all WIC medical records (active and non-active) must be returned to the local WIC agency.
8. All reports and information for this site must be transferred to one central location.
 9. Any participants remaining in the closing site must be terminated. Numbers will continue on the Enrollment report until this is completed.
 10. Certain reports will continue to be produced until all data is cleared or no longer pertinent. Reports must be reviewed to facilitate the closing process.
 11. The Local Health Operation (LHO) Branch must be notified via LocalHealth.HelpDesk@ky.gov.
 12. The local WIC agency shall retain written documentation regarding the closing of the site.

Kentucky WIC Site Application

Purpose	To apply for approval to establish a new WIC service site or relocating a site.
When To Use	When the agency wants approval to establish a new site.
Instructions	<ol style="list-style-type: none"> 1. Complete all fields on the form. 2. Attach additional information if necessary.
Disposition	Submit an application to the Program Management Section at the State WIC Office.
Retention	Retain a copy for local files.

Kentucky WIC Program Application OPENING OR RELOCATING A WIC SITE – Approval Request Form

This request is for a new site or relocation of an existing site.

1. Local WIC Agency Name:	
2. Proposed Site Name:	
3. County:	
4. Address:	
5. Proposed Opening Date:	
6. Reason for Expansion:	<input type="checkbox"/> Increase access <input type="checkbox"/> Increase Capacity <input type="checkbox"/> Underserved Population <input type="checkbox"/> Other:
7. Estimated Participants to be served:	
8. Provide the number projected to be served per month by your agency or district. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Pregnant Women: Post-Partum Women: Breastfeeding Women: </div> <div style="width: 45%;"> Infants (under 1 year): Children (ages 1 to 5 years): </div> </div>	
9. Does your agency anticipate overall WIC Program growth with this site or re-distribution of current caseload?	
10. Has your agency been suspended or federally debarred?	
Description of Proposed Space	
11. List any health/community services that are in the same facility as well as any other local health department services:	
12. Describe how the site will benefit your participants:	
13. The site must have resources available to serve non-English speaking individuals and individuals with limited English proficiency (LEP). Indicate all resources available:	<input type="checkbox"/> Language Access Line <input type="checkbox"/> Qualified Bilingual Staff <input type="checkbox"/> Qualified Contracted interpretation Service <input type="checkbox"/> I Speak Poster <input type="checkbox"/> Translated Materials <input type="checkbox"/> Other:
14. The site must be able to offer auxiliary aids and services and provide reasonable modifications in the program or activity whenever a person with a disability requests such aids and services or modifications.	<input type="checkbox"/> Wheelchair accessible <input type="checkbox"/> Video Interpretive services for deaf or hard of hearing <input type="checkbox"/> Access for Service Animals <input type="checkbox"/> Large Print

Indicate all resources available to accommodate these requests:	<input type="checkbox"/> Use of Relay Line <input type="checkbox"/> Other:
15. Is the space used for the WIC clinic accessible by participant/applicant with a stroller?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the site Tobacco- Free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Will the site include a space for breastfeeding staff or participants to pump or feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Additional information:
18. The site must have secure internet access. Please indicate availability of internet and/or any potential challenges for accessing the WIC Online System:	

Proposed Staffing and Operations

19. What hours and days of the week would the location be open for WIC clients?	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat _____
20. Number of Full Time Equivalent (FTE) Support Staff	
21. Number of Full Time Equivalent (FTE) Certifying Health Professionals and Qualifications	<input type="checkbox"/> Registered Dietitian _____ <input type="checkbox"/> Registered Nurse _____ <input type="checkbox"/> Designated Breastfeeding Expert _____ <input type="checkbox"/> Other: _____

Description of Costs to WIC Budget

Provide a detailed budget for the new site.

One Time Costs

Type of Cost	Cost	If no cost, indicate if moving from current location or how supplied.
Moving	\$	
New furnishings (Total)	\$	
Office Desks	\$	
Office Chairs	\$	
Waiting Room Chairs	\$	
Bulletin Boards	\$	
Mobile WIC cart	\$	
Locking storage cabinet (s) for eWIC Cards, returned formula, WIC FMNP FIs, Stamps (REQUIRED)	\$	
Infant changing Table for bathroom (REQUIRED)	\$	
Trash cans	\$	

Other:	\$	
New equipment (Total)	\$	
Desktop and Laptops	\$	
Printers	\$	
Standing Scale (Required)	\$	
Infant Scale (REQUIRED)	\$	
Infant measuring board (REQUIRED)	\$	
Height Measurement Device (REQUIRED)	\$	
Hematological Device (s) and supplies (REQUIRED)	\$	
Breastfeeding Room Supplies	\$	
Office Supplies	\$	
Wiring/site preparation	\$	
Other	\$	
Total:	\$	

Recurring Costs (per month)

Rent	\$	
Square footage		
Difference in rent from current to new location if relocating.	\$	
	\$	
Utilities	\$	
Maintenance/Janitorial	\$	
Internet and phone	\$	
Other	\$	

Provide any additional information the State office should consider, if applicable:

WIC Coordinator Signature & Date

Public Health Director Signature & Date

WIC Coordinator Printed Name

Public Health Director Printed Name

For State WIC Office Use Only

Date Received:

Review of Applications Notes:

New Site Number:

Site added to System:

CLOSING WIC SERVICE SITE FORM

Purpose	To notify the State WIC Office of the intent to close a WIC service site.
When To Use	To close an established WIC service site.
Instructions	1. Complete all fields on the form. 2. Attach additional information if necessary.
Disposition	Submit notification to the Program Management Section at the State WIC Office.
Retention	Retain a copy for local files.
Ordering	Request from State WIC Office as needed.

Kentucky WIC Program Notification of Closing a WIC Service Site

*All questions on the application must be properly and fully completed.
Please review the Kentucky WIC and Nutrition Manual,
Closing A WIC Services Site section for additional information.
Please print unless otherwise indicated.*



Agency: _____

Site Number: _____ Site Name: _____

Street: _____

City: _____ Zip: _____

If non-health
department facility, specify name and type of facility. _____

Anticipated Closing Date _____

Are food instruments being issued up to a
maximum of three (3) months to participants? ☐ Yes ☐ NoAre participants being made aware of other sites
and transferred to another site through the VOC process? ☐ Yes ☐ NoWill the agency stamp, void stamp, and vendor stamp be transferred
to another site or returned to the State WIC Office? _____

If transfer, specify agency _____

All food instruments (handwritten/eWIC) must be accounted for as issued or voided. All food
instruments must be posted in CMS. Voided food instruments should be submitted to the State WIC
Office within one (1) week after closing the site.

WIC Coordinator Signature_____
Date_____
Public Health Director Signature_____
Date-----
For State WIC Office Use Only

Site Approved to Close By: _____ Date closed in System: _____

Date: _____

7/2014

Policy 708

Staffing Standards

POLICY

Local WIC agencies are required to have specific staff to carry out identified program functions and roles. WIC is committed to ensuring that all eligible WIC applicants/participants have access to WIC services.

PURPOSE

Local WIC programs are required to have specific staff to carry out identified program functions and roles. Staffing patterns and clinic hours shall be established to ensure an active caseload.

RELEVANT REGULATIONS

CFR 246.11 c (7) (ii) Nutrition Education

7 CFR 246 Subpart E – State Agency Provisions

KDH Administrative Reference for Local Health Departments (AR)

902 KAR 8:160, Section 7

2013 Nutrition Services Standards

PROCEDURES

Staffing Requirements

Local WIC agencies are required to have staff who are qualified and trained in the following positions to ensure the local WIC agency meets all state and federal regulations and that all participants receive appropriate nutrition services, including breastfeeding promotion, education and support:

- A. **Certifying Health Professional-** A certifying health professional will determine eligibility, certify applicants/participants for the program and prescribe supplemental foods. A certifying health professional is a Physician, Nutritionist (bachelor's degree), Certified Nutritionist (master's degree and certified by the State Board of Certification), Dietitian (RD/LD or RDN/LD), Nurse (R.N., L.P.N., APRN) or a Physician's Assistant. WIC is a nutrition program; therefore, it is recommended that the certifying health professional be a Nutritionist, Certified Nutritionist, or Dietitian.
- B. **WIC Coordinator-** Each local WIC agency shall designate a staff person to serve as WIC Coordinator. It is recommended that this staff person be a Dietitian, Certified Nutritionist, Nutritionist or Nurse (RN) who has experience in providing WIC services in an LHD. A list of duties for the WIC Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- C. **Breastfeeding Coordinator-** Each local WIC agency shall designate a staff person to serve as a Breastfeeding Coordinator to coordinate breastfeeding promotion and support activities. This staff person must be a nutritionist or nurse who has experience providing WIC services in an LHD and is trained in breastfeeding. An agency must request approval from the Nutrition Services Branch to designate a different classification for this function. A list of duties for the Breastfeeding Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- D. **Nutrition Education Coordinator-** Each local WIC agency shall designate a staff person who is a nutritionist or nurse to coordinate nutrition education activities. A list of duties for the Nutrition Education Coordinator is available in the Administrative Reference for Local Health Departments, Program Descriptions Section.
- E. Training Requirements are available in the Administrative Reference, Program Descriptions Section.

WIC Staffing Ratio

To deliver quality services and maximize available clinic time and staff, local WIC agencies shall strive to achieve a staff to participant ratio of 1: 1000 for clerical support and 1:1000 for certifying health professionals.

- A. The ratio is calculated by using the average participation divided by the total number of full time equivalent staff.

1. For example: An agency with 1000 participants would be expected to have 1 full time equivalent clerical support staff and 1 full time equivalent certifying health professionals on staff.
- B. In planning to appropriately staff your WIC Program, consider the following:
 1. Clinic/site active participation
 2. Service hours open for participants
 3. Staff nutrition and program roles
 4. Standard average appointment times, including group education
 5. Caseload management reports

Clinic Hours

Per the Administrative Reference for Local Health Departments (LHD), Local Health Operations Section, local health department agencies' normal working hours are Monday through Friday from 8:00 AM to 4:30 PM, and LHDs may offer extended hours.

- A. In accordance with 902 KAR 8:160, Section 11, the LHD shall post the hours of operation near the main entrance. This posting shall also include when the LHD will close for lunch, if applicable. The posting shall be current and plainly visible from the outside. During emergencies, the LHD shall post, in a location visible from the outside, an emergency contact/phone number. If the LHD has a website, this information must also be available on the LHD site's main webpage.
- B. LHDs are expected to be open on all days except those listed in 902 KAR 8:120, Section 18, Holidays. Review AR: Local Health Personnel Section. The actual day the holiday is observed is routinely established by the Kentucky Governor's office or the Secretary of the Personnel Cabinet.
 1. The following are exceptions to the hours of operation:
 - a. Inclement weather that causes the LHD to close.
 - b. Staff meeting(s) and/or training session(s) that require attendance of all employees.
- C. In order to accommodate the working public, LHDs/Boards of Health shall assess the feasibility of offering extended hours. Early morning, late afternoon, evening and weekend hours shall be considered in addition to the DPH designated normal working hours. Extended hours shall be a decision of the governing Board of Health with input from LHD patients and a community assessment. The decision of the Boards of Health approving or disapproving extended hours shall be reflected in the Board's Minutes.
- D. Employee work schedules need to be adjusted (in conjunction with LHD management) to ensure adequate office coverage during all times of service activities.

Recommended WIC Clinic Coverage

- A. All sites with 2000+ participants and/or four staff members shall offer participant services, including all types of appointments and phone coverage, during lunchtime hours. Staff's lunch hours shall be staggered to allow for continuous phone and clinic coverage during standard clinic hours.
- B. To minimize time away from work, and best serve the participants in the community, local WIC agencies are encouraged to offer evening and/or weekend hours.

Clinic Evaluation

- A. Local WIC agencies are encouraged to conduct a clinic flow evaluation to identify any problems that could hinder customer service, such as appointment availability and access, staffing patterns, clinic procedures, and participant flow. Conducting this evaluation may help to:
 1. Identify problems in participant flow
 2. Measure the performance of individual or group sessions
 3. Determine staffing needs
 4. Initiate improvements in clinic service delivery
 5. Measure the effect of change in clinic design/flow