

## VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency: Wisconsin** for **FY: 2025**

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population, and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies.

During disasters, emergencies, public health emergencies, or a supply chain disruption, including infant formula recalls, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan; however, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.

- A. **No-Show Rate** – **7 CFR 246.4(a)(11)(i)**: describe the procedures used by the State agency to monitor potential and current participants' utilization of program services.
- B. **Allocation of Caseload** – **7 CFR 246.4(a)(5)(i)** and **(13)**: describe how the State agency assigns and manages local agency caseload allocations.
- C. **Caseload Monitoring** – **7 CFR 246.4(a)(5)(i)**: describe the information and procedures used by the State agency to monitor caseload.
- D. **Benefit Targeting** – **7 CFR 246.4(a)(5)(i); (6), (7), (19), (20), (21), and (22)**: describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.
- E. **Outreach Policies and Procedures** – **7 CFR 246.4(a)(5)(i),(ii); (6), (7), (19), and (20)**: describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.
- F. **Caseload Management Strategies** – **7 CFR 246.16(c)(2)(ii), 7 CFR 246.4(a)(11)(i); 246.7(f)(1),(2); 246.7(h)(3)(i)**: describe the policies and procedures used to manage caseload during a funding shortage, lapse in appropriations, or other WIC funding circumstances.

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### A. No-Show Rate

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

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): Policy 2.2**

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### 2. Monitoring No-Show Rates

#### a. The State agency has (check all that apply):

- Standards defining acceptable no-show rates
- Policies and procedures designed to assist local agencies to improve no-show rates; Please attach
- Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates; Please attach
- Provides regular feedback to local agencies concerning no-show rates
- Reports to address appropriate follow-up of no-shows
- No specific policies or procedures concerning local agency no-show rates

#### b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):

- State agency does not monitor local agency no-show rates
- Local agency reviews
- Automated reports
- Local agency reports on no-show rates
- Other (specify): [Click or tap here to enter text.](#)

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation): Policy 6.1**

### B. Allocation of Caseload

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

[Click or tap here to enter text.](#)

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

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

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

[Click or tap here to enter text.](#)

2. **The State agency has a written procedure for allocation of caseload to local agencies.**

Yes       No

**If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.**

**If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)**

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

**Policy 6.1**

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

Yes     No

If yes, attach procedure in the Caseload Management Appendix. [Click or tap here to enter text.](#)

4. **If it appears that during the course of the program year all funds will be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):**

The State agency does not reallocate caseload mid-year

Same basis as for initial allocation of caseload

Local agency participation levels

Local agency high priority participation

Waiting lists

Other (specify): [Click or tap here to enter text.](#)

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

The State agency does not reallocate caseload mid-year

Same basis as for initial allocation of caseload

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- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify): [Click or tap here to enter text.](#)

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

Policy 6.1

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

- Yes
- No

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

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

Policy 11.2

### C. Caseload Monitoring

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

- Participation levels/rates
- High-risk participant levels/rates
- No-show rates
- Food costs per participant
- Food costs by area
- Other (specify): [Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

**2. The State agency uses the following methods to monitor the below task (check all that apply):**

- Manual reports submitted by local agencies
- MIS-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify): State Office-generated reports; ADP reports show the participation counts by month by project and county. The reports are used to monitor projects' caseloads.

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**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**  
[Click or tap here to enter text.](#)

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

- Monthly
- Quarterly
- Other (specify): [Click or tap here to enter text.](#)
- Not applicable

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**  
**Appendix VII.C.3.Estimated Average Participation**

### D. Benefit Targeting

**1. Development and Monitoring of State Agency Targeting Plans**

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

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High-risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I & II infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify): [Click or tap here to enter text.](#)

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):**  
[Click or tap here to enter text.](#)

**b. The local agency or State agency, when the State agency has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:**

- Foster care agencies
- Protective service agencies
- Child welfare authorities
- Other (specify): children's coalitions, food pantries, Head/Early Start, literacy projects

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

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Yes       No

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

Yes       No       Not Applicable

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

Requiring local agencies to submit plans for State agency approval

Review plans during local agency reviews

Other (specify): [Click or tap here to enter text.](#)

f. **The State agency monitors benefit targeting through (check all that apply):**

Automated reports developed by State agency

Manual reports submitted by local agencies

Local agency reviews

Other (specify): [Click or tap here to enter text.](#)

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

Policy 6.6

### E. Outreach Policies and Procedures

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

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

Issues a standard set of outreach materials for use by all local agencies

Requires local agencies to develop outreach plans

Reviews outreach plans developed by local agencies

Reviews and approves any outreach materials developed by local agencies

Utilizes broadcast media for outreach activities

Other (specify): [Click or tap here to enter text.](#)

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

**State Agency**

**Local Agency**

Newspapers

Radio

Posters

Letters

Brochures/pamphlets

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- Television
- Social Media (Twitter, Facebook, etc.)
- Other (specify): displays, websites, presentations, etc.

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

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify): [Click or tap here to enter text.](#)

### d. Outreach materials are distributed to (check all that apply):

- Health and medical organizations
- Hospitals and clinics
- Welfare and unemployment offices or social service agencies
- Migrant farmworker organizations
- Indian and tribal organizations
- Homeless organizations
- Faith-based and community organizations in low-income areas
- Shelters for victims of domestic violence
- Food Banks
- Head Start Centers
- Other (specify): pantries, health/county fairs, day care centers, schools, libraries, job service, grocery stores, etc.

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

#### Policy 6.6

When an ITO State agency operates as both the State and local agency "All" should be checked.

### 2. Accessibility to Special Populations

#### a. The State agency requires [all, some, none] local agencies to implement the following to meet the special needs of employed applicants/participants.

All	Some	None	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, walk-in basis



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- |                                     |                          |                                     |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Priority appointment scheduling during regular clinic operations                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food instrument/cash value voucher mailing procedures specifically designed for working participants |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Expedited clinic procedures for working participants   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Evening/weekend nutrition education classes  |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Other (specify): <a href="#">Click or tap here to enter text.</a>                                    |

**b. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of rural participants (check all that apply):**

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

**c. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of migrant families (check all that apply):**

- | All                                 | Some                     | None                     |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Formal coordination with rural/migrant health centers   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special outreach activities aimed at migrants   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special clinic hours/locations to service migrant populations   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expedited appointment procedures to accommodate migrant families  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special food instrument/cash value voucher issuance cycles for migrant families (check one): <input type="checkbox"/> 2 months issuance; <input type="checkbox"/> 3 months issuance |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): <a href="#">Click or tap here to enter text.</a>   |

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

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- Yes (If yes, please identify the State agencies with whom formal agreements exist): [Click or tap here to enter text.](#)  No

**e. The State agency requires [all, some, none] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):**

All	Some	None	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Undertake regular and ongoing outreach to homeless individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish, to the extent practicable, plans to ensure that the three conditions in <a href="#">7 CFR 246.7(m)(1)(i)</a> regarding homeless facilities are met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <a href="#">Click or tap here to enter text.</a>

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

[Click or tap here to enter text.](#)

### 3. Unserved Geographical Areas

- a. **How does the State agency prioritize areas defined as underserved geographic areas in descending order? In the process of reviewing Medicaid data by county to capture potential eligible participants. We have the same enrollment methods across the state, with equal access to WIC and cover all areas.**
- b. **Please list unserved geographic areas or attach a list to appendix:** [Click or tap here to enter text.](#)
- No current unserved areas (check if applicable)**

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

[Click or tap here to enter text.](#)

### 4. Underserved Geographic Areas

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- a. **The State agency has a list on file of served and/or underserved geographic areas including the number of newly potential applicants, the priority level currently being served, and participation.**

Yes       No

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

Yes     No, an update list is provided in the Appendix       N/A, State agency has no local agencies

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

[Click or tap here to enter text.](#)

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

- Inform potential local agencies of the Program and the availability of technical assistance in implementation.
- Describes how State agencies will take all reasonable actions to identify potential local agencies.
- Encourage potential and existing local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served.
- The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

**ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR State agency/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:**

[Click or tap here to enter text.](#)

### F. Caseload Management Strategies.

*For FY 2025, Section F. 1 is required. Sections F. 2-5 are optional and allow State agencies to anticipate any potential impacts due to funding shortages or lapse in funding. State agencies should review the below strategies and consider any necessary policy changes, where appropriate.*

#### 1. **Waiting List Management and Procedures**

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

Yes       No

- b. **Waiting list procedures are uniform throughout the State agency.**

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

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

- Yes       No       No, for the current Fiscal Year, the State agency does not have a waiting list.

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

- No subprioritization permitted       Income  
 Nutrition risk       Age  
 Point system  
 Special target populations (specify): [Click or tap here to enter text.](#)  
 Other (specify): Priority

**e. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.**

- Yes  
 No, only categorical eligibility established  
 No, only categorical and income eligibility established  
 No, local agency variation  
 Other (specify): [Click or tap here to enter text.](#)

**f. Waiting lists are maintained:**

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

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

- Yes       No

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

- Name  
 Address  
 Phone number(s)  
 Date placed on waiting list  
 Category  
 Priority

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- Nutritional risk
- Income eligibility status
- Method of application
- Date applicant notified of placement on the waiting list
- Other (specify): [Click or tap here to enter text.](#)

i. **The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list. If the State agency has no local agencies, it provides the information.**

- Yes       No

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

Policy 2.2

### 2. Allowable Cost Saving Strategies (Optional)

a. **Does the State agency have policies and procedures to control cost when funding is insufficient relative to projected costs?**

- Yes       No

b. **Does the State agency use any of the following policies and procedures? (select all that apply):**

- Modified approved food list
- Least expensive brands (LEB)
- Economical container size and packaging
- Other, please specify: [Click or tap here to enter text.](#)

c. **During funding shortfalls/to control costs, the State agency requires local agencies to certify participants for the minimum period specified in regulations. [7 CFR 246.7\(g\)\(1\)](#)**

- Yes       No

If yes, please describe or attach applicable policies and procedures. [Click or tap here to enter text.](#)

d. **During funding shortfalls/to control costs, the State agency requires local agencies to shorten certifications on a case-by-case basis. [7 CFR 246.7\(g\)\(2\)](#)**

- Yes       No

If yes, please describe the case-by-case basis scenario or attach applicable policies and procedures. [Click or tap here to enter text.](#)

e. **The State agency uses targeted outreach to serve participants most in need to control cost. [7 CFR 246.4\(a\)\(7\)](#) and [7 CFR 246.6\(f\)](#).**

- Yes       No

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If yes, please describe the process used to determine which group of participants are most in need or attach applicable policies and procedures. [Click or tap here to enter text.](#)

### 3. Mid-Certification Benefit Discontinuation During Funding Shortfalls (Optional)

- a. **The State agency has specific policies/procedures for establishing and implementing mid-certification benefit discontinuation due to funding shortfalls, which are used by all local agencies.**

Yes       No

If yes, please describe the process used to determine how mid certification benefits will be discontinued or attach applicable policies and procedures. [Click or tap here to enter text.](#)

- b. **If a State agency experiences a funding shortfall where it is unable to maintain its current level of participation for the remainder of the fiscal year and has explored all other alternative actions, the State agency will instruct local agencies to begin mid-certification benefit discontinuation by: (Select all that apply)**

- Mid-certification disqualification of program participants  
 Withholding of benefits for program participants

- c. **The mid-certification benefit discontinuation action must affect the least possible number of participants and be directed first at those where their nutritional and health status is at least risk. When implementing mid-certification benefit discontinuation due to funding shortfalls, State agencies will select participants by: (Select all that apply)**

- Selecting participants in reverse order from the nutritional risk priority system.  
 Selecting participants who were certified due to possible regression in nutritional status, especially if original eligibility was based on a lower priority condition.  
 Selecting participants who have only one month left in their certification periods.  
 Selecting participants at higher income ranges.  
 Other: specify: [Click or tap here to enter text.](#)

- d. **Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will notify FNS.**

Yes       No

- e. **Prior to implementing mid-certification benefit discontinuation due to funding shortfalls, the State agency will provide FNS the following information:**

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- A summary description of the alternative policies and procedures explored or used prior to implementing any adverse action.
- An explanation of how the planned action is intended to meet the criteria of affecting the least number of people and also the lowest priority persons to bring caseload in line with available resources.
- Other: specify: [Click or tap here to enter text.](#)

**4. During funding shortfalls, the State agency authorizes local agencies to disqualify participants in the middle of a certification period for failure to pick up food instruments. (Optional)**

- Yes  No  N/A, the State agency already authorizes local agency to disqualify participants for failure to pick up food instruments/CVV during normal operations.

If yes, please indicate the number of months before a participant is disqualified or attach applicable policies and procedures. [Click or tap here to enter text.](#)

**5. Competitive Vendor Selection Strategies. (Optional)**

**a. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor cost containment policies, including their competitive price selection criteria and/or maximum allowable reimbursement levels?**

- Yes  No

**b. During funding shortfalls/to control costs, does the State agency have procedures to adjust their vendor authorization policies (outside of cost containment), including application periods, selection criteria, and limiting criteria?**

- Yes  No

**c. If the State agency answered “yes” to either a or b: During funding shortfalls/To control costs, does the State agency reassesses vendors using the updated vendor authorization policies and selection criteria, including cost containment?**

- Yes  No

**d. During funding shortfalls/to control costs, does the State agency have procedures to assess the effectiveness of their above-50-percent vendor population to ensure continued oversight of cost neutrality assessment?**

- Yes  No