

### III. MANAGEMENT INFORMATION SYSTEM (MIS)

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

This section, Management Information System (MIS) involves the planning, documentation, security/ confidentiality, and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

During disasters, emergencies, public health emergencies, or a supply chain disruption, 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 and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. 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. System Planning and Operation – 246.4(a)(11)(iv)**: Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

**B. Participant Characteristics Minimum Data Set (MDS) – 246.4(a)(11)(i)**: All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

**C. WIC Systems Functional Requirements Checklist – 246.4(a)(8); (9); (11); (12); (13); (14); (15); and (18)**: Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

**A. System Planning and Operation (Online and Offline)**

**1. Management Information System Planning**

**a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):**

- Title IVa (TANF)
- Title V (MCH)
- Title XIX (Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Other (specify): State of Wisconsin
- None

**If no, please provide a copy of the WIC State agency's ADP utilization plan.**

**b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.**

- Yes
- No

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): Policy 11.6**

**2. System Documentation**

**a. The State system is fully documented in accordance with (check all that apply):**

- USDA/FNS Advance Planning Document Handbook No.901
- USDA/FNS ADP Security Guide
- Other (specify): [Click or tap here to enter text.](#)

**b. The State agency maintains overall system documentation (check all that apply):**

- A general design
- User's manual
- Method for updating documentation for system changes/modifications
- A detailed design
- Maintenance manual

Note: These documents are NOT required for FNS review or submission with the State plans but should be available if requested.

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): Appendix III.A.2.b.; Full User's Manual available in ROSIE Help**

**3. Automated Data Processing Services**

**a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.**

<b>Function</b>	<b>Performed SA Staff</b>	<b>Performed LA Staff</b>	<b>Contracted to Outside Firm (specify company name):</b>
Data entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
Food instrument production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
EBT Data Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sigma Resources/FIS/CDP
Feasibility study	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
ADP development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
ADP system hardware operation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
Custom software development	<input type="checkbox"/>	<input type="checkbox"/>	Sigma Resources
Custom software maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Sigma Resources
Printing forms/FIs	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
Backup computer facility	<input type="checkbox"/>	<input type="checkbox"/>	MS Azure/Sigma Resources
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
Data backups (weekly)	<input type="checkbox"/>	<input type="checkbox"/>	Sigma Resources
<a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>
<a href="#">Click or tap here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>	<a href="#">Click or tap here to enter text.</a>

**b. The State agency has a contract in effect (check all that apply). Please provide a copy of agreement.**

- Equipment       Services       Software

**c. The State agency has methods in place for ensuring that the costs of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.**

- Yes       No

**d. The State agency periodically reviews system costs billing.**

- Yes       No

**e. The State agency acquires banking services through:**

- Competitive bids among banks within the State
- Competitive bids among in State and out-of-State banks
- Use of State agency designated bank
- Other: [Click or tap here to enter text.](#)

f. **The State agency acquires EBT services through:**

- Competitive bids among EBT processors
- State hosted EBT services
- Other: [Click or tap here to enter text.](#)

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):  
Appendix III.A.3.b. Sigma Resources PO; Policy 11.1-5**

4. **System Security/Data Confidentiality**

a. **To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):**

- There is a separate organizational area/individual to control access to electronic storage media.
- Access to WIC Program data files is controlled through password access or similar control.
- Operational personnel are limited to only those jobs for which they are responsible.
- Passwords are protected.
- Passwords are changed periodically.
- The system access procedures are audited at least once a year. Please provide a copy of access procedures.
- Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.
- Biennial security reviews are performed by Sigma Resources in coordination with the WIC System Business Manager, to include daily monitoring of the Microsoft Azure hosting environment; as well as Microsoft SOC II reports. Please provide a written summary of the most current biennial security review
- Periodic risk assessments are performed by Sigma Resources in coordination with the WIC System Business Manager, to include daily monitoring of the Microsoft Azure hosting environment; as well as Microsoft SOC II reports.
- Data uploaded to mobile applications, participant portals, etc. are secure and participant information is protected.
- Other (specify): Annual ROSIE User Security and Confidentiality Agreement

b. **To ensure that disaster contingency plans (e.g., file storage, backup hardware, and software procedures) are sufficient to allow the management information and electronic benefit transfer systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):**

- Backup copies of files and program are stored off-site in a secure location. Please provide address of location.  
MS Azure

- Backup copies are kept up to date.
- There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.
- A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.
- A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.
- Other (specify): [Click or tap here to enter text.](#)

**ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite): Appendix III.A.4.a.; Policy 11.11**

**5. Description of MIS changes that occurred in the past year:**

- \*Upgraded and enhanced software and functionality in the Wisconsin MyWIC App**
- \*Beginning to work on change/enhancement requirements to Scheduler area of the system**
- \*Creation of a Single Entry point for clients to apply for WIC**
- \*Enhanced messaging and delineation of In-Person or Remote appointments based on waiver guidance**
- \*Various other system changes, enhancements, and bug fixes**

**6. Description of MIS changes planned for the upcoming year:**

- \*Finish Phase II updates of the Client Portal**
- \*Initiate requirements definition of Scheduler Upgrades**
- \*Research improved reporting functionality (dashboard) in ROSIE with a plan to implement late 2025**
- \*Implement the new BF peer Module area**
- \*Begin planning for new Food Rule changes**
- \*Various enhancements and bug fixes**

**B. Participant Characteristics Minimum Data Set**

The Participant Characteristics (PC) Minimum Data Set (MDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

State Agency IS Collects:

**State Agency ID.** A unique number that permits linkage to the WIC State agency where the participant was certified.

**Local Agency ID.** A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

**or**

**Service Site ID.** A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.

**Case ID.** A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.

**Client Date of Birth.** Month, day and year of participant's birth reported in MMDDYYYY format.

**Client Race/Ethnicity.** The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.

**Certification Category.** The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

**Expected Date of Delivery or Weeks Gestation.** For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

**Date of Certification.** The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.

**Sex.** For infants and children, male or female.

**Priority Level.** Participant priority level for WIC Program certification.

**Participation in TANF, SNAP, Medicaid.** The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.

**Migrant Status.** Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).

- ☒ **Number in Family/Household or Economic Unit.** The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).
  
- ☒ **Family/Household or Economic Unit Income.** For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.
  
- ☒ **Nutrition Risk(s) Present at Certification.** Up to 10 highest priority nutritional risks present at the WIC Program certification
  
- ☒ **Hemoglobin or Hematocrit.** That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.
  
- ☒ **Date of Blood Measurement.** The date of the blood measurement that was used during the most recent WIC Program certification in MMDDYYYY format.
  
- ☒ **Weight.** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.
  
- ☒ **Height.** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.
  
- ☒ **Date of Height and Weight Measure.** The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.
  
- ☒ **Currently Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.

- Ever Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.
- Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.
- Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.
- Food Packages.** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

**OPTIONAL:**

**Supplemental Data Set**

State Agency IS Collects	State Agency IS Plans to Collect
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- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Date of First WIC Certification.</b> Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Educational Level.</b> For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Number in Family/Household on WIC.</b> The number of people in the participant's family/household receiving WIC benefits.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Date Previous Pregnancy Ended.</b> For pregnant women, the date previous pregnancy ended in MMDDYYYY format.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Total Number of Pregnancies.</b> For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Total Number of Live Births.</b> For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Pre-pregnancy Weight.</b> For pregnant women only, the  |



participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Participant's Weight Gain During Pregnancy.</b> For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Birth Weight.</b> For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/oz). Birth weight may be reported in either pounds or ounces, or in grams.                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Birth Length.</b> For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Participation in the Food Distribution Program on Indian Reservations.</b> The participant's reported participation in this program.   |

**C. WIC Systems Functional Requirements Checklist**

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

State Agency System Performs	State Agency System Planned	Automated Core Function/Capabilities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Calculates the date certification is due to expire.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Assigns the participant a nutritional risk code and assigns a priority level (CPA confirms the code is correct.)
<input type="checkbox"/>	<input type="checkbox"/>	2a. Assigns one risk code.
<input type="checkbox"/>	<input type="checkbox"/>	2b. Assigns up to 3 risk codes.

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | 2c. Assigns up to 6 risk codes.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2d. Assigns more than 6 risk codes.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3a. Converts incremental income (weekly, monthly) to an annual figure.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Associates family members.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Statewide data is maintained to facilitate families transferring within the State.                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Transfers certification data to the central computer facility electronically either in real time or batch mode. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Captures or documents the nutrition education provided each participant as well as the topics covered.          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Uses table-driven food packages.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8a. Uses standard pre-defined food packages.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8b. Enables easy food package tailoring.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8c. Performs edits to prevent over-issuance during food package creation.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Captures or documents the name of the programs to which the participants was referred.                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Performs food instrument reconciliation.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Produces standard Dual Participation Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Produces standard Food Delivery Portal (FDP) Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Produces standard Rebate Billing Report.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Produces standard Participation Report.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Produces Participant Characteristics Datasets.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Captures basic transaction data by vendor.   |

**State  
Agency  
System  
Performs**

**State  
Agency  
System  
Planned**

**Automated Core Function/Capabilities**

- 18. Flags high-risk vendors through peer group analysis of redemption data.
- 18a. Identifies vendors with high average food instrument redemptions.
- 18b. Identifies vendors with a narrow variation in redemptions.
- 19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT).
- 19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed.
- 20. Captures source of income.
- 21. Has the capability of annualizing household income occurring at more than one frequency.
- 22. Performs automated dietary assessment.
- 23. Has automated growth charts.
- 24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.
- 25. Allows for ad hoc reporting.