

VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency: South Dakota**

for FY: **2022**

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 a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. No-Show Rate - 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 - 246.4(a)(5)(i) and (13)**: describe how the State agency assigns and manages local agency caseload allocations.
- C. Caseload Monitoring - 246.4(a)(5)(i)**: describe the information and procedures used by the State agency to monitor caseload.
- D. Benefit Targeting - 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 - 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. Waiting List Management - 246.4(a)(11)(i); 246.7(f)(1),(2)**: describe the policies and procedures used for processing applicants.

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 in order 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

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;
- Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates;
- 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

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

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):

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

Appendix B Caseload Show – Rate Report

B. Allocation of Caseload

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

The State Agency does not allocate funding to Local Agencies. Contractual agreements are established for personnel, training, per diem and travel only. Payments are made to the counties and Public Health Alliance sites on a per participant rate as an expenditure monthly. We do estimate participation for each clinic prior to contracting to determine estimated amount of payment for the entire year.

1. The State agency considers the following factors in its initial allocation of caseload to local agencies (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):

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

Appendix D Caseload by Region Targets and Appendix E Caseload Closeout by Priority Report

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):

The state does review annually the caseload and is assigning caseload by Region. This is based on the past

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participation numbers and a goal of serving 85% of all potential eligible participants. The Local Agencies do not have jurisdiction over which participant can be served in their area. Priorities served are consistent throughout the State. Currently all counties serve priorities 1-VI and Priority VII from other states if a transfer is received. Priorities may be limited throughout the State based upon funding. If funding is not available to serve all priorities statewide, the lowest priority would be put on a waiting list and if need be, the next priority level until such time as funding was re-established. Alternative means of eliminating an entire Priority would be considered, such as only one or two year old children in Priority V may be eligible, but not three or four year old children, or a one-time certification as a Priority V only.

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

Yes No

If No, explain why not:

4. 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
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify): Contractual agreements are configured based on the previous year's highest month participation. Expenditures are reviewed monthly by the State Office. If additional expenditures are anticipated and justified and will exceed the amount of the contract and amendment will be completed.

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

Refer to State Plan Goals and Objectives and Appendix D Caseload by Region Targets

5. 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):

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):

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

Appendix A – Estimated Participation and Appendix C – Caseload High Risk Report

2. The State agency uses the following methods to monitor the above areas (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):

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

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Refer to Policy 9.04 Program Compliance Review

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

- Monthly
- Quarterly
- Other (specify): At the time of Management Evaluations or if concerns are identified.
When there are staffing shortages or staff leaving to determine need and appropriate coverage rates.
- Not applicable

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

Refer to Policy 9,04 Program Compliance Review

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):

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

Please refer to 12.01 Nutrition Education and Marketing Plan Guidance page 27. We are working on data specific to targeting through Tableau and anticipate additional information for Clinic staff to utilize through the OCFS Assessment Implementation Process. We have a Program data implementation Team that is tasked to assist in our marketing and targeting efforts.

b. The local agency or State agency, when the SA 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): Department of Social Services and the
Department of Education

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.

- Yes
- No

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

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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):

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): During Management Evaluations

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

Policy and Procedure 12.1 Nutrition Education and Marketing Plan Guidance; Appendix A- 2020 Goals and Objectives; 2.01 -2.12 Certification and Eligibility; 2.13 Nutrition Risk Criteria; 2.13F Other Risk Criteria Definition and Justification - Manual location: <https://sdwic.org/knowledge/>

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):

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

State Agency

Local Agency

Newspapers

Radio

Posters

Letters

Brochures/pamphlets

Television

Social Media (Twitter, Facebook, and SnapChat)

Other (specify): www.sdwic.org

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

English

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- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify): SD WIC website (www.sdwic.org) through Google translate can be converted to over 100 languages

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):

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

Outreach Policies and Procedures - 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.

Informational flyers, "Pass WIC On" are distributed annually to the Department of Social Services for a mass mailing to DSS recipients and then monthly to brand new recipients on the Program as well as to the Division of Child Care Services, healthcare systems, migrant workers, unemployment recipients.

A marketing plan developed will be used to target efforts at attracting high risk WIC participants. The plan includes marketing strategies and materials to use by the Local Agency staff in their individual communities for special populations as well as general potential eligible.

Each year emphasis will be placed on a different component of the plan in an effort to reach the most in need of WIC services. Sections of the plan include marketing strategies by the State Office and Local Agency staff. These include:

STATE OFFICE: 1) Marketing through outreach to health care facilities, colleges, institutions and tribal officials; 2) Marketing through outreach to legislatures; 3) Marketing through coordination with Department of Social Services Program (SNAP, TANF, CHIP, and Medicaid); 4) Marketing through National Nutrition Month Campaign. 5) Marketing through National Breastfeeding Month Campaign

LOCAL AGENCIES: 1) Community Needs Assessment; 2) Marketing through news release/news articles and public services announcements; 3) Marketing through newspaper/magazine feature stories; 4) Marketing through professional organization and agency newsletters; 5) Marketing through nutrition education presentations; 6) Marketing through the participants; 7) Marketing through outreach to new parents; 8) Marketing through outreach to community resources; 9) Marketing through outreach to local and area businesses; 10) Marketing through outreach to schools; 11) Marketing through outreach to government officials.

Each Local Agency must select 1 marketing goal and plan at least 3-5 marketing activities during the year.

March National Nutrition Month provides an excellent opportunity to share the importance of nutrition across the state.

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Campaign materials about National Nutrition Month are utilized and distributed to Local WIC Agencies. Cooperation between the South Dakota Department of Health, The Nutrition Coordinating Committee and other nutrition education programs/agencies in the state are done to proclaim March as National Nutrition Month.

National Breastfeeding Month in August provides an opportunity to support and acknowledge the importance of breastfeeding to the health of South Dakota and promote the breastfeeding support services provided by the WIC office. Campaign materials are utilized and distributed to Local Agencies, promotion of WICs professional and peer support is ran on social media and the Governors Executive Proclamation of Breastfeeding Month and DOH News Release is publicized among other promotion activities.

Title XIX has expanded Medicaid coverage for pregnant women up to 133% of federal poverty level to receive prenatal care. Pregnant women under Title XIX are referred to the Local WIC Agencies for potential eligibility. The program "Baby Care" is case management of pregnant women to improve and expand health care for pregnant women and infants. A formal coordinated process for referrals to and from WIC is part of the program.

Healthy SD Stakeholders – this group consists of all entities in the state that deal with healthy living. The group meets every other month to discuss and coordinate activities throughout the state.

At the Regional Level:

- *State Office staff and Nutrition staff provide in-service for the Community Health Nurses on a regular basis--interested health professionals are invited to attend.
- *Nutrition and nursing staff appear on radio programs from time to time to explain the Program and where and how to apply for benefits.
- *Various weekly and daily newspapers do periodic features on the WIC Program and carry information on where to get additional information.
- *Establish local contacts of supervisor areas with Social Services, MCH staff, etc. to coordinate efforts, early referrals, and program awareness.
- *Nutrition Staff contact Social Service staff locally and attend staff meetings periodically to stay up-to-date on expanded coverage, eligibility requirements, and referrals and contact persons.
- *A community needs assessment is done by State Office staff and then reviewed by Local Agency staff to determine Local Agency needs. From results of the assessment, appropriate marketing activities from the Marketing Plan will be chosen to meet the needs of the community and special populations to target.
- *Nutrition Staff target counties with the highest potential eligible WIC populations. They utilize the established annual 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Early morning/evening clinic hours, walk-in basis
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekend hours, by appointment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Weekend hours, walk-in basis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority appointment scheduling during regular clinic operations
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for working participants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (specify): online nutrition lessons though wichealth.org

b. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	Use of mobile clinics to rural areas
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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):

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Formal coordination with rural/migrant health centers
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> 3 months issuance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

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):

- Yes (If yes, please identify the State agencies with whom formal agreements exist): 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 246.7(m)(1)(i) regarding homeless facilities are met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

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ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
Refer to policy 2.12 Homeless/Migrant Family Eligibility and 1.04 Agreements

3. Unserved Geographical Areas

- a. State agency's definition of an unserved geographic area (specify): SD provides Statewide services. Underserved are identified annually and focus is now being placed on reaching out to those communities through satellite clinics. We have permanent facilities in all counties with the exceptions of (Campbell, Corson, Harding, Mellette, Todd and Sully). Most of the participants within the Corson county are served by the ITO from Standing Rock Reservation. Todd county is mostly served through the Rosebud ITO. Campbell, Corson, Mellette and Sully are within 30 miles of another clinic. Harding is served as needed. Closest clinics are within 50 miles of the location. Each year we review potential eligible information utilizing data provide by our DOH Vital Statistics Epidemiologist. The report takes into consideration: Infant mortality rates per 1,000 births; Premature (<2500 grams) birth rates per 1,000 live births; neonatal mortality rates per 1,000 births; Per Capita income rates divided by 1,000; Teen (15-19) birth rates per 1,000 population. Data is compiled utilizing U.S. Census Bureau estimates, American Community Survey.
- b. Please list unserved geographic areas or attach a list to appendix:
- No current unserved areas (check if applicable)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
Appendix F – Affirmative Action Plan – Section III Caseload Management

4. Underserved Geographic Areas

- a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):
- Policy/Procedure 1.06B Criteria for Establishing WIC clinic Sites – Section II Local Agencies – VII Caseload Management. SD Provides Statewide Services. See above criteria for annual review of underserved and Appendix F – Affirmative Action Plan
- No current underserved areas (check if applicable)
- b. 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
- c. 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):

www.sdwic.org includes map, directions, addresses, email and phone for each Local Agency. These are also listed on the DOH website.

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

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- 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:

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Each Local Agency must select 1 marketing goal and plan at least 3-5 marketing activities during the year. March National Nutrition Month provides an excellent opportunity to share the importance of nutrition across the state. Campaign materials about National Nutrition Month are utilized and distributed to Local WIC Agencies. Cooperation between the South Dakota Department of Health, The Nutrition Coordinating Committee and other nutrition education programs/agencies in the state are done to proclaim March as National Nutrition Month.

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Healthy SD Stakeholders – this group consists of all entities in the state that deal with healthy living. The group meets every other month to discuss and coordinate activities throughout the state.

At the Regional Level:

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*Nutrition and nursing staff appear on radio programs from time to time to explain the Program and where and how to apply for benefits.

*Various weekly and daily newspapers do periodic features on the WIC Program and carry information on where to get additional information.

*Establish local contacts of supervisor areas with Social Services, MCH staff, etc. to coordinate efforts, early referrals, and program awareness.

*Nutrition Staff contact Social Service staff locally and attend staff meetings periodically to stay up-to-date on expanded coverage, eligibility requirements, and referrals and contact persons.

*A community needs assessment is done by State Office staff and then reviewed by Local Agency staff to

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determine Local Agency needs. From results of the assessment, appropriate marketing activities from the Marketing Plan will be chosen to meet the needs of the community and special populations to target. *Nutrition Staff target counties with the highest potential eligible WIC populations. They utilize the established annual Local Agency marketing plans.

F. Waiting List Management and Procedures

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

Yes No

2. Waiting list procedures are uniform throughout the State.

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

3. The State agency routinely monitors waiting lists.

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

4. 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):
 Other (specify):

5. 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):

6. Waiting lists are maintained:

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

7. Telephone requests for placement on the waiting list are accepted.

Yes No

8. The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with

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the following information (check all that apply):

- Name
- Address
- Phone number(s)
- Date placed on waiting list
- Category
- Priority
- Nutritional risk
- Income eligibility status
- Method of application
- Date applicant notified of placement on the waiting list
- Other (specify):

9. 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 and Procedure – 1.16 Waiting List Guidance for Local Agencies.