

Maine Center for Disease Control and Prevention

WIC Nutrition Program

Effective: October 1, 2012
Revised: October 1, 2019

Policy No. CM-2

Caseload Allocation of Services

Authority

7 CFR § 246.4(a)(5)(i) and (13);
22 MRSA §255 and §1951

Policy

1. The State Agency allocates caseload by the eight Public Health Districts:
 - 1.1. District 1—York (York County)
 - 1.2. District 2—Cumberland (Cumberland County)
 - 1.3. District 3—Western (Androscoggin, Franklin and Oxford Counties)
 - 1.4. District 4—Midcoast (Waldo, Lincoln, Knox and Sagadahoc Counties)
 - 1.5. District 5—Central (Kennebec and Somerset Counties)
 - 1.6. District 6—Penquis (Penobscot and Piscataquis Counties)
 - 1.7. District 7—Downeast (Hancock and Washington Counties)
 - 1.8. District 8—Aroostook (Aroostook County)
2. Local agencies must select at least one main site location that is central to their population.
3. Local Agencies must ensure established criteria are met when selecting satellite locations
4. Local Agencies shall maintain caseloads greater than or equal to eighty-five percent (85%) of their funded capacity in all clinic locations (main and satellite sites). Failure to maintain this caseload may initiate a Local Agency agreement modification.
5. If it appears that during the course of the program year not all funds will be spent by a Local Agency, the State Agency may reallocate funds on the basis of Local Agency needs.
6. Local Agency directors and program managers shall monitor participation rates and trends monthly.

Procedures

1. The State and Local Agency shall use the following methods to monitor participation rates and trends:
 - 1.1. WIC MIS reports

- 1.2. On-site reviews
2. As part of the Management and Evaluation Review (MER) process, the State Agency shall assess the participation of all clinic locations by comparing current caseload with prior year caseload.
3. Criteria for selecting Local Agency satellite location:
 - 3.1. Clinic setting is appropriate for participants
 - 3.2. Clinic is clean
 - 3.3. Clinic is accessible for all participants
 - 3.4. Scales are routinely calibrated
 - 3.5. Handicapped persons have access to WIC services (Americans with Disabilities Act compliance)
 - 3.6. The location of the WIC clinic is centrally located
 - 3.7. Clinic is a non-smoking facility
 - 3.8. Location has at least one WIC-approved vendor in community
 - 3.9. Existing access to working wired or WIFI internet connection with minimum 15 Mbps
4. Changes to local agency clinic locations shall be communicated to the State Agency via Appendix CM-2-A Proposed LA Clinic Site Description Form.
5. The Local Agency shall ensure that all satellite clinic locations serve an average of 25 participants, unless a waiver has been obtained from the State Agency.
6. If any sites' caseloads go below 85% of caseload, the State Agency will meet with Local Agency staff to discuss the financial feasibility of continuing to operate in that clinic location.
 - 6.1. Methodology for determining funded capacity can be found in Policy FM-5 Local Agency Funds Allocation and Budget.
7. When assessing clinic locations, local agencies shall conduct a needs analysis to determine locations that best meet participant needs. Analysis shall include:
 - 7.1. Assessment of participation by geographic area
 - 7.2. Hours of operation which meet the needs of eligible families
 - 7.3. Location of WIC-approved vendors in the selected area
 - 7.4. Documentation of decision that warrants opening/closing clinic location
8. The State Agency will make all changes to clinic locations in the WIC application.