# VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency: South Dakota** for **FY: 2024**

**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, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act, Access to Baby Formula 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 or waiver through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements.**

**Executive Order (EO) 13988, "*Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.*" was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.**

***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.

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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.

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

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

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**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):**

See Section 3, Functional Area VII - Appendix B-Caseload Show Rate Report (Example: West Region)

## 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 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): Click or tap here to enter text.

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

See Section 3, Functional Area VII - Appendix A – Estimated Participation, Appendix D - Caseload by Region Target Population (FY24)

**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 will review the caseload annually by Local Agency. This is based on the past 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 reestablished. 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.**

**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 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):**

See Section 3, Functional Area VII - Appendix D-Caseload by Region Target Population (FY24)

**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):**

Click or tap here to enter text.

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

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

See Section 3, Functional Are VII - Appendix A-Estimated Participation and Appendix C-Caseload High Risk Report

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

☐ Manual reports submitted by local agencies

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☒ MIS-generated reports (If utilized please attach a description of each report and how they are used)
☒ On-site reviews
☐ Other (specify): Click or tap here to enter text.

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

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

Outreach efforts are conducted through social media, radio, and the WIC website targeting pregnant and post-partum women and children. Additional outreach through grant funding targeting high-risk, low-income neighborhoods throughout the city of Sioux Falls. Individual local agencies and clinics have SCOOP plans (Strategic Community Outreach and Outcomes Plan) to ensure outreach is provided to all families, including high-risk categories. We are working on data specific to targeting through Tableau and anticipate additional information for Clinic staff to utilize.

**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): Department of Social Services

**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

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**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):**

**Click or tap here to enter text.**

## 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 |
| ☐ | ☐ Television |
| ☒ | ☐ Social Media (Twitter, Facebook, etc.) |
| ☒ | ☐ Other (specify): www.sdwic.org |

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

☒ English

☒ Spanish

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☐ 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): Click or tap here to enter text.

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

***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. *The "Pregnancy Care" program 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. *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 SCOOP Outreach section 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. *Medicaid Expansion outreach efforts.**

**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 | |
|---|---|---|---|
| ☒ | ☐ | ☐ | Early morning/evening clinic hours by appointment |
| ☐ | ☒ | ☐ | Early morning/evening clinic hours, walk-in basis |
| ☐ | ☒ | ☐ | Weekend hours, by appointment |
| ☐ | ☐ | ☒ | Weekend hours, walk-in basis |
| ☒ | ☐ | ☐ | Priority appointment scheduling during regular clinic operations |
| ☐ | ☐ | ☒ | Food instrument/cash value voucher mailing procedures specifically designed |

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| | | | for working participants |
| ☒ | ☐ | ☐ | Expedited clinic procedures for working participants |
| ☐ | ☐ | ☒ | Evening/weekend nutrition education classes |
| ☐ | ☒ | ☐ | Other (specify): online nutrition lessons through wichealth.org, virtually services, texting |

**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 | |
|---|---|---|---|
| ☒ | ☐ | ☐ | Special clinic hours to accommodate travel time to clinic sites |
| ☐ | ☒ | ☐ | Use of mobile clinics to rural areas |
| ☐ | ☐ | ☒ | Food instrument/cash value voucher mailing procedures specifically designed for rural participants |
| ☒ | ☐ | ☐ | Special appointment/scheduling procedures for rural participants who do not have access to public transportation |
| ☒ | ☐ | ☐ | Special food instrument/cash value voucher issuance cycles for rural participants (check one): ☐ 2 months issuance, ☐ 3 months issuance |
| ☐ | ☐ | ☐ | Other (specify): Click or tap here to enter text. |

**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 | |
|---|---|---|---|
| ☐ | ☐ | ☒ | Formal coordination with rural/migrant health centers |
| ☐ | ☐ | ☒ | Special outreach activities aimed at migrants |
| ☒ | ☐ | ☐ | Special clinic hours/locations to service migrant populations |
| ☒ | ☐ | ☐ | Expedited appointment procedures to accommodate migrant families |
| ☒ | ☐ | ☐ | Special food instrument/cash value voucher issuance cycles for migrant families (check one): ☐ 2 months issuance; ☐ 3 months issuance |
| ☐ | ☐ | ☐ | Other (specify): Click or tap here to enter text. |

**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): 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 | |
|---|---|---|---|
| ☒ | ☐ | ☐ | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements |
| ☐ | ☐ | ☒ | Undertake regular and ongoing outreach to homeless individuals |
| ☒ | ☐ | ☐ | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into communal food service |
| ☐ | ☐ | ☒ | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals |
| ☒ | ☐ | ☐ | Secure a written statement from the facility attesting to compliance with the requisite |

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| | | | |
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| | | | conditions for WIC services in a homeless facility |
| ☒ | ☐ | ☐ | Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(m)(1)(i) regarding homeless facilities are met |
| ☐ | ☐ | ☐ | Other (specify): Click or tap here to enter text. |

**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. How does the State agency prioritize areas defined as underserved geographic areas in descending order?: 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, Sully, Stanley, Jones, and Hyde). 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, Stanley, Hyde and Sully are within 30 miles of another clinic. Harding and Jones are served as needed. All areas will be covered by mobile units.**

**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):**

See Section 3, Functional Area VII - Appendix F-Affirmative Action Plan

**4. Underserved Geographic Areas**

**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):**

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

☐ 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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**State Agency has developed several reports from data and data dashboards to help determine the areas of greatest need. In addition, we have purchased 3 mobile units to meet participants where they are at in the most high need areas. The WIC Program has now implemented a virtual service that is offered to participants statewide. 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. Each clinic has a SCOOP plan 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.**

### 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 agency.**

   ☒ 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 sub-prioritization of waiting lists by (check all that apply):**

   ☒ No sub-prioritization permitted ☐ Income

   ☐ Nutrition risk ☐ Age

   ☐ Point system

   ☐ Special target populations (specify): Click or tap here to enter text.

   ☐ Other (specify): Click or tap here to enter text.

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): Click or tap here to enter text.

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 the following information (check all that apply):**

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☒ 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): Click or tap here to enter text.

**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.