



### VII. CASE MANAGEMENT

CM-01 Case Management and Monitoring .....	1 page
CM-02 No Show Missed Certification Appointment.....	1-3 pages
CM-03 Benefit Targeting .....	1-2 pages
CM-04 Wait List Management .....	1- 2 pages
CM-05 WIC Program Outreach .....	1-4 pages

<b>Department of Public Health and Social Services</b> <b>Bureau of Nutrition Services-Guam WIC Program</b>		
<b>TITLE:</b> Caseload Management and Monitoring	<b>POLICY NO.:</b> CM-01	Page 1 of 1
<b>APPROVED BY:</b> <i>Cydsel 2/22/24</i> Cydsel Victoria Toledo, MD, MHA, BNS Administrator /WIC Program Director	<b>DATE OF ORIGINAL APPROVAL:</b> August 2023	
	<b>DATE REVISED/REVIEWED:</b> 2/21/24	
<b>Endorsed By:</b> Godfrey Wong, RD, Acting Public Health Nutrition Specialist <i>Godfrey 2/22/24</i>		

## POLICY

- A. The Guam WIC program shall provide WIC services to as many eligible participants as possible by fully utilizing available resources in accordance with the federal priority system.
- B. Guam WIC shall strive to achieve and maintain a caseload level that is 95% - 100% of the allowable caseload based on the funding and staffing levels.
  - 1. It shall monitor monthly caseload reports from the Health and Nutrition Delivery System (HANDS) which will be presented by the Quality Improvement staff or designee in the monthly clinical meeting. Reports shall include but not be limited to the following:
    - a. Participation levels and rates,
    - b. Month to month and year to year variations.
    - c. Participation levels and rates by category ethnicity and priority.
    - d. Monthly participation and food costs per participant trends to determine participation growth targets, which serve the maximum number of participants for the level of Food Funds which USDA provides.
    - e. High Risk Participant levels.
- C. Guam WIC Program shall utilize the affirmative action plan that describes how the program will be initiated and expanded showing for each clinic location (geographic area it serves) an estimated eligible population (women, infants, children), the assigned caseload and the projected number of eligible people that are not served (*Reference Affirmative Action Plan*).
  - 1. It shall inform Health Educators staff conducting outreach where to concentrate their efforts in improving caseloads.

## DEFINITIONS

## RESPONSIBILITIES

## PROCEDURE

## REFERENCES

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

**Department of Public Health and Social Services  
Bureau of Nutrition Services-Guam WIC Program**

<b>TITLE:</b> No Show, Missed Certification Appointments Monitoring Policy	<b>POLICY NO.:</b> CM-02	Page 1 of 3
<b>APPROVED BY:</b> <i>Cydsel 2/21/24</i> Cydsel Victoria Toledo, MD, MHA BNS Administrator/WIC Program Director	<b>DATE OF ORIGINAL APPROVAL:</b> August 2023	<b>DATE REVISED/REVIEWED:</b> 2/21/24
<b>Endorsed By:</b> Godfrey Wong, RD, Acting Public Health Nutrition Specialist <i>Godfrey Wong 2/21/24</i>		

**POLICY**

- A. All participants are expected to arrive on time for their appointment. Anyone who is more than 10 minutes late, will be served on a first come, first served basis on the day of their appointment as time allows.
  - 1. The participant may have an option to reschedule the appointment for a later date.
  - 2. Participants are considered "No show" when they fail to come in on the day of their appointment, and/or were not contacted or reached by phone or responded to text messages by the clinic staff during the day of the appointment schedule.
- B. The Guam WIC Program will follow up on all no-show WIC clients and new certification (i.e. Pre-certification) appointment no-shows regardless of priority.
  - 1. Applicants and existing clients who did not show up for their scheduled appointments shall be contacted (via phone, or text messaging) by the Nutrition Assistant assigned during their scheduled appointment time slot and another attempt before the end of the business day if not reached on the first attempt.
  - 2. Both applicants and existing WIC clients who no longer have a working phone number or no phone number, will receive a written reminder notice (unless mail contact has been contraindicated by the client in the HANDS) about their missed appointment and the need to contact the WIC clinic to obtain WIC services.
  - 3. In accordance with 7 CFR 246.11(a)(2) supplemental food benefits shall not be denied for clients who refused to attend or participate in nutrition education activities and or did not show up during the appointment schedule. This option will only be available to fully certified clients.
- C. No-show and Missed Appointment Risk of Benefit Loss data shall be included in the monthly Clinical Meeting facilitated by the State Nutrition Coordinator/Public Health Nutrition Specialist.

**DEFINITIONS**

No Show – Failure of clients to have contact with staff at appointment schedule.

**RESPONSIBILITIES**

Clinic Supervisor

- 1. Monitors and keeps track of the no-show rate.
- 2. Reports data in the Monthly Clinical Meeting.

## PROCEDURE

1. HARDS Appointment Scheduler Case Assignment.
  - a. Clinic Supervisor assigns a Nutrition Assistant (NA) a column of scheduled appointments in HARDS.
  - b. Nutrition Assistants will contact clients and provide WIC services over the phone if the client does not arrive at the WIC clinic by the scheduled appointment time.
  - c. Nutrition Assistants will check-in client in HARDS appointment scheduler if they were able to contact participants and provide WIC services/benefits remotely.
  - d. Clients who were not reached or contacted shall have a second contact attempted by the end of the day.
  - e. Clients who are not able to be contacted by second attempt shall have benefits issued and scheduled for next appointments as appropriate.
2. Missed Appointment Tracking
  - a. Community Program Aide/Receptionist
    - i. Community Program Aide/Receptionist prints out the daily appointment scheduler in HARDS at the beginning of the work day.
    - ii. Community Program Aide/Receptionist shall cross out or highlight the client's name when the client arrives for their scheduled appointment.
    - iii. At the end of the day the Community Program Aides/Receptionist will verify clients who missed their appointment by checking the HARDS appointment scheduler if contacted and checked in by the NA.
    - iv. Clients who are checked in are to be highlighted on the printed daily appointment scheduler and reconciled.
    - v. The receptionist shall give the printed daily appointment scheduler to the clinic supervisor for review and disposition at the close of business day.
  - b. Nutrition Assistant
    - i. Contact attempt during the scheduled time slot
      1. The Nutrition Assistant will contact clients and provide WIC services over the phone if the client does not arrive at the WIC clinic by the scheduled appointment time.
      2. Nutrition Assistants will check in the clients in the HARDS appointment scheduler if they can contact participants and provide WIC services/benefits remotely.
    - ii. Second Contact Attempt
      1. The Nutrition Assistant shall verify the missed appointment list provided by the clinic supervisor.
      2. Nutrition Assistants shall attempt to contact clients for the second time. Clients that could not be reached, shall be issued 1-3 months of benefit according to the nutrition risk schedule.
        - a. Press the Check-in button for the client in the HARDS Appointment Scheduler.
        - b. Issue 1-3 months benefits and schedule the next appointment according to nutrition risk status.
      3. Follow the documentation example for clients who could not be contacted:
        - a. S. Phone line busy or Phone disconnected

- O. NA
- A. NA
- P. Issued 1-3 months of benefits.  
Scheduled next appointment for ....  
F/U on updated contact numbers.
- 4. Highlight the participant's name on the printed daily appointment scheduler to indicate that this participant had benefits issued.
- 5. Give the daily appointment scheduler to the receptionist at the end of the day to be filed.

c. Clinic Supervisor

- i. On a daily basis, the clinic supervisor shall get the daily appointment schedule from the receptionist before the close of business and assign no-show/missed appointment clients to the nutrition assistants to be followed up.
- ii. Every two weeks (on the 15<sup>th</sup> and 30<sup>th</sup> day of the month) the clinic supervisor prints out the HANDS report **Missed Appts Risk of Benefit Loss and No Show Rates** and distributes it to nutrition assistants for one final attempt to contact clients to provide nutrition education and issue benefits.
  - 1. If the client declines nutrition education or the client is not reached (due to a disconnected phone or no answer), issue up to three months of benefits as allowed. Document by following examples 2.b.ii.

d. Public Health Nutrition Specialist (PHNS)

- i. The PHNS shall run the no-show rate report for all clinics monthly. And reported in the monthly clinical meeting.
  - 1. In Hands select Reports>Scheduling>No Show Rate
  - 2. Select the month and hit view report
- ii. No Show Rate is calculated by the percentage of appointments missed (# of No Shows / Total Scheduled Appointments).
- iii. The PHNS shall run the Missed Appointment Risk of Benefit Loss report monthly which shall be discussed in the clinical meeting for tracking.

## REFERENCES

### SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

### ATTACHMENTS:

<b>Department of Public Health and Social Services</b> <b>Bureau of Nutrition Services-Guam WIC Program</b>		
<b>TITLE:</b> Benefit Targeting	<b>POLICY NO.:</b> CM-03	Page 1 of 2
<b>APPROVED BY:</b> Cydsel Victoria Toledo, MD, MHA BNS Administrator/ WIC Program Director	<b>DATE OF ORIGINAL APPROVAL:</b> August 2023	
	<b>DATE REVISED/REVIEWED:</b> 2/21/24	
<b>Endorsed By:</b> Godfrey Wong, RD- Acting Public Health Nutrition Specialist		<i>Godfrey Wong 2/21/24</i>

## PURPOSE

To ensure that WIC benefits reach the high-risk participants and persons with special needs such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and underserved applicants. This is in compliance with 7 CFR 246.4(a)(5)(i); (6), (7), (19), (20), (21), and (22).

## POLICY

- A. Guam WIC Program shall conduct benefit targeting to reach the high-risk participants, those with special needs, and the underserved communities. It shall reference its affirmative action plan when targeting participants and conducting outreach (see Affirmative Action Plan)
  - 1. The Health Educator II or designee shall come up with an annual outreach plan at the beginning of the FY and shall be approved by the Public Health Nutrition Specialist and the WIC Director.
  - 2. Outreach staff shall join the Division of Public Health outreach schedule at different shelters and underserved communities when appropriate.
- B. Guam WIC shall collaborate with other agencies that are a source of referral to the WIC program and participate in outreach program activities (*Refer to NS-02 Program Outreach Policy*).
  - 1. The Guam WIC Program shall participate in a Homeless Coalition, and in the Early Promotion Prevention, Identification, Education Work Group. The workgroup meets to develop a comprehensive public awareness plan of the services and supports available.
  - 2. The Guam WIC Program is also part of the Health Services Advisory Committee which is spearheaded by the Head Start Program. Service providers and agencies from the private and public sectors address health, dental, mental health, early childhood development, safety, nutrition, and education issues in the community.
  - 3. The Guam WIC Program shall disseminate its "What is WIC" Brochure to all of the referring and partner agencies that cater to the homeless, substance use disorder population, and individuals in shelters that cater to young adult/pregnant teens.
- C. Guam WIC shall ensure 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.

1. A participant may remain on the Program for one additional certification period if they meet the income eligibility requirements and there is a possibility of regression in nutritional status without the supplemental foods and if the participant met the State High-Risk Criteria at the time of previous certification.
2. A Competent Professional Authority (CPA) may remove a participant from the Program at a re-certification visit if the CPA deems the participant to no longer be at nutritional risk or if the priority system ranks other potential participants on the waiting list at greater nutritional risk.

<b>Department of Public Health and Social Services</b> <b>Bureau of Nutrition Services-Guam WIC Program</b>		
<b>TITLE:</b> WIC Program Outreach	<b>POLICY NO.:</b> CM-05	Page 1 of 4
<b>APPROVED BY:</b> <i>Cydsel</i> Cydsel Victoria Toledo, MD, MHA BNS Administrator/WIC Program Director	<b>DATE OF ORIGINAL APPROVAL:</b> 12/6/22	
<b>DATE REVISED/REVIEWED:</b> 6/22/23; <i>7/11/24</i>		
<b>Endorsed By:</b> Godfrey Wong, RD, Acting Public Health Nutrition Specialist <i>Godfrey 7/11/24</i>		

## PURPOSE

To provide structure to the Bureau of Nutritional Services (BNS), Special Supplemental Nutrition Program for Women Infants and Children (WIC) outreach activities in the community and other agencies to improve access and referrals to Guam WIC Program services.

## POLICY

- A. The Bureau of Nutritional Services WIC program shall utilize local newspapers, social media, DPHSS and WIC website, radio announcements, and or local television appearances to publicly announce program benefits at least annually.
  - 1. It shall obtain or develop outreach materials for distribution to partner agencies.
  - 2. It shall produce and distribute the "Welcome to WIC" brochure, as appropriate, which describes the nature and benefits of WIC, in English, Chamorro, Tagalog, Chuukese, and other languages as appropriate.
- B. The Guam WIC program shall have a strategy for outreach and develop an Outreach Plan to increase referrals to WIC;
  - 1. It shall address the findings of the approved Affirmative Action Plan.
  - 2. It shall have consistent outreach activities outlined in the plan.
  - 3. It shall target areas that were ranked high in the number of eligible populations not served based on data gathered for the Affirmative Action Plan.
  - 4. Emphasis on outreach will also be placed on reaching participants who are homeless, the minority population and those women enrolled in the substance abuse programs.
  - 5. WIC Outreach brochures, pamphlets, and posters will be placed in various locations within the community such as grocery stores, Day Care Centers laundromats, and churches.
  - 6. The Guam WIC Program will coordinate outreach activities with the military commands on Guam to facilitate and increase military participation in the Guam WIC Program.
- C. Guam WIC program shall participate in outreach activities hosted by other agencies and collaborate with the agencies in obtaining referrals.
  - 1. A blank referral form shall be provided to agencies to be distributed to possible clients (*see attachments for WIC Referral Form*).

- D. Guam WIC shall establish a Memorandum of Understanding with Guam Memorial Hospital, Guam Regional Medical Center, and other birthing centers to conduct outreach activities in the maternity ward, pediatric clinics, and other areas with possible clients.
  - 1. Outreach activities shall be conducted by the program coordinator or health educator at least 2 hours per day 3x per week.
- E. Guam WIC shall enter into a formal network agreement with the Food Stamp Program, Temporary Assistance to Needy Families (TANF), Expanded Food and Nutrition Education Program (EFNEP), Guam Immunization Program (GIP) and the Medicaid/Medically Indigent Program (MIP) so that WIC applicant/participants who appear eligible for these program benefits are informed of these programs and are referred to the appropriate offices.
- F. Guam WIC Health Educator and or outreach coordinator shall provide outreach and replenish blank referral forms to but not limited to the following agencies;
  - 1. Immunization Clinics
  - 2. Supplemental Nutrition Assistance Program (SNAP)
  - 3. Centers for Medicare and Medicaid Services Office
  - 4. Temporary Assistance for Needy Families (TANF)
  - 5. Bureau of Family Health & Nursing Services (BFHNS)
  - 6. Guam Memorial Hospital Authority (GMHA)
  - 7. Headstart
  - 8. Expanded Food and Nutrition Education Program (EFNEP)
  - 9. Guam Early Interventions
  - 10. Alee Women's Shelter
  - 11. Child Protective Services /BOSSA
  - 12. Northern Regional Health Center (Medical Clinic co-location)
  - 13. Southern Regional Community Health Center (Medical Clinic co-location)
  - 14. Karinu/Cedars
  - 15. Birthing Centers (Sagua)
  - 16. Homeless and Disaster Shelters
- G. The Guam WIC Program shall participate in DPHSS and NGO Coalition that provides referral networks such as the "I Familia-ta Fine'nena (IFF) Coalition ("Families First Coalition") which is a referral network that includes the needs of homeless families and individuals.
  - 1. It shall ensure that the homeless facility shall be informed of the requirements that the
    - i. The facility shall not accrue financial or in-kind benefits from a person's participation in the WIC Program.
    - ii. The foods provided by the WIC Program are not subsumed into a communal food service but are available to the WIC participants for whom they are issued.

- iii. The facility places no constraints on the ability of the participant to partake of the supplemental foods and nutrition education under the program.

## DEFINITIONS

Alee Women's Shelter	A shelter that provides emergency protective shelter for victims of family domestic violence and sexual assault for women with or without children.
Sanctuary Incorporated of Guam	A private, non-profit community-based organization that provides critical social services to youth and their families. It is an alternative to the juvenile justice system for runaway, homeless, neglected, and abused youth.

## RESPONSIBILITIES

### A. Health Educator II

1. Create the annual outreach plan
2. Contact agencies, offices, and organizations that serve persons potentially eligible for the WIC program.

## PROCEDURE

### A. Outreach Plan

1. The Health Educator II in collaboration with other Guam WIC Health Educators and the Public Health Nutrition Specialist (PHNS) shall create an outreach plan addressing the result of the Affirmative Action Plan at the beginning of the fiscal year.
2. The action plan shall be forwarded to the PHNS for endorsement and approval by the Guam WIC Director.
3. The Health Educators shall implement the action plan and document the referrals received after each outreach activity.

### B. Outreach Hosted by other Agencies

1. A table shall be prepared with the WIC posters, handouts, and educational material.
2. Guam WIC Staff shall distribute brochures describing WIC services, eligibility criteria, and location of clinics, and provide educational materials to participants or passersby during the outreach.
3. Staff shall obtain names and contact information of possible/eligible clients.
4. Staff shall schedule appointments for those possible clients to be screened.
5. Staff shall instruct potential WIC clients to bring the WIC referral forms to any WIC Clinic to be scheduled for an appointment or processed as a walk-in if staffing is available.

### C. Outreach in Hospitals and other agencies or Medical / OBGYN clinics

1. Health Educators shall collaborate with other agencies that can identify and refer potential WIC clients every first week of the month.

2. Health Educators will provide blank WIC Referral Forms and brochures to the agencies (see attachment).
3. The Health Educator shall make rounds in the hospital and in birthing centers as appropriate to seek and reach out to possible clients.
4. Staff shall obtain names and contact information of possible/eligible clients.
5. Staff shall schedule appointments and provide instruction for those possible clients to be screened.
6. Submitted referrals are to be stored monthly and by fiscal year.

D. Health Educator II compiles the number of all referrals monthly and submits a report to the Public Health Nutrition Specialist. The report will have the category of clients (infants, children, women), and the total number of referrals. This will be discussed in the monthly clinical meeting.

**ATTACHMENTS:**

1. WIC Referral Form for Women
2. WIC Referral Form for Infants and Children
3. Outreach Referrals Contact Log



WIC Referral Form (women)\_update\_Jul2019



WIC Referral Form (Infants-children)(revised)



Outreach Referrals Contact.xlsx

**Department of Public Health and Social Services  
Bureau of Nutrition Services-Guam WIC Program**

<b>TITLE:</b> Wait List Management Policy	<b>POLICY NO.:</b> CM-04	Page 1 of 2
<b>APPROVED BY:</b> <i>Cydsel</i> <i>2/22/24</i> Cydsel Victoria Toledo, MD, MHA BNS Administrator/WIC Program Director	<b>DATE OF ORIGINAL APPROVAL:</b>	
<b>Endorsed By:</b> Godfrey Wong, RD, Acting Public Health Nutrition Specialist <i>Godfrey</i> <i>2/22/24</i>		<b>DATE REVISED/REVIEWED:</b> 2/22/24

**POLICY**

- A. The Guam WIC program shall maintain a waiting list if it has exceeded its maximum capacity/caseload and funding levels. It shall follow the Nutrition Risk Priority System priority I – VII to the waiting list pursuant to 7 CFR 246.7(e)(4) to ensure that the highest priority persons become program participants first when caseload slots become available.
  - 1. A sub priority levels based on income within any of the seven nutrition risk priorities shall be set and implemented at the discretion of the State WIC Nutritionist/Public Health Nutrition Specialist as appropriate (see *definition of Nutrition Risk Priority*).
  - 2. Transferring WIC participants presenting valid WIC Verification of Certification (VOC) card must be placed on the waiting list ahead of all waiting applicants regardless of the priority of their nutrition risk criteria.
- B. Applicants who call, email or visit the clinic to express interest in receiving program benefits must complete a pre-certification process (i.e., collection of names, address, phone number, date of collection and category status). Pre-certification shall be documented in the Health and Nutrition Delivery System (HANDS) before placement on the waiting list.
  - 1. Applicants will be notified right away if they are to be placed on a waitlist.
  - 2. Staff conducting pre-certification shall refer WIC Applicants or provide clients with information on other health related and food assistance programs when appropriate.
- C. The Clinic Supervisor shall monitor the HANDS system for applicants that were placed on the waitlist and apply the Nutrition Risk Priority System when caseload slot becomes available.

**DEFINITIONS**

<b>Nutritional Risk Priority System</b>	<b>Definition</b>
I	Pregnant women, breastfeeding women and infants at nutritional risk as demonstrated by hematological or anthropometric measurements, or other documented nutritionally related medical conditions which demonstrate the need for supplemental foods.

II	Except those infants who qualify for Priority I, infant up to six months of age of Program participants who participated during pregnancy, and infants up to six months of age born of women who were not Program participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrated the person's need for supplemental foods.
III	Children at nutritional risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods.
IV	Pregnant women, breastfeeding women, and infants at nutritional risk because of an inadequate dietary pattern.
V	Children at nutritional risk because of an inadequate dietary pattern.
VI	Postpartum women at nutritional risk.
VII	Individuals certified for WIC solely due to homelessness or migrancy and, at State agency option, in accordance with the provisions of paragraph (e)(1)(vi) of this section, previously certified participants who might regress in nutritional status without continued provision of supplemental foods.

## **RESPONSIBILITIES**

## **PROCEDURE**

## **REFERENCES**

### **SUPERSEDES:**

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

### **ATTACHMENTS:**