



POLICY: Local WIC programs shall maintain caseload levels that meet their assigned caseload set by the State WIC program.

PURPOSE: To provide WIC services to as many eligible participants as possible by fully utilizing available resources in accordance with the federal priority system.

RELEVANT REGULATIONS: 7 CFR §246.16 ¶(e) 2 Performance Standards
7 CFR §246.7 ¶(e) 4 Nutritional Risk Priority System

OREGON WIC PPM REFERENCES: ♦470—Local Program Outreach
♦475—Waiting List
♦670—Overview of Risk Criteria and Priorities

DEFINITIONS: *Assigned caseload* Caseload goal set by the State for each local WIC program based on prior performance and available monies.

Certified caseload The number of participants listed as active in the state computer system.

Priority The ranking assigned to a participant based on the individual's category and identified risk factors in accordance with the federal nutritional risk priority system.

Participating caseload The total number of participants included in the following groups:

- participants who receive food instruments each month from a local WIC program;
- participants who are infants who do not receive food instruments but their breastfeeding mothers receive food instruments each month;
- participants who are breastfeeding women who do not receive food instruments but their infants receive food instruments each month.

Participant An individual who has been determined eligible to receive WIC services appropriate for their category.

CASELOAD MANAGEMENT, *cont.*

PROCEDURE:

Managing caseload

1.0 Local program staff will develop and enact caseload management policies and procedures to achieve and maintain 97% to 103% of the assigned caseload level set by the State. All caseload management decisions need to account for service to the highest priorities possible based on the federal nutrition risk priority system. Gradual changes are recommended as the full impact of adjustments in caseload management policies occur over a period of time.

1.1 Review the most recent monthly caseload reports in the TWIST state data system. Look at the participating caseload numbers and percent of assigned caseload met each month. The goal is to achieve and maintain a caseload as close to 100% as possible.

EXAMPLE: Serene County's WIC coordinator reviews the following TWIST reports each month:

- a. Certified Caseload-12 Month History
- b. Participating Caseload-12 Month History
- c. Percent of Assigned Caseload-12 Month History
- d. Percentage Not Receiving Food Instruments

1.2 Use state staff as a resource for technical assistance in interpreting reports and developing strategies. Talk with experienced coordinators to learn how they have handled caseload changes and to learn more about the art of managing caseload.

1.3 Compare caseload levels with trends and patterns from past reports. Maintain and evaluate records that identify caseload fluctuations that occur in response to changes made by the local program.

1.4 Determine immediate and long-term monthly caseload levels needed to meet assigned caseload goals, given prior caseload patterns. Incorporate adjustments for any anticipated program changes that might impact caseload levels in the future.

EXAMPLE: Closing or opening a new clinic site, changes in staffing patterns.

1.5 Keep staff and agency managers informed about caseload performance, the implications of current trends and possible impact of changes in caseload management policies. Involve them in making decisions.

1.6 Develop strategies to achieve immediate and long-term goals.

1.7 Take action. Implement selected strategies.

1.8 Maintain ongoing evaluations. Reassess plans as information changes.

1.9 Adjust goals and alter strategies as needed.

CASELOAD MANAGEMENT, *cont.*

- Increasing caseload* 2.0 Increase caseload levels when caseload is below assigned levels. Options for increasing caseload include, but are not limited to the following:
- Priorities* 2.1 Serve all priorities unless instructed differently by the State. If not serving all priorities, adjust priorities served to increase caseload to assigned levels.
- 2.1.1 Review the WIC Counts by Priority/Category report in TWIST. Look at the number of participants in each priority group to estimate the impact of proposed changes in priorities served on total caseload. Monitor the results of changes made.
- 2.1.2 Adjust priorities served carefully in order to facilitate gradual caseload increases and prevent large swings that are difficult to control.
- Outreach activities* 2.2 Increase outreach activities. See ♦470—Local Program Outreach.
- 2.2.1 Target populations in need of increased service, such as teen parents, Head Start families, ethnic groups, sight- or hearing-impaired individuals, isolated communities, Native American populations and OHP and food stamp recipients. Utilize census data to identify growing populations in the local area and develop plans to reach those groups.
- 2.2.2 Encourage word-of-mouth referrals. Develop “tell a friend” campaigns.
- 2.2.3 Distribute WIC information to local stores, clinics, agencies. Utilize posters, pamphlets, and fliers printed in languages spoken in the community. Contact the state program for available outreach materials.
- 2.2.4 Consider promotions via local newspapers and radio stations. Contact television stations regarding public service announcements.
- 2.2.5 See the Outreach section of the Oregon WIC website for additional ideas.
- 2.2.6 Contact the state WIC Outreach Coordinator for additional ideas and technical assistance to develop a local agency outreach plan.
- Appointment availability* 2.3 Increase the number of available appointments.
- 2.3.1 Add staff time by increasing existing staff hours or by hiring additional or temporary staff. Review staffing patterns and activities. Use volunteers or non-professional staff for support services, routine clerical tasks, and participant weighing and measuring, to increase availability of trained professional staff for certification appointments. Assure that all volunteers receive appropriate training for

CASELOAD MANAGEMENT, *cont.*

assigned tasks such as successful completion of the Oregon WIC Anthropometric Training Module prior to weighing and measuring participants.

2.3.2 Streamline service to reduce length of time spent per participant so additional appointments can be scheduled. Analyze participant movement through the clinic. Evaluate for logical traffic patterns with efficient flow of participants and staff. Look for duplication of service and grouping of task assignments. Identify problem areas, and plan for effective change. Contact the state program for information regarding analysis of clinic flow.

2.3.3 Consider group certifications.

2.3.4 Share staff from other health department programs, local WIC programs, doctors' offices, or other agencies, to assist with certification. Pursue integrated services when possible.

EXAMPLE: Community Health Nurses are trained to complete certifications in the home during home visits.

*Program
accessibility*

2.4 Increase accessibility to program services. Conduct participant surveys to identify barriers to service and to obtain responses to proposed changes.

2.4.1 Increase ease of phone contact with local program. Examine need for additional phone lines or operators. Consider answering machines to relay information and/or take messages when staff are unavailable or the clinic is closed. Provide adequate staff or volunteers to answer phones and return messages.

2.4.2 Extend clinic hours to include weekend, evening, early mornings, or lunch times.

2.4.3 Check availability of public transportation and free parking near clinic sites.

2.4.4 Assure barrier-free access for individuals with disabilities.

2.4.5 Consider additional clinic sites in under-served or isolated areas.

2.4.6 Have interpreters available for non-English-speaking or hearing-impaired participants.

2.4.7 Make program information available in alternate formats such as large prints, audiotapes, Braille, etc.

2.4.8 Provide adequate waiting room and clinic space to serve the number of participants being seen at each clinic site.

Show rates

2.5 Improve show rates. Review TWIST show rate reports. Evaluate data to identify specific problem areas and strategies for increasing efficiency. Show rates may vary depending on time of month, time of day, or type of appointment.

CASELOAD MANAGEMENT, cont.

- 2.5.1 Call participants the day before scheduled appointments. Send reminder postcards.
- 2.5.2 Allow participants to select appointment dates and times that best serve their needs.
- 2.5.3 Contact participants to reschedule missed appointments.
- 2.5.4 Adjust appointment schedules to compensate for show rates by over-booking appointments.
- 2.5.5 Create an on-call list of participants who are willing and able to come in on short notice to fill appointment slots that became available when participants cancel.

Seasonal workers

- 2.6 Adjust for caseload fluctuations of seasonal or migrant workers.
 - 2.6.1 Examine past caseload data and make allowances for increased staff and temporary clinic sites needed to provide adequate services in an efficient manner.

Decreasing caseload

- 3.0 Check with the state WIC program about the need to reduce caseload when caseload is above assigned levels. If so directed, options for reducing include, but are not limited to, the following:

Priorities

- 3.1 Focus service on the highest priorities. Service to lowest priorities must always be restricted prior to altering the availability of services to higher priorities. State must approve any restrictions of priorities served. See ♦670—Overview of Risk Criteria and Priorities.

EXAMPLE: Service to priority VI women must be discontinued before services to priority V children can be restricted.

- 3.1.1 Use the WIC Counts by Priority/Category report in TWIST for information on the number of participants served at each priority. Use this data to determine the degree of priority restriction needed to achieve assigned caseload levels. Adjust priorities carefully to achieve gradual caseload decreases and avoid excessive reductions that are difficult to control.

EXAMPLE: A coordinator determines that her agency is serving 200 priority VI women per month. To determine the estimated number of women who would not be recertified or added per month if she stopped serving priority VI participants, divide the total number by 6 months (200 divided by 6 = 33). She could estimate that this change in priorities served would decrease her caseload by about 33 participants per month.

CASELOAD MANAGEMENT, cont.

3.1.2 Consider setting priorities within a priority. This approach can be useful when gradual caseload changes are required.

EXAMPLE 1: Discontinue service to priority VI women who only have presumed eligibility as a risk factor.

EXAMPLE 2: When service to all priority VI women has been discontinued, consider serving priority V children only under four years of age. Remember that if any priority V children are served, all participants who are priority I, II, III, or IV must be served.

3.1.3 Restrictions of priorities served will be documented in TWIST. See policy 475 Waiting List for additional documentation requirements.

3.1.4 Develop a plan for informing participants, agency personnel, and the community regarding changes in service priorities. A consistent and clear message is important to avoid misinformation and allow for caseload maintenance. All WIC staff need to repeatedly emphasize that as many participants as possible will continue to be served.

EXAMPLE: If a local program is not serving priority VI participants, communicate that services will continue to all pregnant women, all breastfeeding women, all infants, most children, and some post-partum, non-breastfeeding women. Explain that the highest risk participants are served first when funding and caseloads are limited. This is a key message to repeatedly communicate to participants, other health department or agency staff and community partners.

*Appointment
adjustments*

3.2 Adjust enrollment of new applicants.

3.2.1 Use the Transaction Report in TWIST to determine the average number of terminations per month. Plan for new enrollments to meet but not exceed this number plus the number of no-shows for new enrollment appointments.

CASELOAD MANAGEMENT, cont.

EXAMPLE: A coordinator determines that her local program averages about 125 total terminations per month. This allows them to add 125 new participants each month to replace these terms and maintain caseload. The average show rate for new enrollments is 75%. $125 \text{ divided by } .75 = 167$. You will need to schedule 167 new appointments for the month in order to maintain your caseload, less than 167 to decrease caseload.

- 3.2.2 Transfers into the program will add to caseload numbers. Adjust the number of available new enrollment appointments to account for the average number of transfers into the program each month.
- 3.2.3 Serve highest priority new enrollments first. Enroll pregnant and breastfeeding women and infants before children. See Policy 605 Processing Standards for information on time frames for new enrollments.
- 3.2.4 Create a waiting list if requests for service outnumber available caseload slots. See policy ♦475—Waiting List.

Maintaining caseload

- 4.0 Maintain current caseload levels by gradually adjusting present caseload management policies when assigned caseload levels are being met.
 - 4.1 When policies for increasing or decreasing caseload have been implemented successfully and caseload levels approach assigned target, gradually adjust policies to allow for caseload to stabilize at assigned levels. Continue to evaluate caseload levels monthly to identify adjustments needed for on-going maintenance of the assigned caseload. ★

REFERENCES:

- 1. California WIC program. Administrative Policies and Procedures. *WIC Program Manual*, section 120-20. California Health Division, 1993.
- 2. Washington State WIC Program. Contracting. *Washington State WIC Manual*, Ch 2, Sect 2, pp 11-13. Washington Health Division, 1994.
- 3. Texas WIC Program. *WIC Outreach Ideas*. Texas Health Division, 1993.

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