
300.35

Caseload Management

Overview

Introduction

Agencies' participation numbers known as caseload. Funding is partially determined by the agency's past participation numbers. Contract performance measures and disincentives may be linked enrollment vs. active participation numbers. This policy contains guidelines to increase caseload, maintain caseload, and close the gap between enrollment and active participation numbers.

In this policy

This policy contains the following topics.

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Increasing Caseload

Measures to increase caseload

Agencies should work to increase caseload and close the gap between enrollment and participation numbers. Consider the following measures:

- Make clinic services available to additional participants through extended hours and/or change of location, and
- Continue with successful methods of outreach (see Policy 360.40).

Monitoring participant satisfaction

Provision of WIC services and outreach efforts should be driven by participant feedback. Monitor participant satisfaction with WIC services in the following ways:

- Surveys administered by the contract agency or state WIC office,
- Focus groups,
- Individual participant feedback, or
- Appointment “no show” rate.
- Information from Internet based sites

Note: A Participation Satisfaction Survey has been developed by the State WIC office that is available to use. This document is titled “WIC Participant Satisfaction Survey” and can be found in both English and Spanish on the WIC Web Portal.

Questions to consider

Consider these questions when trying to increase caseload and close the gap between enrollment and participation numbers:

- Why are participants not keeping appointments?
 - Why do participants not sign up to receive services or return for services?
 - Are clinic appointments convenient?
 - Is the clinic location accessible?
 - Is the cost of taking off work greater than the value of benefits to be received?
 - Where do “new” participants hear about WIC?
 - Is WIC accessible to working participants?
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Increasing Caseload, Continued

WIC Services Toolkits

Two WIC services toolkits have been developed for the use in assessing clinics and staff. The two toolkits are as follows:

- 1. Iowa WIC Services Clinic Assessment Tools** – This document has been developed to assess clinics. This assessment should be completed for the clinic that is scheduled for a clinic visit by State WIC office staff. The completed form should be posted to SharePoint one week before the scheduled clinic visit. Any staff member may complete the assessment (WIC Coordinator, Quality Improvement Lead, Support Staff, CPA, someone working outside of the WIC Program, etc.).
- 2. Iowa WIC Staff Observation and Assessment Toolkit** – This toolkit is available for WIC Coordinators and/or lead staff to observe and assess WIC staff with the purpose to strengthen the Participant-Centered Services Model.

Both of these toolkits can be found on the WIC Web Portal.

Note: These toolkits are modified versions of the Mid-Atlantic WIC Services Toolkit and the Western Region WIC PCE Assessment Tools for Participant-Centered Nutrition Education and Services created by Altarum Institute.

Waiting List

When state reaches maximum caseload

When maximum caseload is reached statewide, the state WIC office will direct agencies to implement the following measures to maintain caseload:

- Eliminate services to Priority VI participants.
- If necessary, eliminate services to a sub-group of Priority V participants. Subgroups are generally based on age but could be based on other factors as determined by the state WIC office.

Once these measures are done, then services would continue to be offered for other priority classes as follows:

- All new applicants qualifying as Priority I through IV must be served.
 - Current Priority I through IV participants are recertified when due.
 - Current Priority V children are recertified as caseload permits.
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Criteria for placement on waiting list

Determining the criteria for placement on the waiting list will be a joint decision between the state WIC office and local WIC agencies.

Starting a waiting list

The state WIC office will contact local agencies when a waiting list will be implemented. The waiting list will be managed within the WIC data system and include applicants who qualify for a priority class that is not being served. A waiting list may include:

- Postpartum women who were more than 18 years old at conception, and
- Priority V children.

Note: All applicants applying for WIC must be screened for medical risks before being placed on a waiting list, thus a certification appointment must be completed so the applicant's record is available in the data system.

Managing the waiting list

The state WIC office will notify agencies when participants from waiting lists can be added to the program. Add participants from the highest priority class first.

For example, if caseload had been limited to Priorities I, II and III, add participants in this order:

- Priority IV;
 - Priority V. Add Priority V children based on subgroups. If age is the basis for subgroups, add the youngest children first; and
 - Priority VI.
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