**I. FOOD DELIVERY**

(Please indicate) **State Agency: UT** for **FY 25**

**The Food Delivery State Plan checklist collects information regarding vendor and farmer / farmers’ market management as well as food delivery systems, food instruments, and electronic benefits. This checklist has combined the previous years’ checklists “I. Vendor Management” and “IX. Food Delivery”. Many questions pertaining to paper food instruments were removed, and the checklist was revised to capture the EBT environment. All new questions which were not pulled from either of the previous checklists, and new options for SAs to select in certain questions, are highlighted for ease of identification.**

**Vendor and farmer/farmers’ market management includes all those activities associated with selecting, authorizing, training, and monitoring, stores and farmers/markets participating in the WIC Program.**

**Food delivery accountability includes the issuance, redemption, and monitoring of the Retail Food Delivery System, and the procurement and delivery of supplemental foods to participants in the Home Food and Direct Distribution Delivery Systems.**

# **During disasters, emergencies, public health emergencies, or a supply chain disruption, the State agency may request to implement existing and allowable regulatory flexibilities or waivers to support the continuation of Program benefits and services. Waivers granted under Access to Baby Formula Act of 2022 (codified at 7 CFR 246.4a(30)) or temporary provision(s) authorized by Congress are not permanent amendments to the State Plan and should not be reflected in answers below. Instead, waiver flexibilities impacting Program benefits and services should be recorded in Appendix C. However, State agencies should consider any historical amendments as the result of waivers granted under prior waiver authority to develop policies and procedures for current and future disasters.**

# **GENERAL ADMINISTRATION**

# **HOME FOOD DELIVERY SYSTEMS**

7 CFR 246.4(a)(14), 7 CFR [246.4(a)(14)(viii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(viii)), 7 CFR 246.12(m):

Describe how the home delivery system operates including the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries. Include a description of specialty infant formula, if applicable.

# **DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS**

7 CFR 246.4(a)(14), 7 CFR 246.12(n):

Describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of safety. Include a description of specialty infant formula, if applicable.

# **RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS**

* + 1. **Electronic Benefit Transfer (EBT) Management** – 7 CFR [246.12(y)(4)(ii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(y)(4)(ii)):

Describe updates on any active EBT projects.

* + 1. **Food Instrument Overview** – 7 CFR [246.4(a)(11)(iii)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(11)(iii)), [(14)(i)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(14)(i)), [(vi)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(14)(vi)), [(xii)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(14)(xii)):

Describe the policies and procedures used by the State agency in producing, monitoring, and accounting for the use of food instruments.

* + 1. **Benefit Issuance** – 7 CFR [246.4(a)(11)(iii)](https://ecfr.federalregister.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246#p-246.4(a)(11)(iii)), [(14)(xx)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xx)); 7 CFR [246.12(r)(4)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(r)(4)); 7 CFR [246.4(a)(14)(i)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(i)), [(x)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(x)), [(xi)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xi)), [(xv):](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xv))

Describe the State agency's procedures for issuing food instruments to participants, including procedures for verifying identity, providing education on how to use food instruments, and proxy policies. Include alternative benefit issuance procedures for special circumstances.

* + 1. **Food benefit redemption and disposition** – 7 CFR [246.4(a)(14)(xiii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xiii)), [(xix)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xix)):

Describe the procedures used to monitor food benefit redemption and disposition and the management of lost/stolen/damaged food instruments.

# **RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT**

* + 1. **Participant Access** –7 CFR [246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14))(xiv), 7 CFR 246.12(l)(1)(ix):

Provide information about the State agency's definition of participant access.

* + 1. **Vendor Selection and Authorization** – 7 CFR [246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)), [(15)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(15)), [246.12(g)(3)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(g)(3)), [(8)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(g)(8)); 7 CFR

[246.12(h)(1)(ii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(h)(1)(ii)):

Describe limiting criteria, application periods, selection criteria, relevant exemptions (if applicable), how above-50-vendors are assessed, and if pharmacies are authorized. Attach a sample vendor agreement. Include description of peer groups, and a brief description of how the SA informs vendors of allowable infant formula providers.

* + 1. **Vendor Cost Containment** (including management of above 50 percent vendors) – 7 CFR [246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)), 7 CFR 246.12(g)(4)(vi):

If the State agency authorizes or plans to authorize any above-50-percent vendors, FNS must certify the State agency’s vendor cost containment system. For certification, the State agency must describe the competitive pricing and reimbursement methods implemented to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

1. **Vendor Agreements** –7 CFR 246.4(a)(14)(iii):

Describe information regarding the vendor agreement.

1. **Vendor Training** – 7 CFR [246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)), 7 CFR [246.12(i)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(i)):

Describe State and local agency procedures for training WIC Program vendors.

1. **Routine monitoring** – 7 CFR [246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)), 7 CFR [246.12(j)(2)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(j)(2)):

Describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency’s plans for improvement in the coming year.

1. **Administrative Review of State Agency** **Actions** – [7 CFR 246.4(a)(14)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)), [(a)(18)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(18)):

Describe the procedures for conducting both full and abbreviated administrative reviews.

# **RETAIL FOOD DELIVERY SYSTEMS: FARMERS AND FARMERS’ MARKETS**

(**if applicable**) – [7 CFR 246.4(a)(14)(iii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(iii)), [(a)(14)(xii)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-B/section-246.4#p-246.4(a)(14)(xii)), (a)(14)(v); 7 CFR [246.12(v)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(v)):

If the State agency allows farmers / farmers’ markets to transact cash value benefits, describe the farmer / farmers’ market agreement, monitoring, and training procedures.

# **GENERAL ADMINISTRATION**

* + 1. Which of the following food delivery systems does your State agency operate? Be sure to consider how the State agency provides specialty formula to participants.

[ ]  Home Food Delivery (please fill out section II)

[x]  Direct Distribution Food Delivery (please fill out section III)

[x]  Retail Food Delivery (please fill out sections IV, V, and VI)

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

# **HOME FOOD DELIVERY SYSTEMS**

[ ]  Does not apply (proceed to next section)

1. The State agency uses home food delivery systems to:

[ ]  Provide all WIC program foods

[ ]  Reach select remote / rural participants

[ ]  Reach select participants with mobility or transportation concerns

[x]  Provide specialty infant formula and/or medical foods

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

1. Home food deliveries take place:

[x]  Monthly

[ ]  Bi-monthly

[ ]  Every three month

[x]  Other (specify): When requested by the local agency due to participant hardship (e.g. complex medical issues that make it difficult to pick up in the clinic, lack of transportation with high medical needs, etc.)

1. Home food delivery vendors include:

[ ]  Dairies

[ ]  Private delivery service doing WIC business only

[ ]  Private delivery service

[ ]  Infant formula providers

[ ]  Hospitals

[x]  Other (specify): Contracted pharmacy, Red Rock.

1. Participants who receive home food delivery:

[x]  Are notified in writing of the types and quantities of food they will receive

[ ]  Indicate by authorized signature on FI, receipt, or signature device that supplemental foods were received

[x]  Are delivered only a one-month supply of supplemental foods per delivery

[x]  Other (specify): Verified by local staff the date shipment was received. Documented in SharePoint online ordering system.

1. Supplemental foods may be delivered:

[ ]  Only to the participant

[ ]  To the proxy

[x]  To any adult at home during time of delivery

[ ]  To anyone at home during time of delivery

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

1. Documentation:
	1. The forms verifying delivery are reconciled against vendor invoices:

[ ]  Weekly

[x]  Monthly

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

* 1. Signatures of participants who sign the receipt are compared to signatures on file:

[ ] Yes [x] No

1. Please attach a list of the names of contractors/providers that the State agency works with to provide Home Delivery services: Red Rock Pharmacy

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

# **DIRECT DISTRIBUTION FOOD DELIVERY SYSTEMS**

[ ]  Does not apply (proceed to next section)

1. The State agency uses direct distribution food delivery systems to:

[ ]  Distribute all WIC program foods

[x]  Distribute specialty infant formula and/or medical foods

[ ]  Distribute foods to accommodate the needs of select participants

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

1. The State agency uses:

[x]  One central warehouse and delivers directly to local agencies

[ ]  One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies

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

1. Warehouses are operated by:

[ ]  State agency

[ ]  Local agencies

[ ]  Other public agency

[x]  Under contract with private business

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

1. Warehouses used for WIC foods are also used to store other FNS program commodities (please specify which):

[ ]  Yes, Click or tap here to enter text. [x]  No

1. Foods are distributed to participants:

[ ]  Grocery store fashion

[x]  Pre-packaged

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

1. Upon receipt of foods, participants / caregivers / proxies are required to sign:

[ ]  A receipt for each food received

[x]  A receipt for all foods received (as a whole package)

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

1. Foods are distributed to participants:

[x]  Monthly

[ ]  Every three months

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

1. Participants with limited access to distribution sites can utilize:

[ ]  Home food delivery

[ ]  Cost-free transportation

[x]  Other (specify): N/A. Specialty formula and medical foods are picked up at the local WIC clinic.

1. Monitoring and Inventory Control: Describe the State agency’s methods for ensuring WIC supplemental foods are adequately received, in stock, and issued. Click or tap here to enter text.

Please indicate the provisions the State agency includes in its inventory control policies for direct distribution contractors:

[x]  Separation of duties for intake and inventory

[ ]  Stock rotation

[ ]  Performance of perpetual and physical inventory duties

[x]  ​Reconciliation against issuance records

[ ]  Other (specify): ​Click or tap here to enter text

1. Please attach a list of the names of contractors that the State agency works with to provide Direct Distribution Delivery services: Red Rock Pharmacy

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation):: II. Nutrition Services-Breastfeeding/Food Package Prescriptions/Ordering Formula from the State**

# RETAIL FOOD DELIVERY SYSTEMS: BENEFIT ISSUANCE AND FOOD INSTRUMENTS

**Electronic Benefit Transfer (EBT) Management**

* + - 1. Does the State agency have any future EBT changes planned?

[ ]  Yes [x]  No

* 1. If yes, what type of changes:

[ ]  EBT contract re-procurement

[ ]  Self-checkout installation at vendors

[ ]  Offline to Online EBT transition

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

* 1. If yes, please provide a short description of the type of changes and when they are expected to be implemented. Click or tap here to enter text.

**Additional information if applicable:** Click or tap here to enter text.

* + 1. **Food Instrument Overview**
			1. The State agency uses the following types of Food Instruments (check all that apply):

[x]  EBT card

[ ]  QR code

[ ]  Other (e.g., paper voucher): Click or tap here to enter text.

* + - 1. Please provide a description of the State agency's system for ensuring the accountability and security of food instruments and electronic benefits. Attach and cite relevant policies and procedures. IX. Food Benefit Accountability and Control/Card Inventory, IX. Food Benefit Accountability and Control/Benefit Issuance/Card Issuance, IX. Food Benefit Accountability and Control/Reconciling Benefits/Replacing Cards

**Additional information: Please provide a facsimile of the EBT card as an Appendix or cite the location in the State agency’s Food Delivery Policy: See Appendix**

* + 1. **Benefit Issuance**
			1. The State agency:

[x]  Requires participants to pick up food instruments at the local agency when scheduled for an in-person nutrition education or a certification appointment

[x]  Allows benefits to be issued remotely to participants except when the participant is scheduled for nutrition education or a certification appointment

[ ]  Mails food instruments to participants

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

* + - 1. The State agency requires the following proof of receipt when issuing Food Instruments:

[x]  Participant / caretaker / proxy signature confirming receipt

[ ]  Local agency staff initials

[x]  Documented in MIS

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

* + - 1. Mailing of Food Instruments:
1. The State agency provides local agencies with guidelines / procedures for mailing Food Instruments to participants:

[ ]  Yes [x]  No

1. The State agency has implemented the following policy regarding mailing Food Instruments (FI) (check all that apply)

[ ]  FI are sent first class mail \*(first class is considered *regular* mail)

[ ]  FI are sent registered mail

[ ]  FI are sent certified mail

[ ]  FI are sent restricted mail

[ ]  Return receipt is requested on FIs sent certified mail

[ ]  Envelope specifies, “do not forward, return to sender” or “do not forward, address correction requested”

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

1. The State agency approves mailing Food Instruments under the following conditions:

[ ]  Participant resides in rural area

[ ]  Participant is unable to visit clinic during operating hours (e.g., due to employment or childcare)

[ ]  Clinic management (e.g., temporary clinic closure)

[ ]  Participant safety (e.g., circumstances where participant safety can’t be guaranteed at the clinic location)

[ ]  Cost effectiveness (e.g., the clinic is temporarily understaffed)

[ ]  Public Health Emergency

[x]  Other (specify): Utah does not allow the mailing of eWIC cards except in rare circumstances approved by the state agency on a case by case basis.

1. When mailing Food Instruments, documentation of issuance is:

[ ]  Signed by participant at the next in-person appointment

[ ]  Documented in the MIS by local agency staff

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

1. Please describe how the state agency ensures program integrity in the mailing of food instruments: Click or tap here to enter text.
	* + 1. The State agency requires local agency staff to educate each new participant / caretaker / proxy regarding:

[x]  Authorized vendors / farmers

[x]  Transaction procedures

[x]  Transacting WIC-approved foods

[x]  Use of a proxy

[x]  Reporting problems / requesting assistance

[x]  Participant violations (i.e., selling WIC benefits)

[x]  Food Instrument security tips (i.e., regularly changing PIN)

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

* + - 1. The State agency’s proxy policy includes the following:

[ ]  Limits the number of participants a single proxy may sign for, except that a proxy may pick up Food Instruments for all homeless WIC participants in a facility

[ ]  Limits proxy to specified number of Food Instrument pick-ups

[ ]  Limits proxy to a minimum age

[x]  Limits proxy assignment to local WIC staff

[x]  Proxies are required to show identification card at Food Instrument pick up

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

* + - 1. What are the State agency procedures for providing customer service during non-business hours for participant / vendor / farmer inquiries?

[x]  EBT toll free number

[x]  Other (specify): participant and vendor eWIC portal provided by EBT host processor.

## Special Food Instrument Issuance Accommodations

* 1. The State agency has established food delivery procedures in cases of natural disaster and emergencies including:

[x]  Mailing food instruments

[x]  Remote benefit issuance

[ ]  Direct distribution

[ ]  Home food delivery

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

* 1. Does the State agency adapt its food delivery system to accommodate the needs of homeless individuals?

[x]  Yes [ ]  No

If yes, please cite and attach policy: IV. Organization and Management/Homeless and Domestic Violence Shelters, VIII. Certification, Eligibility and Coordination of Services/Homeless & Migrant Applicants/Homeless Applicants

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

* + 1. **Food Instrument Redemption and Disposition**
			1. The State agency system assures 100% disposition of all Food Instruments:

[x]  Yes [ ]  No

If no, specify the circumstances that prevent 100% disposition: Click or tap here to enter text.

* + - 1. For EBT systems disposition, does the State agency link the Primary Account Number (PAN) associated with the electronic transaction to valid issuance records? (This can be done by matching the electronic benefit record for the household to redemptions by the EBT card number (PAN) at the aggregate household benefit level.)

[x]  Yes [ ]  No

If no, specify how the State agency ensures disposition for EBT: Click or tap here to enter text.

* + - 1. Does the disposition happen within 120 days of the first date of use for the participant?

[x]  Yes [ ]  No

If no, specify when disposition occurs: Click or tap here to enter text.

* + - 1. Customer Service Standards
	1. The State agency’s customer service procedures enable participants or proxies to do the following during non-business hours:

[x]  Report a lost/stolen/damaged card

[x]  Report other card or benefit issues

[x]  Receive information on the EBT food balance

[x]  Receive the current benefit end date

[x]  Other (specify): Change PIN or unlock card.

* 1. Describe how the State agency responds to reports of lost/stolen/damaged cards within one business day of the date of the report. Cards are deactivated by clinic staff on the same business day or the next business day for after-hours calls. Cards reported lost through the EBT contractor’s online portal are deactivated immediately.
		+ 1. Lost / Stolen / Damaged Food Instruments - Please attach and cite the policies and procedures for replacing lost, stolen, or damaged Food Instruments, including how the associated benefits are transferred within seven business days. IX. Food Benefit Accountability and Control/Reconciling Benefits/Replacing Cards

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

# **RETAIL FOOD DELIVERY SYSTEMS: VENDOR MANAGEMENT**

1. **Participant Access**
	1. Please provide the State agency definition for participant access. Include full criteria, including geography, density, and any other parameters in your response: If there are no other WIC vendors within twenty (20) miles.

**ADDITIONAL DETAIL – Food Delivery Appendix and/or Procedure Manual (citation): See Section III State Operations\I. Vendor Management\Appendix\Vendor Authorization**

1. **Vendor Selection and Authorization**
2. Number and Distribution of Authorized Vendors
3. Does the State agency use limiting criteria to limit the number of vendors it authorizes?

[x]  Yes [ ]  No

1. If yes, check and specify the type(s) of criteria used (e.g., vendor / participant ratio of 1:100 per county):

[x]  Vendor / participant ratio (If the participant/vendor ratio is less than 200:1 for matching participant/vendor zip codes, the Utah WIC program will not authorize new vendors within the zip code location unless the vendor is eligible for a limiting criteria exception.)

[ ]  Vendors / local agency ratio

[ ]  Vendors / local service area or county ratio

[ ]  Vendors / geographic area

[ ]  Vendor / State agency staff ratio

[ ]  Statewide cap on the number of vendors

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

1. Vendor Application periods:
2. The State agency considers applications:

[x]  On an ongoing basis

[ ]  Annually in Choose an item. for a new agreement that begins in Choose an item.

[ ]  Every two years (specify month): Choose an item.

[ ]  Every three years (specify month): Choose an item.

[ ]  Any time there is a participant access need

The State agency is currently under a:

 [ ]  Federal Moratorium

 [ ]  State agency – imposed deferral of application processing

[x]  Other (specify): Applications for new vendors are processed ongoing except during the last three months of the vendor agreement period while state staff are working on agreement renewals for existing vendors.

1. If the State agency does not accept applications on an ongoing basis, please explain how the State agency processes applications if it is determined there will otherwise be inadequate participant access: Click or tap here to enter text.
2. Vendor Selection and Authorization
3. The vendor selection criteria used to select vendors for program authorization includes:

Required criteria:

[x]  EBT capable as defined in 7 CFR 246.12(aa)(4)(ii)

[ ]  Competitive price criteria based on:

 [ ]  Market basket prices

 [x]  Vendor applicant prices

 [x]  WIC redemption data

 [ ]  A State agency standard drawn from a price survey

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

[x]  Minimum stocking requirements (MSR) that include the federal minimum. MSR are:

 [ ]  Statewide

 [x]  Peer group specific

 Please attach a copy and cite: See Section III State Operations\I. Vendor Management\Appendix\Food Inventory Requirements

[x]  A requirement to obtain infant formula only from sources included in the State agency’s list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U.S. Food and Drug Administration

[x]  A business integrity criteria that includes:

[x]  No history during the past six years, among the vendor’s owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(ii)

[x]  No history of other business-related criminal convictions or civil judgments

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

[x]  Lack of current SNAP disqualification or civil money penalty for hardship per 7 CFR 246.12(g)(3)(iii)

[ ]  Incentive items management (if the State agency is certified to authorize A50 vendors) (specify): Click or tap here to enter text.

Optional criteria

[x]  A requirement to stock a full range of foods in addition to WIC supplemental foods

[x]  Redemption of a minimum value/volume of food instruments and CVBs

[ ]  Satisfactory compliance with previous vendor agreement

[x]  Certification by an approved State or local health department

[x]  Proof of authorization as a SNAP retailer, including SNAP authorization number

[x]  Lack of previous WIC sanctions

[x]  Hours of operation which meet State agency criteria (specify): Click or tap here to enter text.

[x]  Other (specify): Limitations on gasoline sales to 50% of total sales, alcohol & tobacco combined sales limited to 25% of total sales.

1. Infant formula: Please attach or briefly explain the policies and procedures for compiling and distributing to authorized WIC vendors, on an annual or more frequent basis, a list of authorized infant formula wholesalers, distributors, and retailors: Posted on state agency website: https://wic.utah.gov/vendors/approved-manufacturers/
2. Does the State agency assess all vendor applications not meeting selection criteria for participant access?

[x]  Yes [ ]  No

Describe or attach and as an appendix the procedures used for assessing vendor applications for participant access: See Section III State Operations\I. Vendor Management\Appendix\Vendor Authorization

1. Does the State agency authorize mobile stores?

[ ]  Yes [x]  No

If yes, please explain the special need:

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

1. **Vendor Cost Containment**
2. Assessing for above-50-percent (A50) status:
	* + - 1. Does the State agency authorize any vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e. A50 vendors)?

[ ]  Yes, please attach a copy of the latest FNS-approved certification and cite as an Appendix Click or tap here to enter text.

[x]  No

* + - * 1. When does the State agency assess vendors for above-50-percent status?

[x]  At authorization

[ ]  6 months after authorization

[ ]  Annually

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

* + - * 1. How does the State agency assess vendors for above-50-percent status?

[x]  Use the Potential A50 Vendors report in FDP (previously WIC-6 in TIP)

[x]  Collect food sales documentation from vendor

[ ]  Collect food sales documentation from another agency (specify):

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

* + - * 1. If the State agency authorizes above-50-percent vendors, please provide a copy of the State agency’s policies and procedures on incentive items in accordance with 7 CFR 246.12(g)(3)(iv). Click or tap here to enter text.
1. **Vendor Peer Groups** (If the State agency has an exemption to use an alternative cost containment system instead of a vendor peer group system, proceed to question 3)
	1. Does the State agency establish distinct competitive price criteria and maximum allowable reimbursement levels for each vendor peer group?

 [x]  Yes [ ]  No

* 1. Briefly describe how the State agency considers participant access by geographic area when establishing competitive price criteria and maximum allowable reimbursement levels. See Section III State Operations\I. Vendor Management\Appendix\Vendor Authorization
	2. Are vendors assigned to peer groups for selection / authorization?

[x]  Yes [ ]  No

* 1. Are vendors assigned to peer groups for reimbursement purposes?

[x]  Yes [ ]  No

* 1. Peer groups are based on the following:

[ ]  WIC sales volume

[x]  Gross food sales

[x]  Number of cash registers

[x]  Square footage

[x]  Type of Store

[x]  Location of store

[ ]  Local agency service area

 [ ]  City, county, or regional divisions

 [x]  Urban, suburban, rural, island

 [ ]  ZIP codes

 [x]  Other (specify): Ownership structure

* 1. Has the State agency received approval for an exemption from the requirement to use geography as one of the criteria for developing the peer groups?

[ ]  Yes - date of most recent FNS approval: Click or tap here to enter text.

[x]  No

* 1. The State agency assesses the effectiveness of its peer group system and competitive price criteria to enhance system performance:

[ ]  Annually

[ ]  Biennially

[x]  Every three years

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

* 1. How does the State agency assess the effectiveness of its peer group system and competitive price criteria? Click or tap here to enter text.
		1. Provide date of most recent FNS peer group assessment of effectiveness per 7 CFR 246.12(g)(4)(ii)(C): Click or tap to enter a date.
		2. Using the Vendor Peer Groups Chart (see Attachment 1), describe the peer groupings that the State agency plans to use during the upcoming fiscal year (e.g., supermarkets, medium and small grocery stores, convenience stores). 
1. **Vendor Exemptions**
	1. If the State agency has no peer group system, and instead uses an alternative cost containment system:
		1. Has the State agency received approval for an exemption from the vendor peer group system requirement (7 CFR 246.12(g)(4)(v))?

[ ]  Yes, date of most recent approved exemption Click or tap to enter a date.

[ ]  No

* + 1. Describe the State agency’s alternative system for comparing the prices of new vendor applicants and currently authorized vendors and selecting for authorization or reauthorization vendors that offer the program the most competitive prices: Click or tap here to enter text.
	1. Does the State agency exempt from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants?

[x]  Yes [ ]  No

If yes, please provide the notification sent to FNS explaining the exemption.

Utah uses a single pharmacy contractor selected through an RFP process and evaluated for competitive price criteria.

* 1. Did the State agency exempt non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria?

[ ]  Yes [x]  No

1. **Vendor Agreements**
	* + 1. Please provide a copy of the State agency’s current standard vendor agreement as an appendix and cite: Click or tap here to enter text.
			2. Describe how the State agency transmits to vendors the sanction schedule and the process for notification of violations. See Section III State Operations\I. Vendor Management\Appendix\Vendor Violations and Sanctions
			3. Does the State agency use a nonstandard vendor agreement to meet any unique circumstances (e.g. commissaries, etc.)?

[ ]  Yes, if yes, please attach a copy of the agreement as an appendix and cite: Click or tap here to enter text.

[x]  No

* + - 1. Does the State agency delegate the signing of vendor agreements to its local agencies?

[ ]  Yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity: Click or tap here to enter text.

[x]  No

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

1. **Vendor Training**
2. Does annual vendor training cover the required content in 7 CFR 246.12(i)(2)?

[x]  Yes [ ]  No (please explain why): Click or tap here to enter text.

1. Vendors or vendor representatives receive training on the following occasions and / or through the following materials:

[x]  On-site (in-store) meetings/conferences

[x]  Off-site meetings/conferences

[ ]  During routine monitoring visits (e.g., educational buys)

[x]  When specialized technical assistance is requested

[x]  Written materials (e.g., newsletters)

[x]  Audio or video recordings

[x]  Teleconference, video conference, or webinars

[ ]  Vendor hotline

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

1. Vendors or vendor representatives receive interactive training as follows:

[x]  At or before initial authorization

[x]  At least once every three years

[ ]  Annually or more frequently than once every three years

1. Delegation of Vendor training
	1. The State agency delegates its vendor training to:

[ ]  None (State agency conducts all vendor training)

[x]  Local agencies

[ ]  A contractor (specify):

[ ]  A vendor association / representative (specify):

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

* 1. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the training party to ensure the uniformity and quality of training: See Section III State Operations\I. Vendor Management\Appendix\Vendor Training, and Section II Local Policies\I. Vendor Management\Vendor Training
1. Documentation of Vendor Training
	1. Please describe how the State agency documents the content of and vendor participation in vendor training. See Section II Local Policies\I. Vendor Management\Vendor Training

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

1. **Routine Monitoring**
2. Routine monitoring visits
	* + - 1. Visits are conducted by:

[x]  State agency staff

[x]  Local agency staff

[ ]  Contractor

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

* + - * 1. If not conducted by the State agency, please provide a description of the supervision and instruction provided to the monitoring party to ensure the uniformity and quality of monitoring: See Section II Local Policies\I. Vendor Management\Vendor Monitoring
				2. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit:

[x]  Random selection

[ ]  Periodic / scheduled training

[x]  Periodic / scheduled review

[x]  Complaints

[x]  Other (specify): High risk analysis

1. Vendor monitoring improvement plan - Please briefly describe the State agency’s plan to follow up on last year’s monitoring results in the coming fiscal year: Click or tap here to enter text.
2. Vendor Sanctions
	* + - 1. Attach the State agency’s sanction schedule and the process for vendor notification. Cite attachments: See Section III State Operations\I. Vendor Management\Appendix\Vendor Violations and Sanctions
				2. Does the State agency’s sanction schedule contain the required vendor sanctions as described under regulation 7 CFR 246.12(l)?

[x]  Yes [ ]  No

If no, please explain why: Click or tap here to enter text.

* + - * 1. Does the State agency impose civil money penalties in lieu of permanent disqualifications?

[x]  Yes [ ]  No

If yes, please describe the instances in which this occurs: i. The State Agency may impose a civil money penalty in lieu of a permanent disqualification when it determines, in its sole discretion, and documents that: 1. A permanent disqualification would result in inadequate participant access; and 2. At the time of the violation, the vendor had an effective policy and training program in effect to prevent trafficking and the vendor owners were not aware of, did not approve of, and were not involved in the conduct of the violation. This requires that such polices must have been documented and dated in writing prior to the violation and that the training was conducted and documented prior to the violation.

* + - * 1. Pursuant to [§ 246.12(l)(1)(i)](https://www.ecfr.gov/current/title-7/section-246.12#p-246.12(l)(1)(i)) - In lieu of disqualifying a vendor for trafficking convictions, does the State agency choose to impose a civil monetary penalty when it determines and documents that:

​​☐​ (A) Disqualification of the vendor would result in inadequate participant access; or

​​☐​ (B) The vendor had, at the time of the violation, an effective policy in place to prevent trafficking; and the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation.

If yes, how many times has the State agency used this option in the previous two fiscal years? ​Never.​

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

1. **Administrative Review of State Agency Actions**
	* 1. Please attach a copy of the administrative appeals process for vendors, farmers, and farmers’ markets (citation): ​ **See Section III State Operations\I. Vendor Management\Appendix\Administrative Review**

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

# **RETAIL FOOD DELIVERY SYSTEMS: FARMERS / FARMERS’ MARKETS**

[x]  Does not apply

* 1. **Food instrument:**
		+ - 1. Please describe the type of food instrument used for CVB at farmers’ markets:

[ ]  QR code sticker

[ ]  QR code on mobile app

[ ]  Printed QR code

[ ]  Mobile wallet

[ ]  EBT card

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

* 1. **General Management**
		+ - 1. Is CVB at farmers’ markets state-wide?

[ ]  Yes [ ]  No, selected areas (specify): Click or tap here to enter text.

* + - * 1. Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?

[ ]  Yes, to whom? Click or tap here to enter text. [ ]  No

If yes, which tasks?

[ ]  Authorization / agreements

[ ]  Monitoring

[ ]  Training

[ ]  Administrative reviews

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

* + - * 1. Does the State agency authorize farmers / farmers’ markets to accept CVB based on authorization by the WIC Farmers’ Market Nutrition Program (FMNP)?

[ ]  Yes [ ]  No

If no, please describe the selection criteria: Click or tap here to enter text.

* 1. **Agreements:** Please provide a copy of the State agency’s current farmer / farmers’ market agreement as an appendix and cite: Click or tap here to enter text.
	2. **Training:**
		+ - 1. How often is training conducted for farmer / farmers’ markets?

[ ]  At or before initial authorization

[ ]  Annually

[ ]  At least every three years following initial authorization

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

* + - * 1. How is training conducted?

[ ]  Newsletter

[ ]  Web-Based Training

[ ]  Video Conference

[ ]  In person

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

* + - * 1. Training is conducted by:

[ ]  State agency

[ ]  Local agency

[ ]  Contractor

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

* + - * 1. If training is conducted by an entity other than the State agency, please provide a description of the supervision and instruction provided to the entity responsible for training to ensure the uniformity and quality of this Training: Click or tap here to enter text.
	1. **Monitoring:**
		+ - 1. Farmers/farmers' markets are included in the:

[ ]  FMNP sample of farmers / farmers’ markets for monitoring

[ ]  WIC sample of vendors for monitoring

[ ]  Other (specify):

* + - * 1. Monitoring includes:

[ ]  Covert methods, such as compliance buys

[ ]  Overt methods, such as routine monitoring

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

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