

3. Illinois Site Visit Summary Report

I. Background

The Illinois WIC agency in Springfield was visited during the week of August 28, 2000. The two local agencies visited during our site visits were the Community and Economic Development Association of Cook County, Inc., (CEDA) and the Springfield Urban League (including the Community Health Training Center) in Springfield.

WIC Program Organization

The Illinois WIC Program encompasses approximately 100 agencies, and serves about 240,000 participants. More than 80 of these agencies are in county health departments. Several agencies in Chicago are run by community organizations, hospitals, or federally qualified health centers in addition to the largest provider, the Chicago Department of Public Health. The contracts that the State agency has with these organizations are renewed annually. The Illinois WIC Program receives \$107 million in food funds, \$38.8 million in NSA funds, and \$62 million in rebates.

The State agency describes Illinois as mostly rural and, with the exception of the Chicago area, very similar to other agricultural Midwestern states. Of the 11 million residents of Illinois, approximately 8 million are living in the Chicago area. The number of participants falling into the migrant category is somewhere between 700 and 1,000 with this number remaining fairly stable each year. There are currently no eligible participants who are denied services due to lack of funding or who have been placed on waiting lists.

Integrated System of Health Services

Integration of services is an important focus of the State agency. The Department of Human Services integrated the maternal and child health services, so that staff and participants would not have to duplicate paperwork and record keeping. The Cornerstone MIS currently used by WIC agencies was developed with this in mind, and is an essential element in service integration, making enrollment and records available to all programs within the system. It also enables users to match participant needs with appropriate referrals. Illinois considers the WIC Program as the “gateway to healthcare.”

Frequent referrals are made to KidCare, a program that provides medical care for children. KidCare receives state funding and is considered to be an extension of Medicaid. Other referrals are made frequently to Temporary Assistance for Needy Families (TANF). For those who do not meet eligibility requirements for WIC (child age 5 or postpartum over 6 months), but are still in need of assistance, a referral may be made to the Commodity Supplemental Food Program (CSFP) which can provide USDA commodity food. The need for community outreach to get eligible participants enrolled in the appropriate programs resulted in the establishment of Family Case Management, a service which provides home visits to families, and makes appropriate referrals to maternal and child health services, including WIC.

At the State agency level, the WIC Program falls under the Bureau of Family Nutrition. This is overseen by the bureau chief, who supervises the following four sections:

- Nutrition Services (breastfeeding, nutrition resources, regional nutrition)
- Special Supplemental Nutrition Section (WIC banking, farmer’s market, CSFP, WIC vendor management)
- Administrative Support (office staff)
- Public Service Administration (includes WIC vendor compliance).

At the local agency level, the WIC program director oversees operations at the agency and all the clinics that fall under it. Certification, prescription of food packages, and nutrition education are all responsibilities of the certifying health professional (CHP). The position of CHP may be filled by any of the following: registered dietician, nutritionist (Bachelor or Masters level), registered nurse, or home economist (Bachelors with an emphasis in nutrition).

Many of the duties of the CHP can be performed by the registered dietetic technician (DTR) under direct, onsite supervision of the CHP. The breastfeeding peer counselor (BFPC) must have certification in a breastfeeding peer counselor program, and is responsible for promoting breastfeeding in the clinic and the community. These tasks are performed under the direct supervision of the CHP. Local agencies also frequently employ clerical staff to assist with interviewing for obtaining income, residency, and identification documentation and entry of the data into the computer system.

Illinois fully recognizes the importance of solid training for staff, and has at its disposal the Community Health Training Center (CHTC) which was developed as a joint venture between CHTC and the Springfield Urban League. This center provides “maternal/child health and nutrition-related programmatic and computer-based instruction to all local and State human service employees to help their clients achieve maximum self-sufficiency through integrated family oriented services.” CHTC just received accreditation from the American Dietetic Association for continuing education, and works in conjunction with several local colleges to offer college credit.

Cornerstone Management Information System

The management information system currently in use by the WIC agencies in Illinois has been named Cornerstone. It is a PC and local area network-based system that is distributed to over 300 community health service locations. Statewide administrative staff as well as agency staff were consulted in the system’s development. Cornerstone was developed with the State agency’s philosophy about the importance of integration of services in mind. The Department of Human Services wanted a system that would share information between all of its maternal and child health programs, and Cornerstone does this. Cornerstone has the following features built in:

- Common enrollment component that allows participant information to be entered one time, then made available to all other service providers within the Cornerstone system
- Automated Care Plan, which generates service goals using participants’ answers to a series of standardized questions which assess prenatal or child healthcare, nutrition, and child safety

- Scheduling and referral process, which matches the participant's needs with available providers (both internal and external)
- Wide-area network which allows staff to access service history data (such as immunization history) when participants change clinics
- Confidentiality protection that allows staff to flag certain information so that it is only available to that site or that particular staff member.

As a part of the Cornerstone project, the Illinois Department of Human Services formed a partnership with Illinois Primary Healthcare Association (IPHCA). IPHCA handles certain administrative aspects of the system, such as:

- Cornerstone Call Center, a customer support helpline
- Cornerstone Quality Enhancement System Team (CQUEST), which manages the system's ongoing enhancement and development of the system-also monitors reports from local agencies and keeps records of call resolution information
- Cornerstone Network Support, which provides support for hardware and communications difficulties at participating agencies
- Cornerstone Solution Center, which makes repairs, tracks inventory and performs maintenance
- Cornerstone Asset Management, which maintains records of all Cornerstone system equipment
- Cornerstone Onsite Support, which provides contact with sites, changes to clinic sites, and coordination of moves

This award-winning system is viewed by the State agency as an invaluable tool in the prevention of fraud and abuse. The system has many built-in functions that aid in the detection and prevention of fraud and abuse, such as:

- Checks for dual participation
- Makes automatic conversion from infant to child
- Does not allow an agency to print checks that are outside the range of designated check numbers for that agency
- Provides staff with ability to identify patterns of issuance or redemption that are unusual
- Forces staff to enter all necessary information

- Will not allow user to proceed until income documentation is done, and will indicate if applicant's income is above program levels
- Detects whether a vendor is current before authorizing payment of checks
- Performs quick and accurate reconciliation and inventory of checks
- Can generate end of day report so checks can be inventoried
- Automatically terminates a participant who has not been active in the program for 2 months
- Can place a "lock" to restrict access to the file of participant who is also a staff member.

In addition to these built-in controls, the system maintains records, cuts down on the amount of writing, and speeds up the flow of clinic activities. This in and of itself is an effective control against fraud and abuse because it reduces the amount of time it takes staff to perform their duties, and reduces the likelihood that certain policies and/or procedures might be overlooked due to time constraints.

Local Agency Management Evaluations

The State agency conducts management evaluations of local agencies on a biannual basis. The evaluation form used by the State agency covers the following areas: administration, certification observation, outreach and civil rights, and program integrity. The evaluator makes suggestions for improvement, and the agency must provide a written response describing their plan of action in correcting these problems. Although it is not required, the State agency reports that local agencies do chart audits every 6 months.

Special Anti-Fraud Initiatives

Illinois has implemented a unique method for obtaining the cooperation of local law enforcement, and the State attorney general's office. The Illinois WIC Program has drawn up contractual agreements with the State police, and the Office of Attorney General to prosecute cases of criminal fraud and abuse. In the past, these cases have typically involved vendor fraud and abuse. Although this kind of support involves significant costs (\$400,000 to State police and \$80,000 to State's attorney general), the program considers it money well-spent. They also contract with an outside agency to perform compliance buys with their vendors. The funding for these contracts comes from NSA funds, and the State agency reports that they have chosen to put the money into these areas rather than hire additional staff. Their ability to do this, when many other states are experiencing staffing hardships, may be a result of having a comprehensive MIS, which eliminates a lot of the time staff would otherwise be spending on paperwork.

WIC Food Centers

Although Illinois is largely a rural state, it has within its borders the large city of Chicago, with its areas of concentrated poverty. According to the State agency, the WIC Program had trouble with vendor fraud, as honest vendors often avoided operating in these areas. The food centers were developed in an effort to deal with this problem. The food centers are operated in Chicago

by Catholic Charities, which contracts with the State agency. These WIC food centers stock only WIC-approved foods and accept only special WIC food coupons. The elimination of cash makes the food centers unattractive candidates for fraudulent activities.

Complaints about staff, participants or vendors always receive followup. If a complaint is made about a vendor, the State agency's vendor unit will investigate. Complaints made about staff or participants are investigated by State or regional staff.

II. WIC Program Operations and Processes

A. Certification

Online System for Screening and Certification

Illinois' Cornerstone MIS allows for screening and certification information to be entered directly into the computer at the time it is obtained. When scheduling an appointment, the applicant's first and last name, date of birth, and a unique identification number assigned onsite are entered into the system. Participants' Social Security numbers are requested at each visit until they are provided by participants, but lack of this number will not halt the process of certification or receipt of benefits. Once participant information is entered into the system, the MIS will check overnight for dual participation based on the information entered.

The system requires entry of information on income, residency, identification in order to proceed with certification. Cornerstone will perform an income calculation based on information entered and will let the user know if the applicant is over acceptable income levels. The system provides a built-in control in that it will not allow the user to proceed with certification until the income calculation is completed. If adjunctive eligibility is to be established, the applicant must provide documentation of participation in the program(s) involved. If an applicant cannot provide documentation of current participation in TANF or Medicaid, the staff have access to an 800 number where they can call to verify that the applicant is currently enrolled.

It is the policy of the WIC Program in Illinois not to print checks until all information is brought in, so that ineligible applicants cannot receive even a 30-day supply of benefits for which they are not entitled. Cornerstone cuts down on the amount of time needed to certify participants because there is little need for manual paperwork. Cornerstone is an integrated system shared by all State maternal and child health programs, so much of the information needed may already be in the system, and available to staff upon demand.

Documentation of Identity, Residence and Income

Applicants must provide appropriate documentation of identity, residency and income (or adjunctive eligibility) in order to receive checks. This information is also required at each recertification. Applicants are also asked to provide proof of pregnancy. If proof of pregnancy is not available at certification, the applicant may receive benefits, but has to provide this proof within 90 days. While the possibility of a participant receiving benefits secondary to falsifying a pregnancy exists, the 90-day waiver limits the amount of benefits which may be obtained fraudulently without posing an unreasonable barrier to eligible women who may not have had the opportunity to schedule a doctor's appointment. Some of the agencies that are not operated by a health department do not offer pregnancy tests, but will refer applicants to the health department

to get one. County health departments offer pregnancy tests, with charges based on a sliding scale. The cost is usually about \$5, and can be billed to Medicaid. If an applicant cannot afford to pay, the test will be done free of charge.

Dual Participation Check

The Cornerstone system will check for dual participation based on the information entered when the applicant calls for an appointment. The system checks first name, last name, date of birth, and unique ID number. Typically when participants call in, this information is entered, and if the system finds cases of possible dual participation, a message will appear on the screen the next morning that this may be a dual participation. The system places a lock on this file which only the clinic's coordinator can remove.

The coordinator would ask the applicant about this at the certification appointment, and will allow certification to continue only after this issue has been resolved. Walk-ins are uncommon, but if an applicant should show up with all appropriate documentation, the computer will inform the staff entering the information if a possible dual participation has been found. The system provides immediate indicators if the potential participant is already on WIC and if necessary the system would not at this point prevent the staff member from proceeding. It would be the responsibility of the staff to resolve such issues prior to proceeding.

As this check is performed prior to certification, the likelihood that dual participation would be discovered after someone has received benefits fraudulently is greatly diminished. In addition, the State agency prints a monthly dual participation report to alert staff about cases that may have slipped through the initial check.

Participants are not permitted to receive benefits from WIC and CSFP at the same time. CSFP records are not accessible through Cornerstone, so applicants are asked at certification if they are receiving benefits from CSFP.

Automatic Termination and Conversion

As a control against fraud and abuse, Cornerstone prevents staff from printing checks for a participant whose certification period has expired. Once the participant has been recertified in the system, checks can be printed. Cornerstone also automatically converts infants to child status to prevent the receipt of expensive formula when it is no longer needed.

Separation of Duties/Controls on Certification Authority

Documentation of identity, residency and income is typically verified and entered into the system by a clerk. The CHP would review and approve this, complete certification, and prescribe a food package. It is not unusual for the same employee to do the initial certification and check issuance. While the agencies recognize the importance of separation of duties, clinic flow and staffing issues are often an impediment.

If a staff member is participating in the Program, all appointments are scheduled on their time, records are reviewed regularly, and a "lock" can be put on the file in Cornerstone so that only the local director has access to it. Each staff member has a code that allows entry into Cornerstone. This code will only allow access to screens that are necessary for the duties performed by that

staff member's position. The user number allows a staff member's actions to be traced and monitored for evidence of irregularities.

Changes in Food Package/Special Formula

It is possible for changes to be made to a participant's food package both before and after checks have been issued. Since checks are printed on demand, staff can change the food package before the checks are printed. If the food package needs to be changed after checks have been printed, checks that must be voided in the system before new checks can be printed. Special formulas are usually expensive, so they are provided only with a doctor's prescription. Even then, the agency must get approval from the State nutritionist, who receives and monitors reports about issuance of special formulas. This allows the State agency to keep tight controls on distribution of this formula, and the reports would flag any agency or staff member who might be issuing an unusual amount of it.

Reliance on Outside Providers for Blood Work and Measurements

At certification, height, weight and hematocrit data must be obtained from each applicant. How often these values are retaken depends on the category the participant falls into (ie: those at a high risk nutritionally will have this repeated more frequently). This information can be taken at the clinic or provided by a qualified medical professional, but the referral document must include the applicant's name, date of birth, date measurements were taken, physician's name, address, phone number and signature. If the data is questionable or the physician unknown to staff, a call will be placed to the doctor's office to verify the information.

B. Food Instrument Issuance and Management

Handling of Food Instruments

Illinois has a very comprehensive system in place for handling of food instruments. Blank food instruments are shipped to the local agency, who then sends a document back indicating which checks they received. Food instruments have preprinted serial numbers and MICR-encoding, but the participant information, food prescription, maximum amount and "use by" dates are printed upon demand by the computer. The background of the check is watermarked and the word "VOID" will appear on any photocopied checks.

When the State agency ships a box of checks to a local agency, the State agency assigns those serial numbers to that local agency. Clinics can only print checks that contain the serial numbers designated to them in the system. This is a control against a serial number being used at more than one site. The checks are single copy with a stub that is retained as a record of the food instrument printed. Upon receipt of a box of checks, the agency enters the range of check numbers into the computer.

The system will not allow anyone at this agency to print checks outside of this range. Sometimes it is necessary to ship a box from one agency to another. If this occurs, the State agency must be notified. One person in each clinic is identified as the person responsible for the checks. Designating a certain staff member as the person responsible for the checks is an important control in that it eliminates the diffusion of responsibility that may accompany a task that is "nobody's job" in particular. Blank checks are kept in locked cabinets when not in use, and are left in the printer when in use.

Check Issuance

WIC checks are printed on demand with participant information, food prescription, “use by” dates and maximum amount. Participants must show identification to pick up checks. What type of ID is up to the local agency, as long as it is something other than the WIC ID folder. Participants sign the check stub upon receipt of their checks. Proxies follow the same procedure for check pickup. The stub is retained by the clinic as a part of its records. Clinics do not replace lost checks. Checks may be reissued under certain circumstances, such as theft or fire, if approved first by the State agency. Checks may be sent to a participant via certified mail under certain circumstances such, as when a participant is bedridden and cannot come to the clinic. This can only be done after the State agency grants approval. State agency staff reported that they cannot remember a time when this has been necessary.

C. Food Instrument Transaction and Redemption

When transacting checks, participants must show WIC ID folders and must sign the checks at the register. It is up to the cashier to make sure the signatures match. After the participant cashes the checks, the vendor deposits them in a local bank. Illinois has a contract with PDA Software Services, Inc., to handle check processing. PDA uses a contract bank to process WIC checks. When the checks are presented for redemption, the contract bank checks them against a list given to them by PDA which includes all check numbers that have been issued, the valid dates, maximum amounts, and participant name.

If something doesn’t match what is on the list, it is returned to PDA. PDA also looks for signatures, vendor stamps, and possible alterations. Any check that does not pass this inspection is returned to the vendor or the State agency for a secondary review. The State agency will decide which checks to pay if any, and what amount. All checks created by local agencies are reconciled to obligation records that are uploaded and transferred to PDA. The State agency gets an image of all processed checks on CD one week after redemption.

Use of a system that allows for checks to be printed on demand is a strength of the program. This results in fewer voids and unclaimed checks to keep track of. Illinois has a strong system in place for tracking checks that have been printed and/or redeemed. There is a systemwide trail of any check that may be in question. Staff can check to see if a particular check number has been issued, redeemed, voided, or returned for nonpayment. If a check or series of checks are unaccounted for or missing, the system can be immediately updated so that these are not issued or paid.

According to their contractual agreements, local agencies are fiscally responsible for any food funds which are lost “as a result of thefts, embezzlement or unexplained causes, or the misuse of Food Instruments which are voided in hand, stolen or reported to the Department as lost, and which are subsequently paid by the Department’s contract bank.” While this sends a strong message to local agencies about the serious nature of fraud and abuse and the sanctions imposed if it occurs, it may serve as a deterrent to agencies in that they may be reluctant to report these circumstances if it results in a financial penalty.

Voiding of Checks

Any checks that need to be voided are entered into Cornerstone as a void and are no longer eligible to be redeemed. Local agencies are only permitted to void checks that they actually have in their hands. After voiding them in the system, the checks are shredded. If a check is lost or stolen, the State agency must be informed, and will void the check in the system so that it cannot be redeemed. Cornerstone keeps track of which employees are voiding checks, and how many they are voiding, so unusual patterns of voiding can be investigated for possible staff fraud.

D. Management Evaluations

A management evaluation is performed at each local agency on a biannual basis. This is important because each local agency has its own policy and procedure manual and is allowed some discretion within the parameters of the regulations. The evaluation is performed by a field representative and a nutritionist from the State agency. It typically lasts from 2 to 3 days. The team interviews staff about operations in the clinic, reviews records and charts, observes operations (i.e. certifications) and assesses security of checks.

The State agency has a comprehensive evaluation form that covers the following:

- Administration
 - Facility observation
 - Caseload management
 - Staffing
 - Scheduling
 - Review of Nutritional Services and Administration (NSA) expenditures
 - Nutrition education and food instrument pickup
 - Local agency policy and procedures
 - National Voter Registration Application (NVRA)

- Certification Observation
 - Intake
 - Notification
 - Clinic
 - Food instruments issuance

- Outreach and Civil Rights
 - Outreach
 - Civil rights
 - WIC termination/ineligibility review

- Program Integrity
 - Food instruments
 - System security
 - Dual participation

Following each section is a “comments” section in which the evaluator indicates what changes need to be made in reference to that section. The agency is then required to submit a written response addressing how they rectified each of these areas.

Local agencies have their contracts reviewed annually, so it is important to them to follow procedures and receive favorable evaluations. Some agencies do their own management evaluations independent of the ones the State agency does. This may consist of using the State agency’s evaluation form as a checklist to make sure they are not deficient in any area, or performing regularly scheduled or random chart reviews to ensure that staff members are doing a sufficient job of documentation.

These evaluations are an invaluable tool in the prevention of fraud and abuse because they communicate the program’s dedication to following the rules that have been established to prevent such events from occurring. They also allow for the detection and rectification of any areas of weakness in Program administration and operations. Local agencies know that someone will be looking over their work, and that they will be asked to explain and correct anything which is not being done according to the State agency’s requirements.

E. Food Center

In 1993 the State agency in Illinois implemented a pilot project of the Food Distribution Centers in Chicago. The decision to try this innovative approach was a result of several concerns on the part of the WIC administration. According to the State agency any significant level of fraud and abuse usually involves vendors, so with the food centers, the potential for fraud and abuse is greatly reduced. The food centers are located in the inner city where most instances of fraud and abuse were occurring.

The State agency reported that many legitimate stores would not operate in these areas and that women were being accosted and/or robbed at the existing retail stores, so the food center concept has also addressed the issue of safety for WIC participants. The food center project has been a great success, and expanded so there are now 16 of them. Catholic Charities currently operates the food centers on a contract basis. Operating costs are included in the food cost, which is about the same as food costs with inner city vendors.

The State agency reports that the food centers have caused very little problem with vendor relations, as the food centers only operate in areas where many legitimate vendors may not wish to operate. In other areas of the city, WIC still maintains traditional relationships with vendors who accept WIC checks. Additional food centers will be opened as needed.

The food center is different from a regular store in that only WIC-approved foods are stocked, so participants cannot use their checks to purchase non-WIC items. Aisles are fully stocked with WIC items so participants can obtain all items on their food prescription. This eliminates the scenario where a store might transact a check for the amount of all the items on it even if a participant could not get one or more of the items because they were out of stock. Many items (especially high-cost items like formula) are labeled specifically with WIC labels to reduce the chance of their being resold.

Participants are given a special orange food instrument that is only redeemable at the food center. Participants cannot collude with vendors to exchange food instruments for money or get change back when transacting them, as there is no money in the registers. In addition, the food center provides onsite episodic day care and nutrition education for the convenience of WIC participants. The general atmosphere at the food center is friendly and inviting. The development of the food center was an insightful solution on the part of the State agency to many difficult problems. It not only serves as a control against fraud and abuse, it also addresses the concern of the program for providing better services for their participants.

III. Summary of Site Visit Results

The key practices that promote staff and participant integrity in the Illinois WIC Program are the following:

- No allowance for waiver of documentation of identity, residence, and income
- Requirement of proof of pregnancy before issuing first month's checks, coupled with easy access to testing
- MIS that will not allow completion of certification until income eligibility screen is completed
- The Cornerstone MIS is integrated with the public health system, and can detect dual participation within this system in a timely manner
- On-demand printing of checks, which eliminates the need to have unissued, pre-printed checks in the agencies
- Use of individual codes for staff members to access Cornerstone, which can be used to track unusual patterns of issuance, voiding, etc.
- MIS that tracks checks, provides capacity for instant voiding, and will not allow a serial number to be used twice
- MIS that will not allow participant to receive checks past the date when recertification is due
- Automatic conversion from infant to child status
- Automatic termination from the Program of anyone who has not participated in 60 days
- Follow up on all complaints
- Strong management evaluations/audits complete with a followup and requirement for a written plan for correcting problem areas

The detailed check for dual participation in Cornerstone is done overnight. Because of this, applicants are scheduled for the certification appointment no less than a day after their information is entered into the computer, so the check for dual participation can be performed prior to certification. This system prevents dual participation instead of detecting it after the fact. However, it would not be feasible in a State where forms are handwritten and mailed to a data processing facility.

A strong MIS like Cornerstone allows for tracking and reports that aid in the detection and prevention of staff fraud and abuse. The use of individual codes for local staff restricts the activities they can perform and allows State agency staff to detect anything unusual that local staff might be doing on the system. It also serves as a preventive measure, because staff are aware that there is a record of what they are doing each time they log into the computer.

The Illinois WIC Program had incorporated many controls against participant fraud and abuse in its MIS and program procedures. Cornerstone provides automatic termination of participants who are not recertified, and automatic conversion of infant to child status so these things cannot be overlooked. No provision of allowance of waiver for documentation of identity, residence and income is a strong control against the receipt of benefits by ineligible persons. The requirement for proof of pregnancy with a 90-day waiver reduces the amount of benefits a woman could receive by falsely declaring a pregnancy.

The strong management evaluation process that is in place with its followup component is an effective control as it helps ensure that policy and procedures are being followed. Not only does this process identify areas of weakness, it sends a message of accountability to staff at the local agencies. It also allows the State agency staff to step into the local agencies and see how well they are being operated on a multitude of levels, and communicates the State agency's dedication to program integrity.