
Purpose Provide guidance on tracing caseload trends and using this information in future caseload management decisions

Monitoring Caseload Local agency caseload should be monitored monthly and adjustments made as needed to achieve caseload planning goals.

1. Track monthly participation levels for the local agency and for agency clinic sites and compare to allocated levels.
 - a. Use initial participation reports to monitor monthly vouchered participation.
 - b. Track the number of new participants at the local agency clinic sites on a monthly basis.
 - c. Track and monitor the rate of no-shows at local agency clinic sites on a monthly basis.
 - d. Monitor the food expenditures. For more information on food expenditures, see Volume V, Section G.
 2. Keep a record of referrals “to” the WIC Program to use as part of the evaluation for outreach methods and networking with other services.
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Clinic Management Caseload participation levels should be one piece of information used to make clinic management decisions including clinic facility size, location, staffing and the need for bi-monthly check issuance.

1. If caseload levels do not meet projected goals, evaluate the following and implement changes as needed.
 - a. Outreach and targeting activities
 - b. Barriers to participation
 - c. Clinic operations including staffing, scheduling and appointment policies. For more information on clinic operations affecting caseload see Volume I, Section O.
 - d. Agency and clinic no-show rates
2. If caseload or food expenditures exceed allocated levels, evaluate the following and make adjustments as needed.
 - a. Agency practices for tailoring food packages
 - b. Average food package costs and rebates received

- c. Consult with the State Agency regarding availability of caseload for reallocation.
 - d. Review clinic and staffing capacity and impact on the administrative budget.
3. If caseload is at or near the allocated levels, review the suggestions for caseload exceeding allocated levels. Consult with the State Agency as needed.