Nutrition/Health Volume
Certification Section

General Volume

Management Section

Local Agency (LA) Personnel: WIC Coordinator (1.01250)

ER# 1.01250

Authority	2018 7 CFR 246.3(f) & 246.6(b), PL 111-296, WIC Local Agency Nutrition Services Scope of Work
Issued	8/97
Revised	10/18

POLICY: Every local agency (LA) shall have an individual designated as WIC coordinator to ensure the local agency's WIC program is managed in the most effective and efficient manner possible.

To strengthen program integrity, LAs are required to cooperate in USDA studies and evaluations.

PROCEDURES:

A. The LA shall designate an individual to perform the functions of WIC coordinator, which may include responsibility for WIC program management, WIC function coordination, and perform other roles (e.g., LA administrator, nurse, nutritionist, or clerk).

B. Examples of work performed may include, but are not limited to, the duties listed below:

1. Plans and coordinates all WIC activities and staff to ensure goals are met and the agency operates within program guidelines and rules.
2. Ensures appropriate LA policies and procedures are established and enforced in compliance with federal and state policies and procedures.
3. Acts as liaison between LA and state agency (SA) staff.
4. Develops a program plan and evaluation method, in coordination with the local WIC nutrition coordinator.
5. Monitors the effects of clinic operations by reviewing appropriate management reports, charts/chart audits, and customer satisfaction surveys, revises local policies as needed, evaluates clinic workflow, and makes adjustments to clinic and staff work schedules. Assures response to requests by the Department within time frames, which include, but are not limited to, Local Agency Plan (LAP), self-monitoring, and corrective action plans to assure program compliance.
6. Provides input to the SA regarding overall WIC program operations and makes suggestions for statewide improvement.
7. Ensures coordination of services and referrals between LA programs and other agencies.
8. Ensures all WIC services are delivered consistently, appropriately, and in a time frame to allow participants to receive appropriate program benefits.

9. Maintains contracted caseload for agency through on-going caseload management.

10. Develops, coordinates, and documents implementation of ongoing outreach activities in the community.

11. Handles participant complaints, violations, and fair hearings in accordance with state policies and procedures. Refer to *ER# 1.05700 Local Responsibility – Civil Rights Compliance and Public Notification* and *ER# 1.06800 Participant Fair Hearings*.

12. Ensures appropriate staff is available and properly trained to perform necessary functions. Reviews all new and revised policies annually and provides training to other LA staff members. Refer to *ER#* 1.01550 Training Local WIC Providers.

13. Ensures that food instrument accountability functions are appropriately assigned and performed. This includes a separation of staff duties related to the accountability and control of food instruments. Refer to *ER# 1.07000 Program Integrity.*

14. Ensures that no one (1) LA staff shall certify oneself for WIC benefits nor issue food instruments or supplemental foods to oneself. Refer to ER# 1.07000 *Program Integrity.*

15. Ensures employees of a local agency shall not certify relatives or close friends for WIC benefits nor issue food instruments or supplemental foods to relatives or close friends. Refer to ER# 1.07000 Program Integrity.

16. Ensures and monitors proper use of MOWINS database.

17. Ensures and monitors fiscal accountability. Ensures submission of timely and accurate reimbursement requests.

18. Performs supervisory duties, as assigned by LA administrator.

19. Conducts clinic activities and other duties as required.

20. Acts as a liaison with local contracted retailers or appoints a staff member to act as the retailer coordinator.

21. Ensures WIC staff maintains a courteous and respectful attitude toward participants in the WIC program.

22. Ensures food instruments are stocked, tracked, secured, and ordered as needed.

23. Sets up the master calendar for appointment scheduling at main and satellite clinic sites.

24. Maintains local referral list.

25. Determines the security role(s) of each LA staff.

26. Develops written grievance or complaint policy to address non-civil rights issues. Refer to *ER# 1.05700 Local Responsibility – Civil Rights Compliance and Public Notification* for grievances or complaints related to civil rights issues.

27. Acts as the National Voter Registration Act (NVRA) liaison or appoints a staff member to act as the NVRA liaison with the local election authority in the agency's service area.

C. Knowledge, Skills, and Abilities:

1. Working knowledge of effective management techniques.

2. Knowledge of current developments in public health and application to the local program.

3. Ability to work well with people of diverse socioeconomic and cultural backgrounds.
4. Knowledge of the general organization and function of public health agencies.
5. Ability to gather, interpret, evaluate, and use statistical data.
6. Demonstrate rapport building skills by establishing and maintaining effective working relationships with WIC participants, WIC team members, and other health and social services personnel.
7. Ability to develop plans, implement action plan(s), and evaluate effectiveness.
8. Knowledge of basic computer skills and literacy in using Windows Explorer.

D. Appropriate positions to be supervised by: LA administrator, Board of Trustees, or County Commissioners.

E. Appropriate positions to supervise: Any WIC staff, at discretion of LA administrator.

F. Ideal Qualifications, Education, and Experience:

1. Graduation from an accredited four-year college or university with specialization in health care administration, public, personnel or business administration, the biological or social sciences, or education.

G. Minimum Qualifications, Education, and Experience:

1. High school graduation plus four (4) years of experience in one (1) or more of the following areas:
    a. Professional or technical experience in public health, counseling, community organization, research and data collection, public, business or health care administration, interviewing, or closely related fields.
    b. Experience in WIC.

General Volume
Management Section

Appropriate Tasks: Administrative/Clerical (1.01400)

ER# 1.01400

Authority 7 CFR 246.3(f) & 246.4(a)(26)
Issued 3/89
Revised 05/15

POLICY: Each local WIC provider (LWP) shall consider certain WIC tasks to be clerical or administrative and should have appropriate staff performing these duties.

PROCEDURES:

A. Clerical and administrative staff are allowed to perform the following functions depending on their responsibility level within the agency and WIC:

1. Prescreens applicants and obtains certification data such as demographics and income. Reviews and documents eligibility requirements for proof of income, residency and/or identity and enters them in MOWINS. Updates data and enters notes when appropriate. Refer to ER# 1.07000 Program Integrity.
2. Assigns or retrieves Department Common Number (DCN) for individual applicant.
3. Refers participants to social and community service programs.
4. Explains to the participant the importance of the WIC folder, keeping their scheduled appointments, and their rights and responsibilities which includes but is not limited to avoiding dual participation and fraud.
5. Prints and issues food instruments in accordance with ER 1.07000.
6. Explains the program and how to use the food instruments.
7. Voids food instruments and reprints food instruments per CPA instructions.
8. Schedules appointments.
9. Prepares information for in-state and out-of-state transfer requests.
10. Assists in the promotion and support of breastfeeding as the preferred method of feeding.
11. Follow-up on no-show participants and reschedules appointments.
12. Conducts outreach activities.
13. Organizes files.
14. Manages clinic flow, caseload and finances.
15. Interviews participants regarding possible fraud or violations.
16. Completes and submits monthly WIC invoices.
17. Completes one-on-one food instrument reconciliation.
18. Acknowledges receipt of blank food instrument paper stocks and places order as needed.
19. Retains and destroys records.

20. Reviews and uses clinic and management reports.

21. Participates in continuing education activities.

22. Appropriately records program management, client service and breastfeeding promotion hours on timesheet according to policy.

23. Prepare and evaluate the state plan (LAP) to assure the goals and objectives chosen can be met.

24 Reviews all policies and policy updates.

25. Review reports, WIC updates and emails.

B. Required Knowledge, Skills and Abilities:

1. Demonstrate rapport building skills by establishing and maintaining effective working relations with WIC participants, WIC team members and other health and social services personnel.

2. Ability to work well with people of diverse socioeconomic/cultural backgrounds.

3. Basic computer skills and literacy in using Window Explorer.

4. Participates in continuing education activities appropriate to position.

C. Minimum Qualifications/Education and Experiences:

1. High school diploma or equivalency.

2. Successful completion of state required training within the time designated by state WIC office.

General Volume
Management Section

Training Local WIC Providers (1.01550)

ER# 1.01550

Authority	2016 7 CFR 246.11; Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued	1/81
Revised	12/16

POLICY: All contracted local agency (LA) staff that provides WIC benefits to eligible participants must complete the required trainings within the specified timeframes. The state agency (SA) will design, maintain, and provide trainings to LA staff involved in the health assessment and nutrition education of WIC applicants or participants. The SA will provide training on the Missouri WIC Information Network System (MOWINS), and educate staff on breastfeeding promotion and support, civil rights, immunizations and voter registration. The LA must maintain documentation on file for training that LA staff has attended.

PROCEDURES:

A. The SA will provide training opportunities and/or resources for required training to LAs. The LA is responsible for providing opportunities/resources for training new and returning employees. Information about the trainings may be located at http://health.mo.gov/living/families/wic/wictraining/lwpnewemployeetraining.php.

1. The LA will ensure that new and returning staff receives required training(s) according to their job responsibilities. LA staff must complete webinars, modules, exercises and/or live sessions as needed to meet training requirements.
   a. Training for HPAs, WIC Certifiers, and CPAs/Nutritionists includes weighing & measuring techniques, hemoglobin/hematocrit screening, and referrals.
   b. Training for CPAs/Nutritionists includes food package prescriptions, individual nutrition tailoring, and nutrition education.
2. The training schedule and registration form can be accessed through the WIC website, or can be requested from the SA by telephone.
3. LA staff that performs hemoglobin/hematocrit screening must be trained on the correct procedures by HemoCue or a nurse (RN) who was trained by HemoCue. Completion required within six months from date of hire and before performing the screening.
4. Staff returning to work after a break in service of one (1) year or greater shall be required to attend required trainings as outlined above.
5. To access MOWINS, LA staff must request a UserID and/or access via the on-line ASAP request form. Refer to ER# 3.01400.

B. CPAs, Nutritionists and Registered Dietitians (RD) are required to complete the Nutrition Training Manual (NTM) within six (6) months of start date. The NTM must be completed every five years thereafter.

C. Registered Nurses and Nutritionists (non-RD) must complete a minimum of five (5) continuing nutrition education (CNE) hours per Federal Fiscal Year (FFY).

D. The SA requires the LA to maintain a current training file that lists trainings attended by LA staff

for monitoring purposes.

1. Documentation of attendance and/or successful completion of training will be provided by the SA after each training session.
2. Registered Dietitians (RD) and Licensed Dietitians (LD) must retain a copy of current state license on file at the LA. Refer to ER# 2.01400.
3. Registered Nurses and Nutritionists (non-RD) must retain a copy of documentation of completion of Continuing Education hours on file at the LA.

General Volume
Management Section

Using Volunteers (1.01600)

ER# 1.01600

Authority	2008 7CFR 246.26(d)(1) & MPSF-1:WC-93-15-P
Issued	8/97
Revised	10/09

POLICY: The Local WIC Provider (LWP) shall ensure that volunteers who are given access to client information are well trained and knowledgeable of the restrictions on disclosure of this information.

PROCEDURES:

A. The LWP shall exercise discretion in screening and selecting capable volunteers who would have access to confidential information. If a potential volunteer does not appear to be a good candidate for keeping information confidential, there may be other activities that the person can perform that would not include access to participation information.

B. Once volunteers are selected, specific job requirements should be covered in the orientation or training of volunteers. Refer to ER# 1.01400, ER# 2.01500, ER# 2.01650, ER# 2.01700 or ER# 2.01800.

C. The LWP shall assure volunteers are familiar with confidentiality requirements and capable of complying. Volunteers are required to sign the same confidentiality agreement signed by LWP paid staff. Refer to ER# 1.01700.

D. Follow-up training can be conducted periodically to remind volunteers of the importance of maintaining the confidential nature of participant information.

E. Supervision should be based on duties of the volunteer.

General Volume
Management Section

Participant Confidentiality (1.01700)

ER# 1.01700

Authority: 2011 7 CFR 246.21(b), 246.25(a)(4), and 246.26(d), 45 CFR 164.103 and 164.105, Missouri State Law, Chapter 210, RSMO - 1988, USPL 104-191, and Local WIC Provider Nutrition Services Contract Scope of Work

Issued 05/91
Revised 06/14

POLICY: The local WIC provider (LWP) shall keep all information about an applicant or participant, obtained from program participants, applicants, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s) as confidential. The LWP shall not disclose individual information to anyone except as provided in this policy.

The LWP shall provide an environment for certification and counseling which maintains confidentiality of applicant and participant information.

The LWP shall take reasonable precautions against spying or theft of records and data equipment containing confidential information. When confidential information is stored on data systems not supplied by the state WIC agency, the LWP shall assure the security is equal to or exceeds that provided by the state agency.

The LWP shall provide information for audit and compliance investigations to the appropriate authorities as required by WIC regulations and policies.

The LWP must report suspected child abuse or neglect, even if the information was obtained as part of WIC services as required by law.

The LWP shall release information from individual WIC participant records to the Missouri Department of Social Services when presented with the "Authorization for Release of Medical /Health Information form" (SS-6).

The LWP shall consult with their legal counsel regarding compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) and the appropriateness of establishing a hybrid entity status for the WIC services within the agency.

The LWP shall prohibit the use of cameras, digital or film, within common areas of the facility routinely used by WIC participants. This does not apply to images taken by state WIC staff, LWP staff, or contracted photographers creating photographs for official use. When participants or other members of the public are photographed for official use, a signed release from the individual must be obtained first. LWP staff may allow persons accompanying the participant to take photographs of participant or their household when the photographs are taken in a private area away from other participants/applicants/staff.

PROCEDURES:

A. Protecting confidential information.

1. The LWP may only release confidential information to persons directly connected with the

WIC program. This would include service providers, management and administrators from the LWP or state agency.

2. When presented with appropriate documentation and identification, the LWP provides all information for audit and compliance investigations to the appropriate authorities as required by WIC regulations and policies. Examples of appropriate authorities include but not limited to Representatives of USDA, U.S. Office of the Inspector General (OIG) or the U.S. General Accounting Office (GAO).

B. Providing information

1. Upon receipt of a request for information regarding individual WIC records from any source not listed above, the LWP shall:

   a. Require the requester to obtain a signed release specifying the exact information from the adult participant or the parent or guardian of the infant or child participant.

   b. Compare the signature on the release request to the signature on the participant's most current signature in MOWINS.

   c. Provide copies of the specific materials requested in a secure manner such that only the requester can access it.

   d. Scan the signed release of information in the participant's folder in MOWINS.

C. Complying with a subpoena

1. If the local WIC provider is issued a subpoena for a participant record, the LWP shall immediately notify the state agency's WIC Director or designee, then follow these procedures:

   a. The LWP consults with their legal counsel.

   b. With legal counsel, the LWP determines if the material requested by the subpoena can be released.

   c. If the LWP and their legal counsel decide not to release the information, the LWP legal counsel will appear before the court to argue against the release of information requested by the subpoena.

   d. If the court denies the motion to stop the subpoena and requires the LWP to release the requested information, the legal counsel should:

      i. Attempt to consider the appropriateness of an appeal of the decision.

      ii. Ensure information produced is only that which is essential to respond to the subpoena.

      iii. Attempt to negotiate the extent to which the WIC information actually produced becomes public information (i.e. reviewed in camera by the court, limited entry into the public record).

   e. If the local WIC provider releases the information requested by the subpoena, legal counsel, acting on behalf of the LWP, should request the parties requesting the information submit in writing the terms of the release of the subpoenaed information so that all parties are in accord as to the use of the information.

D. Complying with Child Abuse Reporting Laws

1. Child abuse reporting is mandated by Missouri State Law, Chapter 210, RsMO, 1988. The LWP is required to report suspected child abuse or neglect, even if the information was obtained as part of WIC services.

   a. Copies of the WIC records or information from the participant file can be released only to a representative of the Department of Social Services with a signed "Authorization for Release of Medical /Health Information form" (SS-6). The LWP keeps all records concerning reports of child abuse or neglect confidential, with limited disclosure as outlined in the law.

   b. Contact the state WIC office for further guidance when necessary.

E. Complying with a search warrant

1. When a search warrant is presented, the LWP shall immediately notify the state agency's WIC Director or designee, then do the following:

   a. Assure the individual(s) producing the search warrant is (are) apprised of the confidential nature of WIC information.

   b. Review the search warrant carefully and provide only the specific information requested in the search warrant and no other information.

   c. Legal counsel should be notified immediately after the information has been given for the search warrant.

   d. Scan a copy of the search warrant in the participant folder in MOWINS.

F. Restricting Photography

1. Only state or local agency staff, or contracted photographers, may take photographs for agency use. Contracted photographers must sign a confidentiality agreement form prior to starting work and agree to restrict all images to only WIC uses.

   a. Photographic releases must be signed by all individuals whose image is to be used. The LWP should consult with its legal counsel for appropriate release forms.

   b. Computer screens and paper records must not be exposed in a way that allows photographic images to be taken of them.

2. Family or friends may take pictures of members of their own household if given permission by the LWP. LWP staff must assure that the images are taken in a private area, or in such a way as to protect the privacy of others.

G. Guidance: signage and prohibition.

1. LWP shall assure appropriate signage is posted limiting the use of cameras and all photographic images.

H. Sharing Participant Data with Department of Health and Senior Services (DHSS) Programs

1. The chief state health officer has authorized WIC to share participant data with DHSS' Bureau of Immunization Assessment and Assurance (BIAA) for non-WIC purposes for the following reasons:

   a. Establishing the eligibility of WIC applicants or participants for the programs that

the organization administers;

b. To conduct outreach for programs administered by DHSS;

c. To enhance the health, education, and or well-being of WIC applicants and participants currently enrolled in those programs;

d. To streamline administrative procedures in order to minimize burdens on participants and staff and;

e. To assess and evaluate the State's health system in terms of responsiveness to participants' health needs and health care outcomes.

Participant Referrals (1.01800)

ER# 1.01800

Authority 2018 7 CFR 246.7(a), 246.7(b)(1), 246.7(b)(3), 246.6(b)(5), Policy Memo #2001-7, Policy Memo #2001-1, and WIC Local Agency Nutrition Services Scope of Work
Issued 1/81
Revised 10/18

POLICY: At each certification and mid-certification assessment (MCA), the local agency (LA) shall provide to all applicants and participants, or their designated proxies, information on other health-related and public assistance programs and, when appropriate, shall refer applicants and participants to such programs. The LA should follow up with participants on referrals made during the last certification period.

The LA shall provide a current list of local resources for drug and other harmful substance abuse counseling and treatment to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children applying for or participating in the program.

The LA shall provide written information or brochures about the MO HealthNet program.

The LA shall review a documented immunization record to determine the status of each infant and child and refer to the Bureau of Immunizations as needed. All WIC staff shall complete an ASAP form for access to the ShowMeVax registry. Non-local health departments shall initiate a Memorandum of Agreement (MOA) with immunization providers if an agreement is not already in place and attach to the Local Agency Plan (LAP).

At each child certification, the parent or caretaker must be asked if the child has had a blood lead screening or lead test as determined appropriate for age and risk factors. If the child has not had a screening or test, a referral must be made to a program(s) where a lead screening or test can be performed.

The nondiscrimination statement is required for all participant referral materials.

The LA shall develop written agreements with health care providers and health care organizations in their service area for referral acceptance and service provision.

PROCEDURES:

A. Maintain and make available a current list of state and local resources for:

1. Drug and substance abuse treatment programs.

   a. Drug and substance abuse resources are available from the Missouri Department of Health and Senior Services (DHSS) warehouse.

2. Other DHSS programs and/or community resources.

   a. Medical services

   b. Dental health services

c. Special Health Care Needs

d. Newborn Screening program

e. Homeless and abuse shelter(s)

3. Other health services offered at the LA.

a. Immunizations

b. Lead screening

c. Family planning

4. Other sources of food assistance.

a. Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps)

b. Area food pantries

5. Free Registered Dietitian (RD) services to refer participants to for medical nutrition therapy.

a. If free RD services are not available in the area/community, document this fact, review and update annually, and retain on file at the LA.

6. Provide written information about MO HealthNet.

a. The LA shall refer all WIC program applicants to MO HealthNet who are not currently participating but appear to be below the maximum income limits provided by the state agency.

i. Include the referral of infants and children for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.

ii. Include the referral of pregnant women to determine presumptive eligibility for MO HealthNet.

B. Local agencies shall, at a minimum, assess all WIC-eligible infants and children for immunization status at certification and MCA visits by reviewing the documented immunization record. The immunization schedule can be found on the DHSS's immunization web site.

1. The agency shall not refuse WIC services to any infant or child who does not have an immunization record.

2. Screening of immunization records shall be done by the health professional or the clerical staff.

3. An immunization screening shall consist of the following:

a. Reviewing the record in the ShowMeVax immunization database. If there is no immunization record in ShowMeVax or if the participant has immunization records that are not entered into ShowMeVax, submit the participant's record to the immunization nurse or fax the record to the Bureau of Immunizations (FAX: 573-526-0238) for entry into ShowMeVax.

b. Reviewing an infant's/child's paper immunization record from the health care provider.

4. Immunization education and referral information should be provided at birth. Screening for

immunizations in infants is required by 2 months of age.

Note:

a. Some infants may receive a Hepatitis B immunization soon after birth. This will vary depending on the healthcare provider.

b. A documented immunization record is a record (computerized or paper) in which actual vaccination dates are recorded. This includes a parent's hand-held immunization record (from the health care provider or ShowMeVax), an immunization registry, an automated data system, or a client's chart (paper copy). Screening for immunization status using documented immunization records allows WIC to conduct more accurate immunization screenings for referral.

5. When an infant or child is not adequately immunized, the agency:

   a. Shall provide a brochure/flyer with information on the recommended immunization schedule appropriate to the current age of the infant/child.

   b. Shall provide referral for immunization services, ideally to the child's usual source of medical care. If the referral is not to the usual source of medical care, it should be specific and should include the address, phone number, and hours of operation of the health care provider.

   c. May offer immunizations on-site, if available.

6. The agency must document the immunization status in MOWINS by selecting one of the following options:

   a. "Up to date"

   b. "Not up to date"

Note:

i. For those infants who may have received a Hepatitis B immunization soon after birth, document that immunization as "Up to date" in MOWINS.

ii. If a signed Medical Immunization Exemption form or Parent/Guardian Immunization Exemption form is presented, scan the document in MOWINS and document as "Not up to date".

7. When the participant record is not up to date, the participant will be encouraged to bring the record during the next appointment through the regular reminder process the LA uses for other WIC appointments.

8. Appropriate information regarding specific childhood preventable diseases, the benefits of immunization, and the Centers for Disease Control and Prevention (CDC's) recommended schedules for vaccinations for infants and children shall be provided to each parent, guardian, or proxy of a WIC participant, by WIC and/or the immunization staff according to the established policy at the local agency.

9. WIC allowable cost for immunization screening and referral services:

a. Personnel costs for screening and referrals may be charged to WIC. This can include personnel time for making appointments. Personnel costs for providing the immunization shall not be charged to WIC.

b. Immunization supply costs shall not be charged to WIC.

10. The LA shall provide all new staff with the immunization training **within 60 days** of the date of hire or rehire. The LA must also train all staff **annually** using the state provided training materials. Refer to ER# 1.01550 for LA training documentation requirements.

C. At each child certification, the parent or guardian must be asked if the child has had a blood lead screening or lead test as determined appropriate for age and risk factors.

1. The health professional or the clerical staff may do a verbal assessment of blood lead test.

a. Children who have not had a blood lead screening or test must be referred to a testing program, based on recommendations issued by the Missouri Department of Health and Senior Services, available at http://health.mo.gov/living/environment/lead/guidelines.php.

b. Refer the child with an elevated blood lead level as defined in ER# 2.03500. Referral data must be documented when risk factor 211 is assigned.

c. WIC allowable cost for lead screening and referral services:

i. Allowable personnel time includes staff time to provide information about lead poisoning prevention to WIC participants, develop an appropriate care plan for children identified as having elevated blood lead levels, provide nutrition education and counseling, and make health care referrals.

ii. If blood is drawn and tested for WIC eligibility and lead screening at the same time, WIC and the lead screening program must each pay its fair share of the total cost.

iii. WIC's share of the total cost will not exceed the amount it would pay if it conducted the hematological test for anemia for WIC eligibility separately.

D. Written agreements shall be developed with health care providers and health care organizations in the LA's service area for referral services (i.e., types of services offered, types of clients served, fees, etc.). The agreement can be with the administrative agency, not just the WIC program. However, if it is not feasible to develop a written agreement with each health care provider/organization in the service area, the LA must have a written protocol describing how the LA has contacted the providers to ensure the LA can refer WIC participants to them.

E. Document all referrals in MOWINS.

General Volume
Management Section

Outreach (1.02100)

ER# 1.02100

Authority	2008 7CFR 246.4(a)(7,18,20, & 21), CFR 246.14(c)(3) and WIC Local Agency Nutrition Services Contract Scope of Work
Issued	1/81
Revised	10/09

POLICY: The Local WIC provider (LWP) shall have a written outreach plan appropriate to the population within the LWP service area. The plan must include demographics for the area served and identify areas of potential need in the WIC eligible population.

The LWP shall have an active outreach and referral network within its service area that includes agencies and organizations, which serve populations similar to WIC. The network must include the local Department of Social Services, Family Support Division office. The LWP will provide these community partners with information about WIC and contact information to facilitate referrals to WIC.

The LWP shall update the outreach and referral network information at least annually or more frequently to maintain accuracy.

Nondiscrimination statement is required for all outreach materials. Refer to ER# 1.02200 and ER# 1.05700.

PROCEDURES:

A. Creating the LWP outreach referral network.

1. The network must include the local Department of Social Services, Family Support Division office.
2. The network should include other community agencies or organizations that serve similar populations.
3. The network may include other organizations and groups considered appropriate by the local WIC provider, such as local physicians, schools, religious organizations, etc.
4. The LWP may request the WIC state agency to provide guidance and materials to assist with their outreach efforts.

B. Providing community partners with up-to-date materials:

1. Materials should describe program benefits, the potentially eligible participants, and include the name, address, phone number, web site, or email address of the LWP.
2. Nondiscrimination statement is required for all outreach materials. Refer to ER# 1.05700.

C. Targeting Outreach:

1. Target outreach to those at potentially high risk.
2. The LWP may use US Census, WIC management reports, WIC MICA data, community resources, geo-maps, and other data bases.

3. The LWP may consult with the State WIC office to ensure an appropriate target population and adequate methods.

D. Funding:

1. The LWP should request funding in the LWP agency plan (LAP).
2. The LWP should charge the costs of doing outreach on line items appropriate to the activities done. Refer to ER# 1.03400 through ER# 1.04600.
3. Additional funding, when available, may be used for special outreach initiatives as appropriate and approved in the LAP.

E. Documenting Outreach:

1. The LWP will keep a file of all outreach materials used, a list of all outreach activities and the date completed. File is to be retained at the LWP for monitoring and compliance verification.

General Volume
Management Section

Social Media Communications and Outreach (1.02150)

ER# 1.02150

Authority:
Issued: 10/2015 NEW
Revised:

POLICY: The use of social media can be a powerful way to reach our target audience with strategic and effective messages. Local WIC agencies may choose to use social media (Facebook, Twitter, Pinterest, Pandora, Instagram, Flickr, YouTube, etc.) to provide information to applicants and participants about the Missouri WIC program and to promote WIC services and benefits. Social media sites facilitated by local WIC provider staff must be monitored by designated professional staff in the agency to ensure all content is appropriate. Local WIC provider (LWP) staff shall not use their personal social media accounts to represent the local agency or the WIC Program. If utilizing social media, the local WIC agency must develop a policy and procedure for social media usage.

PROCEDURES:

A. Social media sites are considered to be an extension of the LWP and may be used to:

1. Promote WIC services.
2. Announce upcoming events.
3. Invite participants to nutrition or prenatal breastfeeding classes or support groups.
4. Advertise breastfeeding promotion or nutrition events.
5. Promote the fully breastfeeding food package.
6. Provide evidence-based breastfeeding and nutrition information and resources.
7. Help new mothers connect with peer counselors.
8. Communicate information on WIC approved foods.
9. Recipes using WIC foods.
10. Link to state WIC nutrition and breastfeeding resources.

B. Local WIC provider staff shall be responsible for what they write and the messages conveyed to WIC participants.

1. Local WIC provider staff, including peer counselors, and LWP volunteers must follow the Participant Confidentiality Policy ER# 1.01700 and shall not post any WIC participant information.
2. Only local WIC provider address or phone numbers and agency social media contacts shall be provided through social media.
3. Local WIC provider social media sites shall be used for WIC and Health Department related business.
4. All information and website links posted on a social media site shall be evidence-based and

in line with information provided by the state WIC Program.

5. Local WIC provider must designate professional staff to monitor all information posted through social media and have full access to the account. It is critical that any social media be monitored on a frequent basis to ensure information is kept up-to-date and that any inappropriate messages posted by the public are removed as quickly as possible to ensure highest quality information.
6. All information posted on social media shall be culturally sensitive, professional and communications are in good taste. Messages and content must be appropriate to the intended audience.
7. Items or information related to religion or politics shall not be posted.
8. Disparaging remarks about an individual or healthcare provider will not be tolerated and can result in loss of funding.
9. Social media sites must include "This institution is an equal opportunity provider and employer" statement.
10. The local WIC provider Facebook page must include a disclaimer that advice from other participants should never replace the advice from medical experts. If they have questions or concerns about their health or their baby's/child's well-being, they should always contact their physician or their local WIC office.
11. Social media shall not be used to advertise or promote specific product brands.
12. Agency staff shall not counsel participants or answer detailed questions through social media.
13. Staff should ask when they can contact the participant either by phone or invite the participant into the WIC clinic to discuss in more detail.
14. Local WIC provider staff shall not use their personal social media accounts to represent their local WIC agency or Breastfeeding Peer Counseling Program.
15. It is the responsibility of local WIC provider designated professional staff to ensure that agency employees who are representing their local agency through social media have read and understand the social media policy and consequences for not adhering to policy.
16. Providing a link to the WIC state website is not required, but is allowed when appropriate. One of the purposes of social media is to reach persons who would not normally look to a government agency website for information/guidance.

C. The local WIC agency must develop a policy and procedure for social media usage. The social media policy must address, but is not limited to the following:

1. The purpose, goals, objectives and strategies for the social media site.
2. Approved content for the site(s)
3. Key roles and responsibilities for contributors, reviewers and administration of the page.
4. Outline a review schedule - how frequently reviewed and information updated.
5. The local agency who utilizes social media shall attach their social media policy to the annual Local Agency Plan (LAP) to be approved.

6. If your agency chooses to allow comments, it is recommended that the local WIC agency add a comments policy. Example:

We welcome you and your comments to the _____ Health Department WIC Facebook page. The purpose of this page is to share and discuss information about the Special Supplemental Nutrition Program for Women, Infants and Children program.

The _____ Health Department WIC reserves the right to remove any comments that are deemed inappropriate or off-topic from the purpose of this page.

Please note that the comments expressed on this site do not reflect the opinions and position of _____ Health Department WIC or its employees. If you have questions concerning the operation of this online discussion site, please contact-_____.

D. Social media is a digital conversation between people.

Considerations when using Social Media:

1. Facebook

   a. A Facebook Page can be set up to provide information to a large number of people. Anyone can like the page. It is not recommended to allow the public to make posts if the page cannot be monitored frequently throughout the day.

   b. A Facebook Group is a private page which make it easy to connect with specific sets of people. This allows for more interaction and discussion. WIC provider designated professional staff must be available to monitor discussions for a Group. Participation must be by invitation and a WIC participant should not be made a member without their knowledge.

   c. It is recommended that local agency staff not ~~to~~ "Friend" WIC participants. In small communities it may be difficult to prevent, but staff should be cautious in becoming a Facebook Friend with a WIC participant on their personal Facebook page.

   d. Post often to keep your audience engaged, but not too often. It is recommended to post no more than one to two times per day. Experts suggest that posts are viewed more during the week than on weekends. Fridays have the least number of views.

   e. Keep messages short, simple, kind and friendly. Pay attention to correct spelling and grammar.

   f. Use acronyms that everyone understands or spell out acronyms that could cause confusion.

   g. People need to get something out of the time they spend with you. Make reading your posts or comments worth their time.

   h. Post Facebook chats, events, quizzes, contests/challenges, questions, videos, photos, widgets and interactive posts and comments to encourage followers to participate in conversations.

2. Twitter:

a. Twitter may be used to share information, commentary, descriptions of events, and to highlight online content.

b. Keep your content short and simple to make it easy for followers to retweet the message without having to edit.

c. Consider posting weekly at a minimum.

d. Consider holding Twitter events to encourage followers to participate in conversations about your priority topics.

3. Text Messaging:

a. Text messaging is a simple and easy way to reach a large portion of participants and can include links to other media channels.

b. Text messages should be short and concise.

c. Abbreviations should only be used when they are easily understood and do not change the meaning of the message.

d. Links to traditional web sites should be avoided and links to sites designed specifically for mobile devices should be used.

e. Texting is a good way to remind participants of their WIC appointments and what to bring.

e. Short targeted educational messages can be texted to participants and they can be encouraged to contact their local WIC agency if they have more questions. For example, a new breastfeeding mom could be texted "How is breastfeeding going? Call WIC at _____if you have any questions."

f. A cell phone is not needed to send a text. If the cell phone carrier of the participant is known, texting can be done by computer using most email programs. See **EMAILING/TEXTING CLIENTS** instructions.

4. Online video sharing sites, such as YouTube, Flickr, Google, etc.:

a. Simple, easy-to-follow "stories" work best, with a single message or call to action.

b. Use of jargon, technical information, or detailed charts and graphs should be avoided.

c. Anyone with Internet access can upload, share, view and comment on video footage.

E. Promote your social media sites.

1. Provide links through your local WIC agency web page.

2. Provide information on referral lists and other handouts.

3. Promote in your clinic with signs and word of mouth.

4. Cross-promote all social media sites to other media channels with similar audiences.

General Volume
Management Section

Public Comment on WIC State Plan (1.02250)

ER# 1.02250

Authority 2008 7CFR 246.4(b)
Issued 10/02
Revised 06/10

POLICY: The State WIC agency shall establish a procedure under which members of the general public are provided an opportunity to comment on the development of the State agency plan.

PROCEDURES:

A. The state agency will post the WIC **st**ate plan on the Department of Health and Senior Services web site 45 days from the state plan submission date to USDA. The opportunity to comment on the WIC state plan will be available for approximately 30 days from the date of posting.

B. The state agency will review all comments received. Comments will be used and incorporated as appropriate to the issue and as federal regulations and state law allow.

C. Comments not reviewed and incorporated when the state plan is submitted to USDA by the due date will be summarized and it will be determined if comments are appropriate to the current state plan. If appropriate, the portions of the state plan affected will be revised and submitted to USDA as amendments.

General Volume
Management Section

WIC Operations Manual (WOM) (1.02300)

ER# 1.02300

Authority	2008 7CFR 246.4(a)(11), WIC Local Agency Nutrition Services Contract Scope of Work
Issued	10/90
Revised	10/12

POLICY: The State WIC program will update the WIC Operations Manual as necessary throughout year.

The WIC Operations Manual must be accessible to all WIC employees, contractors, and volunteers who work with WIC participants, applicants, or the information related to the participants or program.

The WOM shall be made available via the State WIC program web site, http://health.mo.gov/living/families/wic/wiclwp/wom/.

The WIC Coordinator should review all new or revised policies annually and provide training to other LWP staff members.

PROCEDURES:

A. The WIC Operations Manual (WOM) is provided by the State WIC program to the LWP in an electronic format using the Internet. There is no charge to the LWP.

B. The state WIC office will:

   1. Revise and develop WOM definitions and policies as needed.

   2. Advise each local WIC provider when the WOM has been updated via the WIC Updates.

C. District technical assistance (TA) teams will provide guidance and clarification on all WOM policies.

General Volume
Management Section

No-Smoking Policy (1.02600)

ER# 1.02600

Authority	2008 7CFR 246.6(b)(4), MPSF-1:WC-94-12-P & WIC Local Agency Nutrition Services Contract Scope of Work
Issued	9/94
Revised	10/09

POLICY: The local WIC provider (LWP) shall prohibit smoking on any premises used to carry out the WIC Program during the time any aspects of WIC services are performed. LWP providing WIC services from satellite locations in leased, rented, or donated space must assure the area is designated no-smoking during the time any aspects of WIC services are performed.

The LWP must post the service and waiting areas as non-smoking.

Any LWP that allows smoking in the area where WIC program functions are performed will not receive administrative funds from WIC.

PROCEDURES:

A. The LWP will either post a public policy against smoking or post no-smoking signs in areas of any facility where WIC Program functions are performed. This includes waiting areas.

B. The LWP must prohibit smoking during times that the WIC program is actually operating at a clinic site. For example, at satellite sites, such as churches or community centers, the no-smoking policy must be implemented during clinic service hours only.

C. This policy applies to:

1. Participants/guardians/applicants
2. LWP staff serving participants
3. Volunteers and visitors

D. For LWP staff and volunteers, it is recommended that smoking be confined to official break and lunch times and only in specifically designated smoking areas.

E. Smoking is prohibited near the WIC clinic entrances used by WIC participants.

General Volume
Funding Accountability Section

Local Agency Plan (1.02700)

ER# 1.02700

Authority	2018 7 CFR 246.5(b) & (f), 246.6(b), 246.11(c)(1) & (7), (d) & (e)(1)
Issued	3/89
Revised	10/09, 10/18

POLICY: The local agency (LA) shall complete a Local Agency Plan (LAP) using the current LAP tool and submit the plan to the state agency (SA) by the required due date each fiscal year. Amendments to the plan must also be approved by the SA.

PROCEDURES:

A. The SA strongly recommends the LA attend the annual LAP training. The SA may require specific LAs to attend LAP training as part of a corrective action plan (CAP).

B. During the annual planning process, the LA must conduct an assessment of the WIC program using the appropriate reports referenced in the LAP instructions and other reliable sources of information available to the LA to:

1. Determine current critical community needs.
2. Determine nutritionally high-risk groups.
3. Prioritize services to meet the most critical community needs.
4. Define the LA's program direction.
5. Coordinate services with other programs and resources in the community.
6. Provide data for future evaluations.
7. Collect or identify needed data.
8. Obtain annual caseload and cost-per-participant from the SA.

C. The LA shall complete the LAP according to the WIC LAP Training Manual. Allowable WIC costs are defined in WOM policies ER# 1.03300 through ER# 1.04700.

D. The LA shall submit the completed LAP by the required date.

E. The technical assistance (TA) team will review the LAP and negotiate any changes necessary. The final approved version of the LAP will be posted to the LAP web page.

F. The LA may access the LAP online at any time.

WIC Local Agency Nutrition Services Contract and Attachments (1.03250)

ER# 1.03250

Authority 2008 7CFR 246.6
Issued 10/90
Revised 10/14

POLICY: A complete, fully signed contract with all necessary attachments and/or amendments plus an approved Local Agency Plan (LAP) for the coming fiscal year must be on file at the State WIC office in order for the local WIC provider (LWP) to receive reimbursement for WIC services.

The LWP must comply with all fiscal and operational provisions of the contract.

PROCEDURES:

A. The original LWP contract for the provision of WIC services will consist of the Program Services Contract (DH-70) and the Scope of Work, which is titled "WIC: Local Agency Nutrition Services.

B. An LWP that receives additional, special funds for specific projects or purposes, e.g. breastfeeding peer counseling program, program for dietetic interns (PDI), etc., may have to submit special funding applications to be approved by the State WIC office. Upon approval or notification, these LWPs may receive scope(s) of work for the special funding(s).

C. The contract shall be signed by all parties prior to the start of the federal fiscal year and retained on file at both the State and LWP offices. The LAP must be submitted and approved before any reimbursement can be made. (Refer to ER # 1.02700 for more information on the LAP.)

D. The Department will reimburse the Contractor for allowable costs not to exceed the fixed price contract. The contract amount will be based on the number of participants provided services during the twelve month period, counted from April 1 through March 31 beginning the previous year.

1. The Department may increase the projected annualized caseload participation in an annual contract review after six months. An increase in the contract amount will only be considered if:

   a. Additional funds are available.

   b. The agency's percentage of participants served is more than 2% over the contract starting caseload participation amount.

   c. The increase shall be the net amount served above 2% over the contract starting caseload participation amount.

   d. Requested by the agency in writing through assigned TA staff by COB May 3 of the current contract year.

2. In the event of a natural disaster or other unforeseen circumstances that cause an increase in caseload to occur, the Department reserves the right to adjust the contract amount on the request of the contractor.

3. The Department will notify the Contractor of any increase in the caseload participation.

E. The LWP must comply with all provisions of the contract, scope(s) of work, and any amendment(s).

F. The LWP must retain contract, scope(s) of work and amendments for audit. (Refer to ER# 1.06000.)

Monthly Administrative Cost Invoice (1.03300)

ER# 1.03300

Authority	2008 7CFR 246.13(j), 246.16(d) & 246.25(a)
Issued	10/90
Revised	10/09

POLICY: The local WIC provider (LWP) shall use the Online WIC Invoicing Application to complete the Monthly Administrative Cost Invoice to request for reimbursement.

The LWP shall submit a monthly reimbursement request for the prior month's expenses, with required documentation, by the 10th of the following month, except in June.

The State WIC office reserves the right to deny reimbursements on costs submitted more than 60 days after the due date.

The LWP shall be reimbursed not greater than forty percent (40%) of their caseload-based assigned amount in the first quarter, sixty-five percent (65%) in the second quarter and ninety percent (90%) in the third quarter, with the remainder billed in the fourth quarter.

The LWP shall use the funds for only the approved activities and materials as budgeted and approved. Changes among budgeted categories shall be requested online and approved prior to expending funds.

The LWP shall define on each reimbursement request, the components of operational costs that are related to nutrition education and breastfeeding promotion and support. At a minimum, one sixth (1/6th) of the LWP's annual operational reimbursement, excluding special grant(s), must be spent on nutrition education and breastfeeding promotion and support.

PROCEDURES:

A. The monthly administrative cost invoice is used to document:

1. Expenses for which the LWP is requesting reimbursement.
2. Allowable in-kind costs as authorized by the current fiscal year contract.

B. The LWP must submit the monthly administrative cost invoice to the State WIC office via the online WIC Invoicing Application by the close of business on the 10th of each month except June.

1. The LWP will be notified in advance of the June submission date, which will be coordinated with the end of the state fiscal year.
2. When the 10th of the month falls on a holiday or weekend, the invoice is due the last working day prior to the 10th.
3. Invoices received after this date may not be paid until the next payment cycle.

C. Upon receipt of the invoice, the state fiscal monitor will do the following:

1. Review the invoice for accuracy and appropriate completion.
2. Review the invoice for incorrect billing.

3. Request changes on the invoice from the LWP.

4. Adjust the invoice to comply with the contract.

5. Reject the invoice or process the document for payment.

D. The LWP may amend a previously submitted invoice by adding or subtracting incorrect costs on next month's administrative cost invoice. Explain the change in the comment area.

E. The LWP cannot bill more than 100% of the original allocation in any line item without prior approval from the State WIC office.

1. When LWP wants to bill more than 100% of the original allocation in a line item, the LWP must submit a budget adjustment request in the Online WIC Invoicing Application and e-mail the request to their TA team.

2. Funds allocated for breastfeeding grant or other special grant(s) cannot be reallocated to cover over-expenditures of other line item.

3. The State WIC technical assistance team must approve the request prior to expending fund.

F. For instructions to complete the Online WIC Invoicing Application, refer to the Online Invoicing Application User Manual.

General Volume
Funding Accountability Section

Line Item: Personnel Compensation (1.03400)

ER# 1.03400

Authority 2008 7CFR 246.14(c)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall include total costs incurred to provide WIC services under the WIC contract for salaries and wages.

The LWP shall budget for personnel compensation based on time planned to be used.

The LWP shall bill for personnel compensation according to actual time spent by specific individuals each month.

The LWP must retain documentation of costs and expenditures billed in this line item.

PROCEDURES:

A. When billing for personnel compensation each month, the LWP should use each employee's monthly salary, hourly wage or specific monthly scale.

B. Documentation of costs and expenditures must be retained as follows:

1. Auditable time accounting or time sheets, signed by the employee, which documents hours and costs incurred for program management, client services, nutrition education, and breastfeeding promotion and support.
2. Payroll ledgers or other records.
3. Contracts where applicable.
4. Pay schedules or wage scales.
5. Records of actual expenditures such as payroll printouts, check stubs, etc.

C. Program management, client services, nutrition education, and breastfeeding promotion and support costs:

1. Are allowable on this line item. Refer to ER# 1.02700.
2. Each category of costs must be shown and charged by actual time spent by specific individuals each month, based on their time and salary for the month.

D. Lead screening and referral costs:

1. Allowable personnel time for lead screening and referral include staff time to:
   a. Develop a nutrition care plan.
   b. Provide nutrition education.
   c. Make health care referrals.
   d. Perform hematological tests used for detecting iron-deficiency, such as hemoglobin, hematocrit or free erythrocyte protoporphyrin (EP).

2. Personnel costs for performing lead screening, such as venous blood lead tests and laboratory analysis of blood samples that are intended for any purpose other than to assess iron status, are not allowable WIC costs.

E. Immunization screening and referral costs:

1. Allowable personnel costs for immunization screening and referral include staff time to:

   a. Screen immunization records.

   b. Make health care referrals

   c. Schedule appointments for immunizations.

2. Personnel costs for providing immunizations are NOT allowable WIC costs.

Line Item: Personnel Benefits (1.03500)

ER# 1.03500

Authority 2008 7CFR 246.14(c)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall include employee fringe benefits costs paid by the agency on the personnel benefits line item when budgeting and billing.

The LWP shall bill for personnel benefits accordingly to the actual benefits for each employee based on the employee's actual WIC time and salary.

The LWP must retain documentation of costs and expenditures billed in this line item.

PROCEDURES:

A. Benefits that may be charged to the WIC contract include:

1. Employer's share of FICA taxes.
2. Employer's contribution to health and life insurance for employees.
3. Worker's compensation.
4. Unemployment Compensation Insurance.
5. Employer's share of employee's pension plan.
6. Other benefits as approved by the state WIC program/office.

B. The following cannot be charged to the personnel benefits line item:

1. Leave and holiday time.
2. Liability insurance.
3. Bonding insurance.
4. Employee's contribution to benefits.

C. The LWP may budget for personnel benefits based on any combination of the following:

1. An overall portion of salaries.
2. A specific portion of salaries for each individual.
3. The WIC portion of lump sum amounts for specific benefits.

D. Documentation of costs and expenditures must be retained as follows:

1. Auditable time accounting or time sheets, which also show nutrition education time spent.
2. Benefits and payroll ledgers or other records.
3. Contracts, invoices or other documents proving benefits provided.
4. Records of actual expenditures such as check stubs, canceled checks, receipts, etc.

E. Program management, client services, nutrition education, and breastfeeding promotion and support costs:

1. Are allowable on this line item.
2. Must be shown and charged according to actual benefits for each employee based on the time and salary for the month.

General Volume
Funding Accountability Section

Line Item: Contract Services (1.03600)

ER# 1.03600

Authority 2008 7CFR 246.14(c)
Issued 2/89
Revised 10/09

POLICY: The local WIC provider (LWP) shall use the contract services line item to budget and bill allowable expenses for contracts with other agencies or with individuals providing nutrition services and/or interpretive services.

PROCEDURES:

A. When budgeting and billing, the local WIC provider shall include, on the contract services line item, money paid through contracts with:

   1. Other agencies or companies (sub-contractors) or individuals for:

      a. Deliverables such as certifications.

      b. Services such as nutrition services and/or peer counseling services.

      c. Services for interpretation, such as hearing-impaired and non-English.

   2. Individuals for allowable services outside the scope of usual clinic operations, such as interpretive services for hearing-impaired or non-English or peer counseling services.

B. The LWP and the subcontractor shall determine the amount of fees and the services to be provided. The state WIC office should be consulted if necessary.

C. The LWP shall bill for contract services costs by whichever of the following methods is applicable:

   1. Multiplying the established fee by the deliverables provided in that month.

   2. Based on hours worked and/or services provided.

   3. Based on other documentation approved by the agency and submitted by the subcontractor.

D. Documentation of costs and expenditures must be retained as follows:

   1. A signed contract between the LWP and the subcontractor or individual that has been approved during the annual Local Agency Plan budgeting process. The contract shall include:

      a. The amount of fees to be paid.

      b. The services or deliverables to be rendered for the fees.

      c. The time period of the contract, to be the current fiscal year or less.

   2. Documentation of payment to the subcontractor or individual.

   3. Subcontractor or individual records submitted for services performed.

E. Nutrition education costs are allowable on this line item based on services related to direct nutrition education counseling, including breastfeeding peer counseling.

Line Item: Conference and Training (1.03700)

ER# 1.03700

Authority 2008 7CFR 246.14(c)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall budget and bill all non-personnel costs for approved conferences and trainings on the conference and training line item.

Personnel costs associated with conference and training shall be shown in the line items for personnel compensation and benefits.

Nutrition contractor costs associated with conference and training shall be shown in the line item for contract services.

PROCEDURES:

A. Conference and training operational costs may be budgeted and billed for:

1. The WIC Conference. Specific costs projected for the WIC Conference will be included with the materials sent for the local agency plan (LAP).
2. Other approved non-WIC training programs.
3. WIC trainings and in-services.
4. Approval from appropriate member of the state WIC staff, dependent on job function of trainee, i.e. nutrition training not originally submitted in the LAP.

B. Allowable costs under this line item include any of the following:

1. Travel.
2. Lodging if greater than 50 miles or more from the official LWP main office.
3. Meals except for training conducted within an agency for their staff.
4. Registration fees.

C. Documentation of costs and expenditures must be retained as follows:

1. Receipts for:
   a. Lodging.
   b. Registration fees.
   c. Travel other than by automobile.
2. An expense sheet or comparable record, signed by the employee, for both:
   a. Meals.
   b. Mileage.

   Note: Mileage shall be reimbursed at the lower of the current IRS rate for mileage

reimbursement or the mileage reimbursement rate set by the LWP's internal policy.

3. Agency direct payment of employee expenses or reimbursement to the employee.

D. Nutrition education costs are allowable on this line item:

1. For any individual responsible for any percentage of nutrition education.
2. At 100% of the costs.

General Volume
Funding Accountability Section

Line Item: Travel (1.03800)

ER# 1.03800

Authority 2008 7CFR 246.14(c)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall budget and bill all travel for WIC operations, except for conference and training related, on the travel line item.

PROCEDURES:

A. Travel for WIC operations may be for any of the following:

1. Satellite clinic sites.
2. Vendor activities.
3. Outreach activities.
4. Special administrative activities associated solely with WIC.
5. Non-training meetings sponsored by WIC.
6. Home visits by peer counselors to assist women to continue breastfeeding.

B. Allowable costs under this line item include any of the following:

1. Travel.
2. Lodging if greater than 50 miles or more from the official LWP main office.
3. Meals.

C. Documentation of costs and expenditures must be retained as follows:

1. Receipts for:
   a. Lodging.
   b. Travel other than by automobile.
2. An expense sheet or comparable record, signed by the employee, for:
   a. Meals.
   b. Mileage.

   Note: Mileage shall be reimbursed at the lower of the current IRS rate for mileage reimbursement or the mileage reimbursement rate set by the LWP's internal policy.
3. Agency direct payment of employee expenses or reimbursement to the employees.

D. Nutrition education costs are allowable on this line item if the cost for travel is directly applicable to nutrition education, including breastfeeding promotion.

General Volume
Funding Accountability Section

Line Item: Equipment Purchases (1.03900)

ER# 1.03900

Authority	2008 7CFR 246.14(c), FNS Instr. 808-1, 815-1, & MPSF-1: WC-94-33-P
Issued	2/89
Revised	10/09

POLICY: The local WIC provider (LWP) shall budget and bill for purchases of all health assessment equipment on the equipment purchases line item.

The LWP shall budget and bill for purchases of other equipment, except computer hardware and software, with a minimum value of $500.00 on the equipment purchases line item.

The LWP must obtain prior written approval from the state WIC office.

PROCEDURES:

A. A local WIC provider must request written authorization from the state WIC office for the purchase of the following with WIC funds:

   1. Health assessment equipment.
   2. Equipment valued at $500.00 or more.

B. The request may be done:

   1. During the local agency plan (LAP) process if equipment is planned.
   2. At another time during the year if equipment is needed.

C. The request must justify why the equipment is needed.

D. The state WIC office will review the request and approve, deny or make changes based on the following:

   1. Need and appropriateness of equipment.
   2. Cost.
   3. Status of local WIC provider budget.
   4. Current State WIC office emphasis regarding equipment.
   5. Overall financial situation of the program.

E. When authorization is given, it will specify both:

   1. The type of equipment approved.
   2. The maximum allowable cost.

F. Upon receipt of authorization, the LWP shall follow local purchasing guidelines that assure all of the following:

   1. Cost effectiveness.

2. Quality product within defined standards.

3. Competitive purchase.

G. Equipment may be charged fully or partially to WIC. When the LWP intends to share costs, a cost allocation plan must be included in the request. Refer to ER# 1.04100 and ER# 1.04400.

H. After purchase, the LWP will bill for reimbursement on the equipment purchases line item.

I. Documentation of costs and expenditures must be retained in LWP file as follows:

1. Purchase invoice and/or receipt.

2. Authorization letter from the state WIC office.

3. Verification of payment.

4. Updated inventory record.

J. Nutrition education costs are allowable on the equipment line item if used for nutrition education and approved by the state WIC office. Electric breast pumps are included in this category.

1.04000 Line Item: Nutrition and Breastfeeding Materials

Authority	7 CFR 246.14(c)(1)(i-iv); WIC PM 94-7; 95-5; 95-10; 96-9; 96-30; 2003-07; 46.2; FNS-I 815-1-P
Issued	1/81
Revised	08/19

POLICY: The Local WIC Agency (LA) shall budget and bill all materials and supplies used for direct support of nutrition and breastfeeding education and breastfeeding support aids on the nutrition materials line item. The LA must obtain prior purchase approval from the State Agency (SA).

PROCEDURES:

A. Materials purchased to support nutrition and breastfeeding education and breastfeeding support aids shall be budgeted and billed on the nutrition materials line item.

   1. The following items are allowable:

      a. Items for food demonstrations or cooking classes, such as food, pans, cooking utensils, and cleaning supplies.

      b. Pamphlets, handouts and brochures. Refer to policy 2.06200, Guidelines for Nutrition Education: Approved Resources.

      c. Audio-visual materials, (such as videos, DVDs, PowerPoint presentations). Refer to policy 2.06200, Guidelines for Nutrition Education: Approved Resources

      d. Resource materials, (peer-reviewed, nutrition and breastfeeding books, magazines, journals and newsletters).

      e. Teaching aids, (such as flip charts, DVD player, projectors, easel, markers, food models, fruit and vegetable sets, educational games, breastfeeding dolls, breast models and other educational props).

      f. Breastfeeding aids that directly support breastfeeding (such as breast pumps, pumping kits, breast shells, micro steam bags, and nursing pads). Nipple shields and supplemental nursing systems can only be provided after an assessment and continued follow up by an International Board Certified Lactation Consultant (IBCLC).

   2. The following program incentive items for nutrition and breastfeeding education can be provided if enough information is conveyed to be considered educational. Cost must be reasonable and necessary and cannot exceed six dollars. When feasible, a WIC-specific or an educational message should be imprinted on the item.

      a. Fit WIC activity items, such as jump ropes, hula hoops Frisbees, pedometers, playing or exercise balls, and exercise DVDs.

      b. Kitchen tools, vegetable seeds, digital timers, cookbooks, divided plate, baby spoon, and drinking cups (approved type for children up to 2 years of age.)

      c. Breast milk storage trays and breast milk storage coolers (for fully and mostly

breastfeeding women).

d. Cloth bags, refrigerator magnets and promotional buttons

e. Nursing cover-ups and infant blankets, hats, bibs, onesies, and shirts (for fully and mostly breastfeeding women).

3. Due to cost, the following may be allowable with special consideration from the SA:

a. T-shirts for staff for promotional events such as World Breastfeeding Week and National Nutrition Month.

b. Healthy refreshments to encourage attendance to breastfeeding support group or task force meetings.

~~c.~~ Helium tanks and balloons for nutrition and breastfeeding educational and promotion events

d. Rugs that are printed with information or graphics that have a clear and useful connection to nutrition or breastfeeding education.

e. Nursing bras

4. The following items are not allowable:

a. Breastfeeding aids which do not directly support the initiation and continuation of breastfeeding such as infant pillows, nursing blouses, diaper bags, nursing bracelets, breastfeeding pump bustiers, latch assist, Milkies, breastmilk storage bags or nursing slings.)

b. Breastfeeding aids used in the treatment of sore nipples, such as lanolin, nipple ointments, hydrogel pads and soothies.

c. Bottles and pacifiers.

d. Pens, lanyards, wristbands, and jewelry.

B. The LA shall consult with a member of the SA staff for verification before budgeting or billing other costs that seem to be applicable on this line.

C. Documentation of costs and expenditures must be retained as follows:

1. Receipts or other source documents.

2. Auditable documentation of payment.

3. Approval from the SA is given either:

a. Through the local WIC provider plan (LAP) process; OR

b. At another time for a specific request as necessary.

E. The SA will review this line item throughout the year to verify appropriate usage.

F. The SA will determine if money in the nutrition materials line item has been spent according to the local WIC provider plan. If it has not been spent as outlined in the plan, the LA will submit alternate requests for using the money.

G. If the plan of action is not approved in the Online WIC Invoicing Application Budget Adjustment

tab, the dollar amount in question may be reallocated, upon request of the LA and approval of the SA. If the reallocation request is not approved, the funds cannot be used for any purpose other than nutrition and breastfeeding education materials.

H. All costs under this line item are nutrition or breastfeeding education allowable.

Line Item: Administrative Office Costs (1.04100)

ER# 1.04100

Authority 2008 7CFR 246.14(c)(4) & MPSF-1:WC-94-33-P
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall budget and bill costs that do not fall into another specific category on the administrative office costs line item.

PROCEDURES:

A. The local WIC provider may include any of the following administrative office costs on the administrative office costs line item when budgeting and billing:

1. Postage, UPS, delivery, freight, handling, etc.
2. Office supplies, including computer paper, printer ribbons, small parts and nutrition aids such as poster board, markers, lettering, etc.
3. Communication costs (telephone, fax, etc.).
4. Equipment rental or repair.
5. Printing and reproduction costs.
6. Costs of advertisements for staff recruitment.
7. CLIA registration fees.
8. Dues for professional associations.
9. Insurance and service fees for supplying breast pumps.
10. Small appliances used as nutrition aids.

B. If a local WIC provider has other costs that seem to be applicable to this line item, it should consult with the state WIC office for verification before budgeting or billing.

C. The local WIC provider shall bill for administrative office costs according to one of the following methods. The method the local WIC provider chooses to use shall be described in the budget portion of the local WIC provider plan for approval by state WIC staff.

1. Actual costs that are incurred separately for WIC.
2. A percentage of the total costs:
   a. Based on the total personnel hours spent on WIC compared to the total local WIC provider hours.
   b. Documented by a verifiable time accounting system.
3. An alternative method submitted with the local WIC provider plan and subsequently approved by state WIC staff.

4. A combination of the above methods may be used for different types of costs within this line item.

D. Documentation of costs and expenditures must be retained as follows:

1. Receipts or other source documents for all purchases and expenditures.
2. Formulas used for calculating costs as well as:
   a. The documentation of the basis of the formula.
   b. The actual calculated costs.
3. Auditable documentation of payment.

E. Nutrition education costs allowable on this line are costs for printing and reproduction, insurance and service fees for supplying breast pumps, office supplies, small appliances used for nutrition education, and some computer software (with approval of the state WIC office).

Line Item: Medical Materials (1.04200)

ER# 1.04200

Authority 2008 7CFR 246.14(c)(2)(ii)
Issued 2/89
Revised 10/09

POLICY: The local WIC provider (LWP) shall budget and bill items needed to do health assessments on the medical materials line item.

PROCEDURES:

A. The local WIC provider shall include the costs of expendable medical supplies used for WIC health assessments on the medical materials line item when budgeting and billing.

B. The local WIC provider shall not budget or bill the cost of medical materials supplied directly from the State WIC office.

C. The local WIC provider may budget and bill for medical materials according to any of the following methods:

1. Actual costs that are incurred separately for WIC.
2. A percentage of the total cost of supplies used in WIC and other programs:
   a. Based on the total personnel hours spent on WIC compared to the total local WIC provider hours.
   b. Documented by a verifiable time accounting system.
   c. This method shall not be used if a disproportionate share of medical supplies are used in other programs.
3. A combination of the above methods may be used for different supplies within this line item.

D. Documentation of costs and expenditures must be retained as follows:

1. Receipts or other source documents for all purchases and expenditures.
2. Formulas used for calculating costs including:
   a. The documentation of the basis of the formula.
   b. The actual calculated costs.
3. Auditable documentation of payment.

E. Nutrition education costs are not allowable on this line item.

F. Lead screening and referral costs:

1. Allowable medical costs include medical supplies associated with performing hematological tests used for detecting iron-deficiency, such as hemoglobin, hematocrit or free erythrocyte protoporphyrin (EP).

2. Medical costs for lead screening, such as venous blood tests and laboratory analysis of blood samples that are intended for any purpose other than to assess iron status, are not allowable WIC costs.

G. Medical costs for immunizations, such as vaccine and supply costs, are not allowable WIC costs.

Line Item: Computer Hardware/Software (1.04300)

ER# 1.04300

Authority	2008 7CFR 246.14(d) & FNS Instr. 808-1, 815-1
Issued	11/91
Revised	10/09

POLICY: The local WIC provider (LWP) shall budget and bill all purchases of computer hardware and software on the Computer Hardware/Software line item. The local WIC provider (LWP) must obtain prior purchase approval from the state WIC program.

PROCEDURES:

A. The local WIC provider must request written authorization for the purchase of computer hardware equipment or software. When authorization is given, it will specify both:

1. The piece(s) of equipment approved. This will include specifications recommended for the equipment to work with the system.
2. The software should be identified and the location of the computer where it will be installed.
3. The maximum allowable cost.

B. Upon receipt of the authorization, the local WIC provider shall follow local purchasing guidelines and specifications necessary in the purchase authorization.

C. After purchase, the local WIC provider will bill for reimbursement on the Computer Hardware/Software line item. The State WIC office will reimburse the local WIC provider for the purchase only if the following are listed in the comment section of the On-line Monthly Administrative Cost Invoice:

1. Item purchased (i.e., monitor, PC, printer, etc.)
2. Manufacturer name (i.e., IBM, Samsung, etc.)
3. Serial Number
4. Model Type or Number
5. Where equipment is to be housed (i.e., satellite site)
6. Date the equipment was purchased

D. The State WIC Office will send the WIC inventory tag to the local WIC provider. The tag must be immediately placed on the equipment purchased. If a number of pieces of equipment are purchased, each tag will indicate the piece to which it shall be attached.

E. Documentation of costs and expenditures must be retained as follows:

1. Purchase invoice and/or receipt.
2. Authorization letter.
3. Verification of payment.

4. Updated inventory record.

F. Nutrition education costs are not allowable on this line item.

Line Item: Facilities Costs (1.04400)

ER# 1.04400

Authority 2008 7CFR 246.14(a)(1) & FNS Instr. 808-1
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall budget and bill allowable space and utilities costs on the facilities costs line item.

PROCEDURES:

A. Facilities costs for a local WIC provider's primary site are not allowable unless both of the following conditions are met:

   1. Costs must be approved by the state WIC office.

   2. Costs must be equitably shared by all programs utilizing the local WIC provider's facility.

B. Satellite site facilities costs may be budgeted and billed on the facilities costs line item. However, if the satellite site offers other programs, the costs must be equitably shared by all programs utilizing the satellite site facility.

C. When approved, utilities and space utilization costs may be budgeted and billed on the facilities costs line item. Facilities costs may include:

   1. Utilities.

   2. Building maintenance and repair costs which neither add to the permanent value of the property nor appreciably prolong its intended life but keep it in efficient operating condition.

   3. Rent.

   4. Depreciation or use allowance on facilities owned by the local WIC provider.

D. When approved, these costs may be billed as follows:

   1. Utilities, maintenance, and/or rent, based on one of the following methods:

      a. Total costs for areas used exclusively for WIC.

      b. A proportionate cost based on the percentage of floor space used exclusively by WIC.

      c. A proportionate cost based on the percentage of personnel time spent on WIC in relation to the total hours for the local WIC provider.

      d. An alternate method agreed to by the state WIC office and the local WIC provider.

   2. Depreciation or use allowance:

      a. must use an auditable, approved method for prorating depreciation.

      b. must be calculated by one of the following methods.

i. A proportionate cost based on the percentage of floor space used exclusively by WIC.

ii. A proportionate cost based on the percentage of personnel time spent on WIC in relation to the total hours for the local WIC provider.

c. Use allowance must be proportionate to WIC's use, but may never exceed an annual rate of 20% of the building's acquisition cost.

E. Documentation of costs and expenditures must be retained as follows:

1. Receipts, schedules or other source documents for all expenses.

2. Formulas used for calculating costs as well as:

a. The documentation of the basis of the formula.

b. The actual calculated costs.

3. Approvals by state WIC staff.

4. Auditable documentation of payment.

F. Nutrition education costs are not allowable on this line item.

General Volume
Funding Accountability Section

Line Item: Indirect Costs (1.04500)

ER# 1.04500

Authority	2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart E – Cost Principles §200.416; Appendix V to Part 200—State/Local Government and Indian Tribe-Wide Central Service Cost Allocation Plans; Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals
Issued	1/81
Revised	10/15

POLICY: A claim for indirect costs shall be supported by either a federally approved indirect cost rate letter or an approved cost allocation plan.

Indirect cost billing shall not exceed the federally negotiated indirect cost rate or the de minimis rate up to 10%.

Cost must not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstance, has been assigned as a direct cost.

PROCEDURES:

A. Indirect costs are those costs incurred for a common or joint purpose (i.e., County Health Dept.) benefitting more than one cost objective (or program – i.e., Immunizations, WIC, Head Start, Medicaid, Social Services, and Health Dept.,), and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved, such as utilities, rent, administrative costs, accounting, HR/personnel service costs, and building maintenance.

B. The local WIC provider (LWP) may claim indirect costs in one of two ways.

   1. An indirect cost rate may be established with a rate approval letter from the federal agency (such as the U.S. Department of Health and Human Services (HHS)) to the LWP.

   2. The LWP is entitled to a de minimis indirect cost rate up to 10% of the modified total direct costs (MTDC).

      a. MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each contract. MTDC excludes equipment, capital expenditures, rental costs, tuition remission, scholarships and fellowships, and the portion of each contract in excess of $25,000. 2 CFR Part 200.68 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

C. In lieu of using the de minimis rate of 10%, the contractor may opt to accept an indirect cost rate lower than 10% of the modified total direct costs or the contractor may waive charging indirect costs.

D. The LWP must budget and bill indirect costs to all other federal programs operated by the business entity associated with the LWP to be eligible for WIC reimbursement on this line item.

E. Documentation of costs and expenditures must be retained as follows:

1. The rate approval letter from HHS (if applicable).
2. Auditable documentation of actual expenses covered under indirect costs.

F. No portion of the indirect cost line item is chargeable to nutrition education.

G. All expenses must be charged consistently either as direct or indirect, further no expense can be double charged under both direct and indirect.

H. If the total costs to deliver services at the LWP exceed the statewide allowable unit cost, the LWP should show the indirect costs in the in-kind services part of the budget proposal; however, Indirect Costs shall only be billed at the federally negotiated indirect rate or up to10% de minimis in accordance with the original budget.

General Volume
Funding Accountability Section

Line Item: Special Funds (1.04600)

ER# 1.04600

Authority	2008 7CFR 246.11(c)(1)&(2), MPSF-1: WC-91-16-P, Loving Support Breastfeeding Peer Counseling Grant Guidance
Issued	10/90
Revised	10/09

POLICY: The local WIC provider (LWP) shall bill all costs incurred for special project(s) on the appropriate individual Special Fund line item of the Online WIC Invoicing Application.

Detail of the costs billed, shall be submitted on the individual Special Fund invoice tab of the Online WIC Invoicing Application.

PROCEDURES:

A. The LWP may receive special project funds through an application submitted to and approved by the State WIC office.

B. As these funds are specially designated, they must be:

1. Used for the project exclusively.
2. Tracked separately from other costs.

C. For Breastfeeding Peer Counseling allowable expenditures, refer to "Guidelines for Allowable Items for Reimbursement for Breastfeeding Peer Counseling Project(s)" in the Breastfeeding Peer Counseling Training Manual.

D. Other special projects shall be budgeted and billed according to the approved contract between the State WIC office and the LWP, and detailed instructions from the State WIC office.

E. The LWP shall bill for special projects as follows:

1. Report expenditures for allowable items on the Online WIC Invoicing Application tab under the applicable Special Funds, i.e. WIC Breastfeeding Peer Counseling Project(s), Outreach Enhancement Project, etc. Reimbursement will be based on this online invoice.
2. The costs must be billed monthly.
3. When documenting costs for personnel compensation and benefits, it must detail:
   a. Names and titles.
   b. Hours worked.
   c. Salary and benefits value.
4. Description of non-personnel compensation costs items must be detailed in the "Remarks" section on the individual special fund invoice. Examples of non-personnel compensation cost items are office supplies, conference and training, travel, etc.

F. Documentation of costs and expenditures must be retained as follows:

1. Auditable personnel compensation and benefits records as defined in the ER# 1.03400 and

ER# 1.03500.

2. Other source documentation as applicable to the specific project line item. Refer to ER# 1.03600 and ER# 1.04100.

3. The LWP shall enter the title of the specific project on any source documentation related to special funds.

G. Special funds awarded for Breastfeeding Promotion should have amounts charged in both the "Actual Operational Costs" and the "Nutrition Education Portion columns of the invoice. Special funds awarded for other project, e.g. Outreach, may have chargeable amounts in the "Nutrition Education Portion" column based on the approved budget.

General Volume
Funding Accountability Section

In-Kind Costs (1.04700)

ER# 1.04700

Authority	2008 7CFR 246.16(d)(2) & WIC Local Agency Nutrition Services Contract Scope of Work
Issued	11/91
Revised	10/09

POLICY: The local WIC provider (LWP) shall show in-kind costs not reimbursable through available funding in the WIC contract on both the WIC budget and billings. Refer to ER# 1.02700.

PROCEDURES:

A. A local WIC provider shall show in-kind services in the budget proposal for informational purposes only. In-kind services must be allowable, applicable and documentable.

B. A local WIC provider shall show in-kind services on the monthly Online WIC Invoicing Application Invoice (WIC-24) although they will not be reimbursed.

C. Documentation of in-kind costs and expenditures must be retained as appropriate to the line item.

D. Nutrition education costs may be included in in-kind services as appropriate to the line item.

Local WIC Provider Outside Contracting (1.04800)

ER# 1.04800

Authority 2008 7 CFR 246.4(a)(25), 246.6(d)&(f)
Issued 10/90
Revised 10/09

POLICY: The local WIC provider (LWP) may enter into contracts or agreements with individuals, other local WIC providers or other entities to provide WIC services. The contracts or agreements must include specifics as detailed in the procedures below.

PROCEDURES:

A. The LWP may contract with an individual to provide staff functions. When this is done, the agency shall assure that:

1. The individual meets the requirements for the specific position he/she will fill.
2. The contract includes, at a minimum, the following items:
   a. Amount of monetary compensation including all of the following:
      i. Hourly rate.
      ii. Fringe benefits, if any.
      iii. Salary increases to be expected, if any.
   b. Clearly written job responsibilities.
   c. Amount of time the position will be needed monthly.
   d. For a nutritionist, a total of one day per month (approximately) should be set aside for the following responsibilities:
      i. Planning for nutrition education,
      ii. Continuing education (in-services, conferences, etc.),
      iii. Consultation with state WIC staff, and
      iv. Development and evaluation of the nutrition portion of local WIC provider plan.
   e. Probationary period, if applicable.
   f. Performance reviews.
   g. Expenses to be reimbursed. Mileage may be charged to WIC if approved by the state WIC office and reimbursed at the local WIC provider rate.

B. The LWP may contract with other local agencies to provide services requiring a nutritionist. When this is done:

1. One agency must assume the administrative responsibility for the nutritionist.
2. The administrative agency will contract with the other local agencies that will be sharing

the nutritionist's time. That contract should include all of the following:

a. How many hours will be spent at which location.

b. How the nutritionist will be paid using one of the following options:

i. Each agency will pay the administrative agency for the cost of the nutritionist's actual time spent at the agency.

ii. Each agency will pay the nutritionist directly according to the time spent in the agency. With this option, how costs for conferences and in-services will be covered must be included.

c. The amount and timing of salary increases, if any.

d. How travel expenses incurred by the nutritionist will be handled. (See A.2.g. above.)

e. How performance evaluations will be conducted.

f. How disciplinary actions will be handled.

g. Termination procedures for terminating the contract with the nutritionist or the other local WIC provider(s) within the contract period, if needed.

C. The LWP may use facilities that are not LWP owned to deliver WIC services (e.g. Satellite sites).

1. When this is done, the LWP shall contract or develop an agreement with the owner of that facility.

2. The contract shall specify:

a. The responsibility of each agency regarding use, cleanliness, insurance, etc.

b. The monetary compensation, if any, which the contracting entity will receive.

c. The days and time when the facility will be available to the LWP.

d. The notice that will be given by either party before cancellation of the contract/agreement.

e. Other items considered necessary.

D. The LWP may contract for interpretive services. The LWP may specify that the services will be on an as needed basis.

E. Preventing Conflict of Interest

1. Health professional staff that certifies a WIC applicant/participant for benefits should not, on a regular basis, issue food instruments for the same applicant/participant throughout the entire certification period. Refer to ER# 3.04800.

2. No one local agency staff or contractor of local agency shall certify oneself for WIC benefits nor issue food instruments or supplemental foods to oneself.

3. Employees of a local agency and contractor(s) of a local agency shall not certify relatives or close friends for WIC benefits nor issue food instruments or supplemental foods to relatives or close friends.

F. All contracts shall be retained for audit.

1.04900 Equipment Inventory

Authority 2019 7 CFR 246.24(d), 246.25(a), 2 CFR 200.313
Issued 1/81
Revised 10/19

POLICY: The local agency (LA) shall use state agency (SA)-provided WIC inventory tags to identify equipment purchased with WIC funds by the LA and the SA.

The LA shall maintain an inventory list of all equipment purchased with WIC funds, both by the LA and the SA.

The LA shall reconcile the WIC equipment inventory biennially and record the date of reconciliation. All changes to the location or disposition of the WIC equipment shall be submitted to the SA.

All equipment purchased with WIC funds by the LA and by the SA belongs to the SA and must be returned to the SA if the LA discontinues WIC services.

Equipment purchased jointly with WIC funds and other funds must be inventoried according to the procedures below.

PROCEDURES:

A. For inventory purposes, the LA shall permanently tag all equipment in the categories below purchased with WIC funds. In addition, the LA shall permanently tag all other equipment with a useful life of more than one (1) year and an acquisition cost of at least $500.00 purchased with WIC funds. The SA will supply WIC inventory tags to the LA. The equipment to be tagged includes, but is not limited to:

1. Computers (desktops, laptops, and tablets)
2. Computer monitors
3. Printers
4. Scanners
5. Signature pads
6. Network switching equipment (including routers, hubs, etc.)
7. Hemoglobin analyzers
8. Anthropometric equipment (scales and height boards)
9. Card reader/writers

B. The LA shall maintain a multi-user hospital grade electric breast pump inventory, even if the replacement cost is less than $500. (See policy 6.05100.)

C. The LA shall maintain and update an inventory list of all equipment purchased with WIC funds. A physical verification of all equipment will be performed during LA biennial monitoring visits to be matched with SA property records. The LA inventory list shall contain all of the following information:

1. Description and type of equipment (e.g., computer, monitor, printer)
2. Serial number, if available
3. WIC inventory tag number
4. Model number/manufacturer name, if available
5. Date of purchase (only for LA-purchased equipment)
6. Purchase price (only for LA-purchased equipment)
7. Percent of WIC funds used, if purchased jointly
8. Site where equipment is located
9. Status of equipment (e.g., currently using, spare, broken, lost or stolen)

D. The LA equipment inventory may be integrated into the overall local administrative agency's inventory. However, equipment purchased with WIC funds must be so designated. Equipment purchased jointly with WIC funds and other funds must indicate the total acquisition cost and the portion funded by WIC. When determining if jointly purchased items must be inventoried, the total acquisition cost of the equipment is the basis of the determination.

E. Prior to purchasing new equipment not budgeted and approved as part of the local agency plan (LAP), the LA shall submit the request to purchase equipment to their technical assistant (TA) for approval. (See policy 1.03900.) WIC inventory tags will be mailed to the LA if the equipment is to be tagged.

F. All equipment used for the WIC program shall be properly maintained and repaired as needed, and be kept secure from theft or vandalism.

G. Upon request of the SA, the LA shall make the equipment inventory list available within five (5) business days. The LA shall also allow the SA to inspect the equipment and inventory tags upon request.

H. The LA shall obtain written authorization from the SA before doing any of the following with WIC-purchased equipment:

1. Loaning
2. Transferring
3. Trading
4. Selling
5. Destroying
6. Removing from the inventory list

I. The LA shall retain Department of Health and Senior Services' Non-Expendable Property Transfer/Reassignment forms (DH-60), utilized to update the location and status of equipment, to ensure accuracy of inventory.

J. The LA shall retain inventory lists until notified by the SA that it has been a minimum of three (3) years following the date of submission of the final expenditure report for the period to which the inventory list pertains or until resolution of any issues resulting from

an audit or other action that may arise, whichever is longer. The SA will notify the LA when inventoried items may be removed from the inventory list.

WIC Equipment: Temporary Loan, Repair and Replacement (1.05100)

ER# 1.05100

Authority 2008 7CFR 246.6(b)(1) and 246.16(d)(2)
Issued 1/93
Revised 10/09

POLICY: The Local WIC Provider (LWP) shall be responsible for assuring equipment purchased with WIC funds or purchased by the State WIC program and placed for use in a LWP's facility, are available to conduct WIC Program services.

All equipment shall meet State WIC program requirements and comply with the State WIC program specifications, be properly maintained and repaired as needed, and kept secure from theft or vandalism.

The LWP must pay from non-WIC funds for replacement or repair of equipment purchased with WIC funds that was damaged, lost or stolen due to LWP negligence.

PROCEDURES:

State WIC Program-owned Equipment:

A. The LWP is responsible for appropriate security and use of any state-owned equipment while it is in the possession of the local WIC provider.

B. If any state-owned WIC equipment is damaged, lost, stolen or becomes unusable while in the possession of the LWP, repair or replacement will be handled as follows:

1. The State WIC office will pay for replacement or repair of the equipment when due to:

   a. Natural phenomenon (for example, flood, fire etc.)

   b. Normal wear and tear from extended use.

   c. Other circumstances beyond the LWP's control.

2. The local WIC provider must pay from non-WIC funds for replacement or repair of the equipment when due to local WIC provider negligence or other circumstances within the local WIC provider's control.

Local WIC Provider-owned Equipment:

A. When dealing with WIC-purchased equipment, the LWP will report problems and proposed steps to correct the problems to the State WIC office.

B. The State WIC staff will recommend repair or replacement, depending on which is the most cost effective.

C. When billing on the WIC Monthly Administrative Cost Invoice (WIC-24):

1. Repair costs are billed on the "Administrative Office Costs" line item. Refer to ER# 1.04100.

2. Equipment costs are billed on the line item appropriate to the purchase. Refer to ER# 1.03900 and ER# 1.04300.

D. The LWP may request a budget amendment to repair or replace the equipment.

1. The State WIC office will give a budget amendment only if funding is available and projections show that the LWP will exceed the contract by the end of the fiscal year.

2. If repair is more cost effective than replacement, but the LWP chooses replacement, then the budget amendment will be for no more than the cost of the repairs.

E. The LWP must assure that all WIC functions continue to be done appropriately while the equipment is being repaired or replaced. The State WIC office will provide loaner computer equipment to the LWP; however, the State WIC office will not provide loaner health assessment equipment to the LWP.

WIC Program Income (1.05450)

ER# 1.05450

Authority	CFR 246.15(b); CFR 246.14(a)(2), MPSF-1: WIC-96-13-P, MPSF: WC-99-07-P; P.L. 105-336, Section 203(d)
Issued	10/99
Revised	10/07

POLICY: WIC program income will be used appropriately to meet the needs of the WIC program. Program funds may not be used to pay for retroactive benefits.

PROCEDURES:

A. Program income is defined as gross income received by the State WIC office directly generated by a grant-supported activity during the grant period 7CFR3016.25(b). The following types of funds are program income:

1. Royalties from publications.
2. Fees for reproducing or mailing publications, videotapes, posters, etc.
3. Interest earned on rebate funds for infant formula or other foods.
4. General grants not tied directly to foods redeemed, but made for inclusion of food items in a State's food package (such as Welch's grants).
5. Vendor civil money penalties or fines, to also include any interest charged in their collection.

B. WIC program income will be used only to support the goals of the WIC program. Prior approval will be obtained from FNS to use program income for costs that support program objectives but are not currently permissible as charges to the WIC grant. In no event, however, will program income be used for costs specifically disallowed by OMB Circular A-87.

C. WIC program income can be used as any of the following, depending on the needs of the program.

1. WIC food dollars (100%).
2. WIC nutrition services and administrative dollars (100%).
3. Both WIC food and nutrition services and administrative dollars in any combination.
4. Farmers' Market Nutrition Program (FMNP) matching funds when needed and as allowed by law and regulations.

D. The WIC State director will determine how WIC program income will be used at the end of each quarter. Documentation of use will be maintained and provided to FNS through routine reporting procedures.

E. WIC program income will be used during the fiscal year:

1. In which the claim arises
2. In which the funds are collected; and/or

3. Following the fiscal year in which the funds are collected.

State and Local WIC Provider Monitoring Process (1.05500)

ER# 1.05500

Authority 7CFR 246.11(c)(5) & CFR 246.19(b)(1-4, & 6)
Issued 1/81
Revised 06/10

POLICY: The WIC State program shall establish an on-going management evaluation system which includes at least the monitoring of Local WIC Provider (LWP) operations, the review of LWP financial and participation reports, the development of corrective action plans to resolve Program deficiencies, the monitoring of the implementation of corrective action plans, and on-site visits. The results of such actions shall be documented.

The LWP shall establish a management evaluation system to review their operations and those of associated clinics or contractors.

The LWP will make available, for an on-going management evaluation system, the requested WIC records for review by the WIC monitoring team.

When the monitoring findings and recommendations are received, the LWP:

A. Must, if requested, participate in either an on-site visit or phone consultation with the designated WIC staff.

B. Must prepare a Corrective Action Plan (CAP), including implementation timeframes, within 60 days of receipt of the State WIC program monitoring review report.

PROCEDURES:

A. A member of the WIC monitoring team will communicate with the LWP Coordinator to schedule a monitoring visit. This visit will include observations of clinics and review of records, reports, documentation, etc.

B. The LWP will make available the requested WIC records for review by the WIC monitoring team. The records will include but are not limited to:

1. Record destruction documentation.
2. Audit exceptions.
3. Financial records.
4. Correspondence.
5. Office policies.
6. Local agency plan (LAP).
7. Staff training records.
8. Planning documents.
9. Inventory records.
10. News release and public notification files.

11. Outreach plan, as well as the activities conducted as part of the plan.

12. Nutritionist transcript copies.

13. Documentation of agreements with health care providers for referrals.

14. Memoranda of Agreement/Understanding with local organizations.

C. The LWP will provide adequate workspace for the monitors to review the records, and provide access to MOWINS and the Internet, if requested.

D. The LWP coordinator will assure that all appropriate staff attends the exit interview conducted by the monitoring team, normally on the last day the agency is monitored.

E. When the monitoring findings and recommendations are received, the LWP:

1. Must, if requested, participate in either an on-site visit or phone consultation with the designated WIC staff to review the findings, recommendations, and to discuss the appropriate methods to correct the findings.

2. Must prepare the Corrective Action Plan (CAP). The CAP shall be submitted to the designated WIC staff in the format specified and by the date stated on the Findings and Corrective Action Plan (CAP) Form.

F. The LWP response should be prepared on the Findings and CAP form provided by the WIC State program. The submitted plan must contain:

1. An explanation of how each finding will be corrected, implemented, and evaluated.

2. The expected implementation dates for each response.

3. The identification of the staff that will be responsible for implementation of the action.

4. A method of determining and documenting the findings have been resolved.

5. In those instances where a finding correction cannot be implemented, the justification as to why the finding is not appropriate or why correction is not possible should be specifically explained.

G. Once the monitoring response is approved, the designated WIC staff will return copies of the approved CAPs and will request a written acceptance of the WIC CAP as approved by the WIC Coordinator or local agency administrator.

H. The WIC Central Office will send a request for completion of the CAP Progress Report to the LWP for follow-up within six months of approval of the plan, unless WIC state staff determine additional time is needed for LWPs with intensive technical assistance needs. The LWP will send the completed CAP Progress Report to the designated WIC staff for review within the timeframes requested.

I. The WIC Central Office will send a request for completion of the self-monitor forms to the LWP for follow-up within nine to twelve months from the monitor date, unless WIC state staff determine additional time is needed for LWPs with intensive technical assistance needs. The LWP will send the completed Self Monitor Report to the designated email address for review within the timeframes requested.

J. The LWP will keep on file for audit purposes and for follow-up the monitor findings, the LWP response and implementation plan, documentation of all actions taken related to the monitoring

findings, a copy of the CAP Progress Report, and a copy of the Self Monitor Report.

Management Evaluation System (1.05550)

ER# 1.05550

Authority 2008 7CFR 246.19(b)(6)
Issued 6/97
Revised 06/10

POLICY: The local WIC provider (LWP) shall have an on-going management evaluation system.

PROCEDURES:

A. The LWP shall monitor the effects of clinic operations by reviewing appropriate management reports, charts/chart audits, and customer satisfaction, and make adjustments to clinic and staff work schedules, local policy revisions, as needed or at a minimum annually, to assure Program compliance.

B. The LWP management evaluation system shall include at a minimum:

1. Local WIC provider annual plan (LAP).
2. Evaluations at year-end of the plan.
3. Civil Rights compliance.
4. Self-monitoring.
5. Implementation of on-going corrective action plans to State WIC office monitoring.

C. The LWP shall document the following required items for the management evaluation system:

1. Local WIC provider annual plan, including review of data for all aspects of the program.
2. Civil Rights components to assure equal access to WIC services for persons who are eligible without regard to race, color, national origin, sex, age or disability in compliance with federal regulations.
3. Self-monitoring. This is designed to provide a format for self assessment and an explanation of each monitored item. The tool is structured to allow the reviewer to look at an entire segment of clinic operation at a time.
4. Corrective Action plans. This should state the changes implemented to bring the LWP in compliance with State policies and a method of evaluation.

D. The LWP management evaluation system should provide a quality assessment which indicates the timeliness of participant services. The following components may include:

1. Patient Flow Analysis.
2. Portions of the self-monitoring.

E. The completed components of the management evaluation system must be kept on file until records for the year are approved for destruction.

State Responsibility: Civil Rights Compliance (1.05600)

ER# 1.05600

Authority 2008 7CFR 246.8; FNS Instruction 113-1
Issued 1/81
Revised 06/16

POLICY: The State agency shall ensure all local agencies (LA) comply with state and federal Civil Rights requirements by providing equal access to WIC services to all state residents regardless of race, color, national origin, sex, religion, age or disability. The Missouri WIC program provides WIC benefits regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

PROCEDURES:

A. Assurance

1. The State agency shall monitor each LA who is receiving federal funds for provision of WIC services for compliance with State and Federal Civil Rights laws.

   a. The State agency shall monitor WIC clinics, including satellites sites to ensure they are accessible to disabled persons per monitoring requirements in USDA policy 246.19(b)(3).

B. Public Notification

1. The State agency shall include these 3 elements in their annual public notification: Program availability, complaint information, and nondiscrimination statement in local newspapers and to the extent possible in other media such as Internet, radio and television, letters, brochures, and computer-based applications, and grassroots organizations. Public announcements must include program availability, hours of operation, location of clinics, how to file a complaint, and the WIC nondiscrimination statement.

   a. In the first quarter of each fiscal year, the State and each LWP shall provide the public media in the appropriate service area with an annual news release.

   b. That informs the public of the availability of WIC program benefits, discusses the eligibility criteria for participation and gives the location of local agencies operating the WIC program with emphasis on reaching and enrolling eligible women in the early months of pregnancy and migrants.

   c. The state will post the notice on the Department of Health and Senior Services (DHSS) web site.

   d. Maintain for audit a file of all news releases sent to the media.

2. The State agency shall inform potentially eligible persons, applicants, participants, and

grassroots organizations (particularly those in underserved populations), of program availability or changes.

3. The State agency shall provide appropriate information, including Web-based information, in alternative formats for persons with disabilities.

4. The State agency shall include the required non-discrimination statement on all appropriate FNS and agency publications, Web sites, posters, and informational materials provided to the public.

5. The State agency shall convey the message of equal opportunity in all photographic and other graphics that are used to provide program or program-related information.

6. The State agency shall provide the following civil rights posters required for prominent display by the LA so it can seen by all WIC applicants and participants:

   a. USDA" ... And Justice for All" posters

   b. Missouri Fair Hearing poster. Refer to ER#1.06800.

C. Limited English Proficiency (LEP) Materials

1. The State agency shall take reasonable steps to ensure meaningful access to the information and services they provide by considering:

   a. the number or proportion of LEP persons served in the eligible population,

   b. the frequency with which LEP persons come in contact with the program,

   c. the nature and importance of the program, activity, or service provided by the program, and

   d. the resources available to the recipient and costs.

2. The State Agency shall provide information in appropriate languages when a significant number of the population to be served needs service or information in a language other than English in order to effectively participate in the WIC Program. This applies to required Program information except certification forms which are used only by local agency staff.

3. The State agency shall also ensure that all rights and responsibilities are read or provided in writing to the applicant in the appropriate language.

D. USDA Non-Discrimination Statement

1. The State Agency shall ensure the USDA non-discrimination statement is included on all publications created by the local agency, printed or electronic~~,~~ that identify or describe the WIC program. The current version of the statement may be found on the State WIC web site:

   http://www.health.mo.gov/living/families/wic/nondiscrimination.php

   The statement must be at least 11 point type in an easily readable standard font (black or dark color). If the material is too small to include the full statement, the material will at a minimum include the following statement:

   "This institution is an equal opportunity provider."

2. The State agency shall ensure the discrimination statements are available in English and in other languages appropriate to the local population, and in alternative means of

communication.

E. Data Collection

1. The State agency shall collect and report racial and ethnic data with regards to applicants, participants, and potentially eligible populations and maintain on file for a period of three years.

2. The State agency shall require all LWPs to collect and report racial and ethnic data for all applicants/participants.

3. For information on LWPs collecting racial and ethnic Data, refer to the Civil Rights module.

F. Discrimination Complaint Process

1. The State agency shall inform applicants and participants of their right to file a complaint of discrimination within 180 days of the alleged discriminatory action if they believe that they have been denied services or were treated differently in regard to race, color, national origin, sex, religion, age or disability.

2. The State agency will design, maintain and provide the Missouri Department of Health and Senior Services (MDHSS) Complaint of Discrimination Form. The State agency will provide LWP procedures on how to file a Complaint of Discrimination received from an applicant/participant.

3. The Verbal complaints must be accepted and written up by program staff.

4. The State agency shall maintain a Civil Rights complaint folder that contains documentation of all civil rights complaints received.

G. Civil Rights Training

1. The State agency will design, maintain and provide Civil Rights training annually to LWPs, State Agency staff and sub recipients completing the Civil Rights web-based training module.

   a. Training subject matter must include at a minimum: collection and using racial/ethnic data; effective public notification systems, complaint procedures, review techniques, resolution of non-compliance, including development of an action plan; requirements of reasonable accommodations of persons with disabilities; requirements for language assistance; conflict resolution; and customer service.

2. The State Agency is required to complete civil rights training within 60 days of date of hire.

3. Training subject matter must include at a minimum: collection and using racial/ethnic data; effective public notification systems, complaint procedures, review techniques, resolution of non-compliance, including development of an action plan; requirements of reasonable accommodations of persons with disabilities; requirements for language assistance; conflict resolution; and customer service.

4. Training records including post tests, training outlines, dates, attendance log, and subject matter must be retained on file for a minimum of 3 years.

5. The State agency shall monitor that all LWP staff have completed the Civil Rights training.

Refer to ER# 1.01550.

H. Compliance Reviews

1. Coverage and frequency

   a. State agencies must review local agencies for civil rights according to regulatory requirements.

   b. Local agencies must review sub recipients for civil rights according to regulatory requirements.

2. Selection criteria

   a. Indicators may be based on unusual fluctuation in participation of racial or ethnic groups in a service area,

   b. The number of discrimination complaints filed against the agency,

   c. Information from grassroots organizations, advocacy groups, Individuals, State officials, or other interested parties,

   d. Unresolved findings from previous civil rights reviews.

3. Review content

I. Equal Opportunity for Religious Organizations

1. The State agency shall ensure that no Faith-Based or Community-based Organizations participating in USDA programs will be discriminated for or against on the basis of religion, religious belief, or religious character in the administration or distribution of Federal funds.

2. Religious organizations are allowed to retain their independence and carry out their mission as long as direct USDA funds do not support it.

3. Faith-based organizations can use space in their facilities to provide USDA-funded services without moving religious items.

4. No organization can discriminate against a program beneficiary, or prospective beneficiary, on the basis of religion or religious belief.

General Volume
Monitoring & Compliance Section

Local Responsibility: Civil Rights Compliance and Public Notification (1.05700)

ER# 1.05700

Authority 7CFR 246.8; FNS Instruction 113-1
Issued 1/81
Revised 06/16

POLICY: The local agency (LA) shall comply with all state and federal Civil Rights requirements by providing equal access to WIC services for which they are eligible without regard to race, color, national origin, sex, religion, age or disability. The LA will provide WIC benefits to all eligible applicants and participants without regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

PROCEDURES:

A. Assurance

1. The LA shall ensure that all categorically eligible applicants are given equal access to program eligibility determination.

2. The LA shall provide program services equally to all eligible participants regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

3. The LWP shall comply with all departmental procedures regarding equal access by informing the applicant or participant of their equal rights access when discussing the program during the initial certification visit. Refer to ER# 2.03200.

   a. Applicants and participants shall be informed of their right to file a complaint of discrimination if they believe that they have been denied services or were treated differently in regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

4. The LA shall ensure that disabled applicants and participants are accorded the same benefits of participation in the WIC program and access to facilities.

5. The LA shall ensure that all persons providing interpretive, reading services or translators are aware of the participant's right of confidentiality.

6. The LA shall advise and provide applicants and participants with hearing, vision, speech or mental impairments communications systems and appropriate auxiliary aids that are as effective at no cost to them.

   a. The participant should request prior notice of their specific need for auxiliary aids so that the appropriate aid will be available at each visit.

      i. Auxiliary aids include such services or devices as (but not limited to):

         a.) Qualified sign language interpreters

         b.) Assistive listening headsets

         c.) Telecommunications devices for deaf persons (TDD)

         d.) Videotext displays

         e.) Readers

         f.) Taped texts

         g.) Large print materials

         h.) Braille materials

   b. The LA shall identify, contract and provide interpreter services for the hearing impaired persons within the community.

      i. The LA should ascertain from the participant the mode of sign language that the participant is familiar with and provide an interpreter that is skilled in that sign language.

   c. The LA shall provide reader services for visually impaired persons upon request.

B. Limited English Proficiency (LEP) Materials

1. The LA shall ensure meaningful access to the information and services they provide by considering:

   a. the number or proportion of LEP persons served in the eligible

   b. population, the frequency with which LEP persons come in contact with the program,

   c. the nature and importance of the program, activity, or service provided by the program, and

   d. the resources available to the recipient and costs.

2. The State Agency shall provide information in appropriate languages when a significant number of the population to be served needs service or information in a language other than English in order to effectively participate in the WIC Program. This applies to required Program information except certification forms which are used only by local agency staff.

3. The State agency shall also ensure that all rights and responsibilities are read or provided in writing to the applicant in the appropriate language.

4. The LA shall have a written policy that ensures all applicants or participants requesting interpretive reading services or translators are provided with these services at no cost to them.

a. The LA is responsible for paying any fees or charges for interpreters, readers or other materials. The fee is WIC reimbursable.

b. The LA are encouraged to use a state licensed interpreter or they may use the participant's relative, friend, neighbor or other person who normally assists the participant in the transaction of business as their interpreter or reader if they are 18 years of age and older.

i. The LA shall not require the participant to use a relative, friend, neighbor or other person who normally assists the participant in the transaction of business.

ii. The LA shall maintain accurate time accounting when such services are used to compare with billings received.

iii. If the interpreter or reader is to be reimbursed for time spent traveling, this should be agreed to:

a.) In the contract with them; or

b.) When services are arranged.

C. Public Notification

Public notification must include these 3 elements: Program availability, complaint information, and nondiscrimination statement.

1. In the first quarter of each fiscal year, the State and each LA shall provide the public media in the appropriate service area with an annual news release that informs the public of the availability of WIC program benefits, discusses the eligibility criteria for participation and gives the location of local agencies operating the WIC program with emphasis on reaching and enrolling eligible women in the early months of pregnancy and migrants. The state will post the notice on the Department of Health and Senior Services (DHSS) web site and the LA can post the notice on their agency web site when one exists. The LA shall maintain for audit a file of all news releases sent to the media even if it was not printed by the paper. The LWP is not required to submit a paid advertisement if the news release is not printed by the paper.

2. The LA shall inform potentially eligible persons, applicants, participants, and grassroots organizations (particularly those in underserved populations), of program or changes in programs. This shall be done at least annually in local newspapers and to the extent possible in other media such as Internet, radio and television, letters, brochures, and computer-based applications, and grassroots organizations. Public announcements must include program availability, hours of operation, location of clinics, how to file a complaint, and the WIC nondiscrimination statement.

3. The LA shall provide the public media with a news release regarding local changes when a change is significant enough to warrant public notification. Such changes may include:

a. A local initiative to increase:

i. Caseload

ii. The number of targeted higher risk participants, e.g. teen prenatal, new mothers, etc.

b. Opening, closing or moving a site.

c. Major changes in clinic scheduling.

d. Example of annual news release:

The XXXX (agency name) has announced that a contract to continue to provide WIC services for federal fiscal year 20XX has been signed with the Missouri Department of Health and Senior Services. Under the terms of the contract, the XXXX (agency name) will be able to serve (caseload #) persons eligible for WIC every month.

Women, Infants and Children (WIC) is a special supplemental nutrition program providing services to pregnant women, new mothers, infants and children up to their 5th birthday based on nutritional risk and income eligibility. The primary services provided are health screening, risk assessment, nutrition education and counseling, breastfeeding promotion and referrals to health care. Nutritious supplemental food is provided at no cost to participants. To be eligible for WIC applicants must have an income of less than or equal to 185% of the poverty level (attach income guidelines) and be determined by a health professional to be at nutritional risk. Migrant families are also eligible.

WIC supplemental food packages are specially chosen to provide foods high in protein, iron, calcium, and vitamins A and C. Eligible women and children receive fortified milk and cheese, eggs, whole grain bread products and hot or cold cereals, 100% fruit juices and fresh or frozen fruits and vegetables. The WIC program recommends breastfeeding, provides breast-feeding support, baby foods and infant cereal. For women who cannot or choose not to breastfeed, infants may receive supplemental iron fortified formula. WIC participants obtain their foods by redeeming food checks for specific items at local grocery stores and pharmacies.

Studies confirm that pregnant women who enroll in WIC during the early months of pregnancy have fewer low birth weight babies, experience fewer infant deaths, see the doctor earlier in pregnancy and eat healthier.

WIC is administered in XXX (county) by the XXX (agency name). Persons interested in applying or who are in need of more information should contact the XXX (agency name) at (phone #). WIC clinics are offered at (give addresses of all clinic locations).

This institution is an equal opportunity provider.

e. Example of Local news release announcing Program cutbacks:

The XXX (agency name) has announced cutbacks in the WIC Program. New participants who meet the criteria of (fill in the category, nutrition risk, etc.) will no longer be eligible to participate in the WIC Program effective (date). The Program wishes to emphasize that participants currently enrolled in WIC under this (category) risk will remain on the Program until the end of their current certification period.

This institution is an equal opportunity provider.

4. The LA shall provide appropriate information, including Web-based information, in alternative formats for persons with disabilities.

5. The LA must include the required non-discrimination statement on all appropriate FNS and agency publications, Web sites, posters, radio, television, computer-based applications and informational materials provided to the public.

6. The LA shall convey the message of equal opportunity in all photographic and other graphics that are used to provide program or program-related information.

7. The LA shall prominently display the following civil rights posters in each WIC clinic, including satellite sites:

   a. USDA "…And Justice for All" poster

   b. Missouri Fair Hearings poster. Refer to ER# 1.06800.

D. USDA Non-Discrimination Statement

1. The LA shall ensure the USDA non-discrimination statement is included on all publications created by the local agency, printed or electronic, that identify or describe the WIC program. The current version of the statement may be found on the State WIC web site:

   http://www.health.mo.gov/living/families/wic/nondiscrimination.php

   The statement must be at least 11 point type in an easily readable standard font (black or dark color). If the material is too small to include the full statement, the material will at a minimum include the following statement:

   "This institution is an equal opportunity provider."

2. The statements should be in English and in languages appropriate to the local population, and in alternative means of communication.

3. The LA non-discrimination responsibilities regarding nutrition education materials are found in the ER# 2.06200.

E. Data Collection

1. The LA shall collect and report racial and ethnic data with regards to applicants, participants, and potentially eligible populations through the electronic data system provided by the State and maintain on file for a period of 3 years.

2. The LA shall inform applicants and participants that racial and ethnic data collections is for statistical reporting requirements only and has no effect on the determination of their eligibility to participate in the Missouri WIC Program.

3. The LA shall ask the applicant/participant to self-identify their race and ethnic category during the certification and recertification period.

   a. Applicants/participants may self-identify more than one race.

   b. Applicants/participants may self-identify their ethnicity (Hispanic or Latino).

4. If the applicant/participant declines to self-identify, the applicant/participant will be informed that the LA shall make a visual identification of his/her race and ethnicity and the results will be recorded in the electronic data system.

   a. For children: identify the child as the same race as the mother. If the father is the only parent present and the LA does not know the race of the mother, then identify the child as the race of the father.

5. For information on collecting racial and ethnic data, refer to the Civil Rights Training module.

F. Discrimination Complaint Process

1. If the applicant or participant reports discrimination, the LA shall provide the Missouri Department of Health and Senior Services (MDHSS) Complaint of Discrimination Form.

2. LA will provide instructions to the applicant or participant as needed for completing the MDHSS Complaint of Discrimination Form. If the applicant or participant indicates that he/she is unable or unwilling to complete the form, the LWP shall complete the form on behalf of the person. Verbal complaints must be accepted and written up by LA staff.

   a. Complete all fields as indicated on the MDHSS Complaint of Discrimination form.

   b. If applicant or participant states they have been discriminated against based on race, color, national origin, sex, age or disability mail original completed form to USDA within five days. The address is provided on the MDHSS Complaint of Discrimination form.

   c. For detailed information on the Discrimination Complaint Process, refer to the required Civil Rights web-based training module.

3. The LA shall maintain on file a copy of the completed MDHSS Complaint of Discrimination form, which had been completed by the applicant, participant or LA staff.

G. Civil Rights Training

1. The LA shall require all new staff to complete the mandatory Civil Rights web-based training module developed by the state agency within 60 days (be consistent with state requirements) and all existing staff are required to complete the training annually.

2. Training subject matter must include at a minimum: collection and using racial/ethnic data; effective public notification systems, complaint procedures, review techniques, resolution of non-compliance, including development of an action plan; requirements of reasonable accommodations of persons with disabilities; requirements for language assistance; conflict resolution; and customer service. Refer to ER# 1.01550.

H. Compliance Reviews

1. The LA must review sub recipients for civil rights according to regulatory requirements.

2. Selection Criteria

   a. Indicators may be based on unusual fluctuation in participation of racial or ethnic groups in a service area,

   b. The number of discrimination complaints filed against the agency,

   c. Information from grassroots organizations, advocacy groups, individuals, State officials, or other interest parties.

   d. Unresolved findings from previous civil rights reviews.

3. Review Content

   a. Whether potentially eligible persons and households have an equal opportunity to participate in the program,

b. Whether case records are coded by race or ethnic origin,

c. Whether offices are displaying the USDA nondiscrimination poster in a conspicuous location,

d. Whether the nondiscrimination statement is included on all printed materials such as applications, pamphlets, forms, or any other program materials distributed to the public and on Web sites; and whether graphic materials reflect inclusiveness based on race, color, national origin, age, sex, and disability,

e. Whether program information is being made available to potentially eligible persons, program applicants, and participants. Whether the local agency or sub-recipient is providing program information to organizations within the community that may assist the local agency in reaching potentially eligible populations,

f. Whether actual applicant and participant racial and ethnic data are being collected and maintained on file for 3 years,

g. Whether CR complains are being handled in accordance with procedures outlined in FNS Instruction 113-1 or other regulations, policies, and guidance, and

h. Whether the local agency or other sub-recipient has conducted CR training for its staff.

I. Equal Opportunity for Religious Organizations

1. The State agency shall ensure that no Faith-Based or Community-based Organizations participating in USDA programs will be discriminated for or against on the basis of religion, religious belief, or religious character in the administration or distribution of Federal funds.

2. Religious organizations are allowed to retain their independence and carry out their mission as long as direct USDA funds do not support it.

3. Faith-based organizations can use space in their facilities to provide USDA-funded services without moving religious items.

4. No organization can discriminate against a program beneficiary, or prospective beneficiary, on the basis of religion or religious belief.

Local WIC Provider Administrative Appeals (1.05800)

ER# 1.05800

Authority 7 CFR 246.18(a)(3)
Issued 1/81
Revised 06/10

POLICY: The State WIC office shall provide full administrative reviews to the local WIC provider (LWP) to appeal an adverse action or disqualification.

PROCEDURES:

A. The State WIC office shall provide a local WIC provider hearing procedure for an appeal of any of the following:

1. Denial of an application to participate.
2. Any other adverse action that affects a local WIC provider's participation.
3. Disqualification during the course of the contract.

B. Actions not subject to appeal:

1. Expiration of a local WIC provider contract is not subject to appeal.
2. Denial of a LWP's application if subject to the State agency's procurement procedures.

C. When an adverse action is to be taken against a local WIC provider, the State WIC office shall provide written notification to the local WIC provider 30 days in advance of the date of the action. This notice shall:

1. Detail the cause(s) for and effective date of the action.
2. Include the opportunity to appeal within 30 days from the date of the notification.

D. When disqualification during the course of the contract is done, the State WIC office shall provide written notification to the local WIC provider within 60 days in advance of the date of disqualification. This notice shall:

1. Detail the cause(s) for and effective date of the disqualification.
2. Include the opportunity to appeal within 30 days from the date of the notification.

E. Upon an appeal request from a local WIC provider, the State WIC office shall provide the local WIC provider with the following:

1. Adequate advance notice of the time and place of the hearing to allow all parties involved sufficient time to prepare.
2. The opportunity to present its case at the hearing.
3. The opportunity for the hearing to be rescheduled a maximum of two times if necessary.
4. The opportunity to confront and cross-examine adverse witnesses.
5. The opportunity to be represented by counsel of its own choosing at its own expense if

desired.

6. The opportunity to review the case record prior to the hearing.

7. An impartial decision maker who shall decide the case based solely on the:

   a. Evidence presented at the hearing.

   b. Statutory and regulatory provisions governing the program.

F. When the local WIC provider requests a hearing, the State WIC office shall postpone the proposed adverse action or disqualification until a hearing decision is reached.

G. During the appeal process, the local WIC provider shall continue to comply with the terms of the contract.

H. The State WIC office shall provide the local WIC provider with written notification of the decision concerning the appeal:

   1. Within 60 days from the date of receipt of the request for a hearing.

   2. With the basis for the decision, although it need not amount to a full opinion or contain formal findings of fact and conclusions of law.

I. If the State WIC office's proposed adverse action or disqualification is upheld in the appeal process and the local WIC provider requests a higher review, the State WIC office shall:

   1. Explain any further state level review or rehearing process available.

   2. Explain the right to pursue judicial review of the decision.

   3. Follow through with the proposed action.

J. If the decision is in favor of the local WIC provider, the proposed adverse action or disqualification will not be taken.

Local WIC Provider Collections (1.05850)

ER# 1.05850

Authority 2008 7 CFR 246.15(b); CFR 246.23(d); MPSF: WC-04-33-P
Issued 10/05
Revised 10/09

POLICY: When the State WIC office determines through contract monitoring, consultations, desk audits or monthly administrative cost reports that the local WIC provider has failed, without good cause, to adhere to the requirement of their contract the State WIC office may assess a claim against the local WIC provider.

PROCEDURES:

A. Local WIC provider collections include the following:

1. Withholding of funds due to:

a. Failure to perform required work or services.

b. Failure to submit reports when due.

2. Penalties or fines of the local WIC provider up to $10,000 for misuse or illegal use of WIC program funds, property or assets.

B. The following information will be maintained regarding local WIC provider collections:

1. The name of each local WIC provider from which the program income was collected or funds withheld.

2. Date of the claim.

3. Date collected.

4. Amount collected.

5. Evidence that the local WIC provider had full opportunity to challenge the claim before any funds were collected and recorded as local WIC provider collections.

C. Local WIC provider collections can be used as any of the following, depending on the needs of the program:

1. WIC food dollars (100%)

2. WIC nutrition services and administrative dollars (100%)

3. Both WIC food and nutrition services and administrative dollars in any combination.

D. The WIC state director will determine how collections will be used at the end of each quarter. Documentation of use will be maintained and provided to FNS through routine reporting procedures.

E. Local WIC Provider collections will be used during the fiscal year:

1. In which the claim arises

2. In which the funds are collected; and/or
3. Following the fiscal year in which the funds are collected.

Audit (1.05900)

ER# 1.05900

Authority	CFR 246.13(f)(j), 246.20(b)(1-3), CFR 246.25(a)(1)(2)(4)(d)
Issued	1/81
Revised	10/07

POLICY: The local WIC provider (LWP) shall comply with all WIC audit requirements as specified in federal and state regulations. Any reports or other documents resulting from examination of such records that publicly released may not include confidential applicant or participant information.

PROCEDURES:

A. The local WIC provider shall comply with the audit requirements set forth in the Single Audit Act of 1984 (PL 98-502) or OMB Circular A-110, whichever is applicable. Audits shall be used to determine:

   1. If financial operations are being conducted properly.
   2. If financial statements are presented fairly.
   3. Compliance with laws, regulations and administrative requirements.
   4. Existence of internal procedures to meet financial management objectives.
   5. Provision of accurate and reliable information.

B. The local WIC provider shall keep full and complete records concerning WIC program operations for at least three years and until audited.

C. To be acceptable for audit purposes, all financial and program performance reports shall be traceable to source documentation.

D. All records shall be available during normal business hours for inspection, audit and copying by:

   1. Representatives of the state WIC office.
   2. State designated auditors.
   3. Representatives of USDA, FNS.
   4. The Department of the Comptroller General of the United States.

E. In order to maintain confidentiality of participants, medical case records of individual participants do not have to be available for inspection unless they are the only source of certification data.

F. The local WIC provider shall respond in a timely and appropriate manner to all WIC related claims, audit findings and recommendations. The State WIC office will assist, if requested.

G. The local WIC provider shall submit all audit reports containing information about WIC program operations to the State WIC office.

H. For future audits and WIC monitoring, the local WIC provider shall retain, and make available for inspection, all of the following:

1. Audit reports with WIC related findings.
2. Audit exit interviews on WIC related findings.
3. Audit closure letters.

General Volume
Monitoring & Compliance Section

Local WIC Provider Record Retention and Destruction/Audit Letter (1.06000)

ER# 1.06000

Authority 2008 7CFR 246.25(a) & Mo. State Statutes 516-105
Issued 1/81
Revised 06/10

POLICY: The local WIC provider (LWP) shall maintain records concerning WIC program operations pertaining to fiscal operations, food delivery systems, food instrument issuance and redemption, equipment purchases, and inventory, certification, nutrition education, civil rights fair hearing procedures and complaint information by and about the participant.

All records shall be retained for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains or until any litigation, claim, negotiation, audit or other action involving the records, which was started before the end of the 3-year period has been resolved.

LWP WIC records shall be maintained until the State WIC office sends the local WIC provider an audit clearance letter authorizing record destruction. Local health agencies shall retain health and nutrition assessment records upon recommendations of their governing board and the board attorney. Refer to Missouri State Statute RSMo 516.105.

Records must be destroyed in a manner that protects the confidentiality of WIC participants and vendors by the following methods: shredding, supervised burning or incineration.

PROCEDURES:

A. State statutes require maintenance of medical records for a period longer than the WIC three-year guideline. The LWP shall consult with the agency legal counsel and governing body for a decision regarding whether or not WIC participant charts are considered medical records.

B. The LWP will use and must retain, as applicable, paper copy or electronic version of the following records in accordance with this policy:

1. Computer printouts or electronic reports for HANDS and MOWINS that serve as payment and/or source documents:

   a. HANDS Food Instrument Registers - Manual & Computer

   b. Participation by Service Delivery Month, Priority and Race (837-01 for HANDS)

   c. Participation Totals Reported - Final report of fiscal year only (425-01 for HANDS)

   d. Dual Issuance Report

2. Forms, which serve as payment and source documents:

   a. WIC-24 - Monthly Administrative Cost Report

   b. DH-70 - Professional Services Contract

   c. DH-71 - Contract Amendment

3. Other materials and information, which serve~~s~~ as source documents:

a. Correspondence from State WIC office

b. Equipment inventory

c. Evaluations of Local Agency Plans (LAP)

d. Financial source documentation

e. LAP

f. Monitoring reports, corrective action plan (CAP) and CAP approvals

g. News releases submitted to local media

h. Outreach documentation

i. Audit documents

j. HANDS Food instrument inventory records

k. Complaint information by and about the participant

C. Complete participant files may require longer retention due to state statutes related to medical records. Refer to A. above. These include:

1. WIC-1 - WIC Certification-Women Only (HANDS)
2. WIC-2 - WIC Certification-Infant/Child (HANDS)
3. WIC-10 - Rights and Responsibilities Participant Signature (HANDS-direct entry agencies)
4. WIC-19 - Notification of Ineligibility (HANDS)
5. HWPR - Certification Summary (HANDS)
6. All materials used to assess, determine eligibility, or prove service offered, such as:

   a. Growth charts

   b. Physician documentation & referral

   c. High-risk care plans

   d. Nutrition education documentation forms

   e. WIC-30 - Income Assessment Worksheet

   f. Documentation for special food packages issued

   g. Nutrition Assessment forms

   h. WIC-29 - Special Formula Documentation Form

   i. Proxy notes

D. As a permanent record, the local WIC provider shall maintain documentation of the destruction including all of the following:

1. Overall content of records destroyed.
2. Period covered in records destroyed.
3. Method, place, and date of destruction.
4. At least one signature of staff participating in destruction.

E. Documentation may be maintained directly on the audit closure letter.

F. If instructed to do so by the State WIC office or FNS, the local WIC provider shall not destroy program records of historical interest, but shall forward such records to the State WIC office.

G. The audit closure letter will:

1. Be signed by the State WIC Director.
2. Specify the exact time period for which records may be destroyed.
3. Be posted on the WIC Updates website on the WIC web pages.

H. When the letter is received, the local WIC provider may destroy all WIC records covered by the time period specified unless otherwise restricted by local or state statutes. (See A above.)

Dual Participation (1.06150)

ER# 1.06150

Authority	7CFR 246.7(j) and (l), 246.7(l), 246.12(u)
Issued	10/02
Revised	4/16

POLICY: The State agency is responsible for providing the means of identifying participant dual participation.

The local WIC provider (LWP) must take precautions to prevent dual participation (Refer to ER# 3.01800) and must explain to all participants, parents, and guardians that dual participation is illegal. Refer to ER# 2.03200.

The LWP must investigate all suspected incidents of dual participation in accordance with ER# 1.06200.

PROCEDURES:

A. Dual participation is defined as receiving and spending program benefits:

1. More than once a month from the same LWP in Missouri.
2. During the same month from two LWPs in Missouri.
3. During the same month from a LWP in Missouri and a LWP in another state.

B. The State agency will put procedures in place to prevent and identify dual participation with each state agency that borders Missouri.

1. At least semi-annually, the State agency will exchange specific and confidential participant identifying information with bordering state agencies.
   a. The Missouri information will be only from counties sharing a contiguous border with the other state.
   b. The other state information will be only from counties sharing a contiguous border with Missouri.

C. The local WIC provider must review the quarterly Dual Participation Report in MOWINS to check for instances of dual participation/double issuance. The LWP must investigate and submit to the State WIC office an explanation for each participant listed on the report as to why the participant receives FIs more than once a month or from two service providers during the same month.

D. The State agency will contact the local WIC provider when dual participation is suspected between WIC and another state. The contact will be within 30 days of detection.

E. The local WIC provider(s) involved must:

1. Investigate all suspected dual participation within 30 days of notification or detection in accordance with ER# 1.06200.
2. Report suspected dual participation to the State-agency-assigned contact no later than 30 days after concluding the investigation. The local WIC provider should report as early as

possible to ensure the dual participation is quickly stopped.

F. When the dual participation is between Missouri WIC providers, the State agency and the local agencies will determine from which service site the participant must be immediately terminated.

G. When the dual participation is between WIC and CSFP in Missouri or with another state WIC program, the State agencies will determine from which service site the participant must be immediately terminated.

H. In all cases, the local WIC provider(s) involved must take follow-up action on dual participation in accordance with ER# 1.06200.

I. In accordance with federal WIC regulations, when dual participation results from intentional misrepresentation, the State agency will:

1. Disqualify the participant from both programs; and
2. Take action to collect the improperly issued benefits.

Program Violations (1.06200)

ER# 1.06200

Authority 7CFR 246.7(j)(6)&(7), 246.9(a), 246.12(u), 246.23(c)
Issued 1/81
Revised 07/15

POLICY: All reports of possible violations by participants, authorized representatives and/or proxies reported by the public, WIC vendors or the State WIC staff shall be investigated by Local WIC Providers (LWP). Program Violations and the Sanctions Guidelines are used to impose appropriate sanctions for substantiated violations.

Only State WIC staff shall authorize a sanction that disrupts a participant's program participation and benefits when a program violation is substantiated. Mandatory Federal regulations shall be followed when determining appropriate sanctions.

Written notification of a sanction and the right to a fair hearing shall be sent to the participant or authorized representative at least 15 days prior to the beginning of a sanction. If a hearing is requested the participant shall be referred to the State WIC Fair Hearing Officer.

DEFINITIONS:

Program violations are defined as any intentional act of a participant, authorized representative or proxy that violates Federal or State statutes, regulations, rules, policies or procedures governing the WIC program. Program violations include, but are not limited to:

1. The participant became eligible or continued eligibility for participation in the WIC program by:
   a. Intentionally making false or misleading statements.
   b. Intentionally misrepresenting, concealing, or withholding information.
2. To increase the type and amount of WIC supplemental foods issued on food instruments, the participant:
   a. Intentionally made false or misleading statements.
   b. Intentionally misrepresenting, concealing or withholding information.
3. To intentionally violate, exploit, counterfeit, alter or otherwise cause deception in the use of food instruments by:
   a. Exchanging food instruments or supplemental foods for:
      i. Cash (including, but not limited to, advertising to sell WIC formula and/or foods on social media sites such as Facebook, Craigslist, Swap and Shop sites, etc.)
      ii. Credit,
      iii. Non-food items, or

iv. Unauthorized food items (including supplemental foods in excess of those listed on the participant's food instrument).

b. Alteration of food instrument "issue date" in order to redeem an expired food instrument.

c. Reporting food instruments that have been or will be redeemed (spent) as lost or stolen in order to obtain additional food.

d. Giving food instruments or WIC foods to anyone other than to the participants for whom they were issued or those authorized to purchase WIC foods.

4. Verbally abusing or verbally threatening to harm LWP staff, vendor's employees, or other participants/authorized representatives/proxies.

5. Physically harming or threatening to cause physical harm to LWP staff, vendor's employees, or other participants/authorized representatives/proxies.

PROCEDURES:

A. Investigating Program Violations

1. The LWP shall interview the participant, authorized representative and/or proxies involved. The interviewer may do any or all of the following:

a. Have a witness present. The witness may be either or both:

i. Another member of the LWP staff.

ii. State WIC staff.

b. Prepare in advance the issues to be covered.

c. Write up the main points for sharing with the participant.

d. Request signatures from individuals involved at the conclusion of the interview. Scan the signed document in MOWINS.

2. The LWP shall document in the general notes in MOWINS all of the following:

a. The nature of the incident.

b. Written statements regarding the alleged violation.

c. The outcome of the interview.

d. Instructions given to the participant regarding:

i. What constitutes a participant violation?

ii. Rights and responsibilities, including the right to a fair hearing.

B. At the conclusion of the investigation, a decision of the validity of program violation will be made by the LWP.

1. If the violation cannot be substantiated, sanctions will not be assessed.

2. When a violation is proven by LWP and State WIC staff, the appropriate sanction for the violation is imposed. The "Table of Program Violations and Sanctions" will be used to determine the appropriate corrective action.

a. When a suspension or disqualification is appropriate, the State WIC office shall

provide written notification of the action, the reason(s) for the action, and the right to a fair hearing to the participant with a copy of the notification to the LWP. The notification will be scanned into MOWINS by the LWP.

b. The State WIC staff assures that the sanction letter is received by the participant at least 15 days in advance of the pending sanction by sending certified mail, return receipt requested.

3. A monetary claim against a participant, authorized representative or proxy is assessed when the State WIC staff determines that program benefits have been obtained or disposed of improperly.

   a. The claim will be for the full purchase price on the redeemed food instruments except for infant formula benefits.

   b. For infant formula benefits, the claim will be 50% of the purchase price on the redeemed formula food instruments and/or formula directly shipped from the manufacturer.

   c. The State WIC staff will issue a letter to the participant, which will include the following information.

      i. Reason(s) for the claim.

      ii. Amount of repayment due.

      iii. Instructions and the address for making cash restitution of imposed claims.

      iv. Procedures to follow to obtain a fair hearing.

      v. Failure to pay the claim may result in disqualification.

   d. If full restitution is not made or a repayment schedule is not agreed upon within thirty days (30) of receipt of the letter,

      i. The State WIC office will take additional collection actions until restitution is made or a repayment schedule is approved.

      ii. The State WIC office may determine that further collection actions would not be cost-effective.

      iii. Restitution may not include offsetting the claim against future program benefits.

   e. The State WIC staff must document the disposition of all participant claims.

4. Except as provided in B5 & B6 below, mandatory participant disqualification from the program for a period of one (1) year must be imposed when the State WIC staff assesses:

   a. A claim of $100 or more.

   b. A second or subsequent claim (of any amount).

   c. Verification that a participant received WIC benefits from more than one agency (dual participation) whether participation at both sites is either within the State of Missouri or between the State of Missouri and another State; or, if a participant reported benefits as lost, received replacement benefits, and redeemed both sets of benefits.

5. The State WIC staff may determine not to disqualify if:

   a. Full restitution is made or a repayment schedule is agreed on within thirty days (30) of receipt of a letter notifying the participant of the claim and requiring repayment.

   b. The participant is an infant or a child, or under age eighteen (18) who may result in serious health risk. The State may approve the designation of a proxy to obtain the benefits for the participant.

6. The State WIC staff may end the one (1) year mandatory disqualification prior to the end of that year if:

   a. The State WIC office receives full restitution.

   b. A repayment schedule is agreed upon.

   c. The participant is an infant or child, or under age eighteen (18) who may result in serious health risk, and the State WIC office approves a designated proxy.

7. When appropriate, the State WIC office must refer participants who violate program requirements to federal, state or local authorities for prosecution under applicable statues.

C. The State WIC staff will authorize an adverse action discussed in this policy only when all of the following conditions are met:

1. The participant's file contains sufficient written documentation to substantiate the violation.

2. The State WIC staff can verify that the LWP has attempted to work with the participant to correct the situation.

3. The State WIC staff has determined that the action will not harm the health of the participant.

4. The State WIC staff has discussed this action with the LWP and determined the most appropriate action to take in the specific case.

D. After the preceding is satisfied, the State WIC staff will authorize in writing the appropriate adverse action.

1. The State WIC staff specifies the length of time the adverse action will be in effect. A suspension will not exceed three months.

2. The report shall be documented in the general notes in MOWINS or the signed report shall be scanned in the participant folder in MOWINS by the LWP.

E. The LWP shall post the following poster in view of all perspective and current program participants.

1. Help WIC Work! Preventing fraud poster, located at: http://health.mo.gov/living/families/wic/wiclwp/posters.php.

F. Table of Program Violations and Sanctions

INCIDENT/VIOLATION	ACTIONS/SANCTIONS

Make false or misleading statements, or misrepresent, conceal or withhold information to become eligible or to continue eligibility for participation in the WIC program.	• Termination from the program with 15 days advance notice. • Establish a claim for benefits received.
Make false or misleading statements, or misrepresent, conceal or withhold information to increase the type and amount of WIC supplemental foods issued on food instruments.	First offense: • Establish a claim for over issuance of benefits. Second offense: • Establish a claim for over issuance of benefits. • Disqualification for 1 year (or until claim is paid in full).
Violate, exploit, counterfeit, alter or otherwise cause deception in the use of food instruments by exchanging food instruments or supplemental food for cash, credit, non-food items, or unauthorized food items (including WIC foods in excess of those listed on the participant's food instrument). Alteration of food instrument last date to use in order to redeem an expired food instrument. Giving food instruments or WIC foods to anyone other than to the participants for whom they were issued or those authorized to purchase WIC foods for whom they were issued.	First offense: • Warning letter issued by state office. • Establish a claim for misuse of benefits. Second offense: • Establish a claim for misuse of benefits. • Disqualification for 1 year (or until claim is paid in full). • Referral to law enforcement authorities for prosecution under applicable statutes (when appropriate).
Advertising to sell formula and/or foods which are the same type of formula/food issued by WIC for the participant and/or authorized representative.	First offense: • Warning letter issued by the state office Second offense: • Establish a claim for formula and/or foods being advertised for sale. • Disqualification for 1 year (or until claim is paid in full)

Reporting instruments that have or will be redeemed (spent) as lost or stolen in order to obtain additional food.	First offense (if less than $100): • Establish a claim for over issuance of benefits. First offense (if $100 or more): • Establish a claim for over issuance of benefits. • Disqualification for 1 year (or until claim is paid in full). Second offense (regardless of amount): • Establish a claim for over issuance of benefits. • Disqualification for 1 year (or until claim is paid in full).
Verbally abusing or verbally threatening to harm LWP staff, vendor's employees, or other participants, authorized representatives and/or proxies.	First offense: • Ask offender to leave and return when under control. • Issue warning letter. Second offense: • Ask offender to leave • Issue letter banning from LWP site or vendor site, requiring offender to send someone else to pick up food instruments at the LWP site or to redeem food instruments at the vendor site. Third offense: • Ask offender to leave • Issue letter banning from LWP site or vendor site, requiring offender to send someone else to pick up foods instruments at the LWP site or to redeem food instruments at the vendor site. • Suspension from the program (not to exceed 3 months).

Physically harming or threatening to cause physical harm to LWP staff, vendor employees, or other participants, authorized representatives and/or proxies.	Per occurrence: • Ask offender to leave and send proxy to pick up food instruments at the LWP site or redeem food instruments at the vendor site. • Call local authorities to have offender removed (if necessary). • Issue letter banning offender from the LWP site or vendor site, requiring participant or authorized representative to send proxy to pick up food instruments at the LWP site or redeem food instruments at the vendor site. • Suspension from the program (not to exceed 6 months). • When appropriate, refer to local authorities for prosecution.

Participant Fair Hearings (1.06800)

ER# 1.06800

Authority 2008 7CFR 246.7(j) & 246.9
Issued 1/81
Revised 04/15

POLICY: The Local WIC Providers (LWP) and State WIC office shall assure that all applicants and participants are provided written notification of their right to appeal a state or LWP action which results in denial of participation, disqualification from the program, or a claim for repayment of improperly issued benefits.

The notice shall be provided to participants not less than 15 days in advance in the case of disqualification during the certification period.

Hearings requests must be received within 60 days from the date the adverse action notice is mailed or given to the participant.

The State WIC Office or LWP shall not limit or interfere with an individual's freedom to request a fair hearing and will refer the requestor to the Fair Hearing Official in writing.

The State WIC Office shall provide a Fair Hearing Official to conduct participant fair hearings to comply with federal regulations.

PROCEDURES:

A. Notification of the right to a fair hearing (appeal) is not required for expiration of a certification period.

B. A request for a hearing is any clear expression by the individual, individual's parent, guardian or other representative to present his/her case to a higher authority.

C. If an appeal is requested within 15 days of notice of an adverse action, the participant will continue to receive benefits until the end of the certification period or until the hearing decision, whichever comes first. However, the following are not eligible for benefits during the appeal process:

   1. Applicants who are denied benefits at initial certification.

   2. Participants whose certification period has expired.

D. The State WIC office shall not deny a request for a fair hearing unless:

   1. The request is not received within 60 days of the adverse action notification.

   2. The request is withdrawn in writing by the appellant or representative.

   3. The appellant or representative fails, without good cause, to appear at the scheduled hearing.

   4. The appellant has been denied participation by a previous hearing and cannot provide evidence to illustrate changes relevant to program eligibility sufficient to justify a hearing.

E. Upon receipt of a fair hearing request, the LWP will contact and inform the State WIC office of the request and provide details of the situation, including the participant's name and state ID number.

F. The State WIC office will:

1. Inform the individual of the procedures to submit a written fair hearing request to the Fair Hearing Official.
2. Ensure that the hearing is accessible to the appellant.
3. Provide the appellant with the opportunity to:
    a. Examine, prior to the hearing, the documents and records presented to support the decision under appeal.
    b. Be assisted or represented by an attorney or other individual(s) during the hearing at the participant's (appellant's) expense.
    c. Bring witnesses to the hearing.
    d. Question or refute any testimony or evidence presented at the hearing.
    e. Confront and cross-examine adverse witnesses at the hearing.
    f. Submit evidence to the hearing official to establish all pertinent facts and circumstances.

G. The department shall designate a fair hearing official who:

1. Is impartial.
2. Has no personal stake or involvement in the decision.
3. Was not directly involved with the initial determination of the action being contested.
4. Ensures the hearing is held within 21 calendar days from the date the request was received.
5. Provides the appellant with:
    a. 10 calendar days advance written notice of the time and location of the hearing and the hearing procedures.
    b. The hearing rules of conduct.
    c. Their rights and responsibilities.
6. Ensures that all relevant issues are considered.
7. Requests, receives and makes part of the hearing record all evidence determined necessary to decide the issues being raised.
8. Regulates the conduct and course of the hearing consistent with due process to ensure an orderly hearing.
9. Orders, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the State WIC office.
10. Renders a hearing decision that will resolve the dispute.
11. Establishes a record for the hearing that shall consist of:
    a. The verbatim transcript or recording of testimony and exhibits.
    b. All papers and requests filed in the proceeding.
    c. The decision which shall do all of the following:

i. Summarize the facts of the case.

ii. Specify the reasons for the decision.

iii. Identify the supporting evidence.

iv. Identify the pertinent regulations or policy.

H. The fair hearing decision shall be:

1. Based upon the application of appropriate federal law, regulation and policy as related to the facts of the case established in the hearing record.

2. Rendered within 45 days of the receipt of the request for the hearing.

3. Sent to the appellant in writing, along with the reasons for the decision.

4. Retained as a part of the hearing record.

I. If the fair hearing decision is:

1. In the favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately.

2. In the favor of the agency and:

a. Concerns disqualification and benefits had been continued, the local WIC provider shall terminate any continued benefits as soon as is administratively feasible.

b. Is regarding repayment of benefits, the State WIC office shall resume its efforts to collect the claim.

c. The participant requests a higher review, the state shall:

i. Explain the right to pursue judicial review of the decision.

ii. Explain that benefits cannot continue during the judicial review process.

Program Integrity (1.07000)

ER# 1.07000

Authority	7 CFR 246.4(a) (26), WIC Policy Memorandum # 2016-5, Separation of Duties at Local Agencies
Issued	12/96
Revised	11/17

POLICY: The Local Agency (LA) shall ensure a separation of duties and avoid conflict of interest to safeguard against fraud.

The LA shall ensure WIC employees are not providing WIC services to themselves, their relatives, and/or their close friends.

The LA shall ensure that the staff person who determines income eligibility and medical/nutritional risk determination are not the same person. Either person may also issue food benefits.

Every LA shall ensure that food instrument accountability functions are appropriately assigned and performed.

PROCEDURES:

A. Providing WIC benefits to a WIC employee or relatives or close friends of WIC employees.

1. The LA employee shall not perform the following functions for themselves, their relatives or their close friends:
   a. Determination of eligibility for the program based on identity, residency, or income.
   b. Any portion of the health assessment which includes obtaining health/medical history and anthropometric measurements.
   c. Nutrition education and counseling.
   d. Food instrument issuance.
   e. Re-evaluation of food packages and/or issuance of supplemental foods.
   f. Serving as proxy unless a signed proxy note from the participant or guardian naming the employee as a proxy is on file for the current certification period.
2. All WIC employees shall notify their WIC Coordinator if they have a relative or a close friend applying to receive, or receiving WIC benefits.
3. WIC employees and relatives or close friends of WIC employees must receive services during regular clinic hours. The LA may use their own discretion in determining whether services may be provided during the employee's working hours.
4. Schedule WIC appointments for LA employees, their relatives or their close friends at the time when other LA employees can perform the participating employee's function.
5. Participant records of LA employees, their relatives or close friends must be made available to the designated state staff for review in conjunction with a monitoring or consultation

visit.

B. The LA shall ensure there is a separation of duties during the certification process.

1. Ensure that a minimum of two (2) employees are available to perform certification duties to ensure that one employee isn't determining eligibility for income and also determining medical or nutritional risk. Either person may issue food benefits to that same participant.

Examples:

- One employee checks all 3 proofs and another employee determines medical or nutritional risk. Either of these two employees could print checks.
- One employee checks income proof only. Another employee determines medical/nutritional risk. Either employee can complete the remainder of the certification including printing checks.

2. The LA shall indicate on the Local Agency Plan (LAP) if compliance with these guidelines cannot be achieved, and appropriate controls shall be established. The Separation of Duties report in Crystal Reports will be used to select records for the post review. The following criteria may be used when conducting record reviews:

- Proof of identity, income and residency (or lack of proof).
- Transactions occurring outside regular clinic hours.
- An unusual amount of like or similar nutritional risk factors.
- An unusual amount of like or similar height/weight measurements.
- An unusual amount of like or similar blood test results.
- Duplicate addresses for participants.

a. Clinics with fewer than two (2) WIC staff available to fulfill the separation of duties requirement shall complete a review of all non-breastfeeding infant certification records and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification. This review must be completed by a supervisor that has the authority to change an eligibility determination.

b. Clinics with multiple WIC staff that allow one staff person to perform all eligibility and certification functions including issuing food benefits must also complete a review of records. When this option is exercised, a supervisor must conduct a review of all non-breastfeeding infant certification records and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification. An additional file review of 10 percent of each clinic's certification files must be conducted every six months by the State Agency (SA).

c. If the LA has a supervisor that has access to MOWINS and can conduct the supervisory review of records, the supervisor shall conduct the review as described in 2 a. or 2 b. If it appears that fraud of abuse may have occurred, the WIC SA must be notified. Notify by sending an email with the applicable details to ~~WICLAMonitoring@health.mo.gov~~ WICMonitoring@health.mo.gov upon completion of the review. The Separation of Duties Crystal Report will have a

comments box and a place for the supervisor that reviewed the records to sign. Reports must be maintained on file at the LA for review during contract monitoring. Refer to ER# 1.06000 for LA record retention requirements.

d. If the LA does not have a person who can conduct the supervisory review of records, within three working days of the occurrence of one person doing both income determination and medical/nutritional risk determination, the LA shall send an email to ~~WICLAMonitoring@health.mo.gov~~ WICMonitoring@health.mo.gov to notify the SA that the SA will need to conduct the record review. The LA must include the day or days that require the review and other applicable information.

General Volume
Monitoring & Compliance Section

Value of WIC Benefits (1.07050)

ER# 1.07050

Authority CFR 246.26(a)
Issued 4/00
Revised

POLICY: WIC benefits are not considered income.

PROCEDURES:

A. The federal regulations clearly state that WIC benefits are not to be considered as income or resources of participants.

B. When a participant asks the local WIC provider to provide a statement of the value of their WIC benefits, the agency should do the following:

   1. Inform the participant of the federal regulation that exempts their WIC benefits from income.

   2. Copy section 246.26(a) of the WIC Program Consolidated Regulations to provide to the requester.

C. For questions or concerns regarding this regulation or issue, contact the state WIC office.

State Agency Responsibility: Nutrition Education (2.01000)

ER# 2.01000

Authority CFR 246.10(b)(1)(2)(i)(ii)(iii)
Issued 1/81
Revised 12/16

POLICY: The state agency shall determine the foods which are acceptable for use in the Missouri WIC Program in accordance with the federal regulations. The competent professional authority (CPA) shall issue the WIC approved foods in accordance with state policy.

PROCEDURES:

A. The State Agency:

1. Identifies foods which are acceptable for use in the Missouri WIC Program.
2. Provides a list of acceptable foods and maximum monthly quantities to local agencies, state auditors, and department auditors.
3. Ensures all vendors maintain contractual minimum stock requirements.
4. Monitors the local agency (LA) to assure that they meet their responsibilities for food issuance.

B. The LA:

1. CPAs shall prescribe supplemental foods, formulas and WIC eligible medical nutritionals in quantities necessary to meet the food issuance standards according to state policy.

Food Package: State and Local Agency Responsibility: (2.01200)

ER# 2.01200

Authority	CFR 246.10(b)(1)(2)(i)(ii)(iii)
Issued	1/81
Revised	12/16

POLICY: The state agency shall determine the foods which are acceptable for use in the Missouri WIC Program in accordance with the federal regulations. The competent professional authority (CPA) shall issue the WIC approved foods in accordance with state policy.

PROCEDURES:

A. The State Agency:

1. Identifies foods which are acceptable for use in the Missouri WIC Program.
2. Provides a list of acceptable foods and maximum monthly quantities to local agencies, state auditors, and department auditors.
3. Ensures all vendors maintain contractual minimum stock requirements.
4. Monitors the local agency (LA) to assure that they meet their responsibilities for food issuance.

B. The LA:

1. CPAs shall prescribe supplemental foods, formulas and WIC eligible medical nutritionals in quantities necessary to meet the food issuance standards according to state policy.

Local WIC Provider Nutrition Personnel: Nutritionist (2.01400)

ER# 2.01400

Authority	2016 7 CFR 246.11 (d); 246.2; 246.4(a); 2004 Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued	1/81
Revised	12/16

POLICY: The Nutritionist shall conduct nutrition assessments, assign risk factors and provide appropriate nutrition and breastfeeding education to all participants according to the state WIC program policies and procedures. Successful completion of State approved training must occur within timeframes designated by the State Agency.

PROCEDURES:

A. The Nutritionist performs the following functions (the position may not include all the duties listed.):

1. Coordinates all nutrition and breastfeeding services provided to participants.
2. Provides breastfeeding education and support to all participants. Completes a breastfeeding assessment. When a mother requests formula supplementation, provide proper counseling and if formula must be given, provide the minimum amount needed while offering counseling and support in order to help the mother establish a successful milk supply.
3. Provides participant-centered nutrition education and counseling for high-risk participants, completes the high-risk care plan and documents the nutrition education contact.
4. Participates in conducting studies and surveys.
5. Provides recommendations for improvement of nutrition education materials used in the WIC program.
6. Obtains and documents demographic information, height/length, weight measurements, hemoglobin/hematocrit values, oral and nutrition assessments and other necessary medical and/or health information to certify WIC participants.
   a. Initial nutrition assessment questions shall be completed on the day eligibility was determined.
   b. Follow-up nutrition assessment shall be completed by the CPA/Nutritionist within 60 days for non-high-risk participants or by the nutritionist within 30 days for high-risk participants or sooner if needed.
7. Determines health, medical and nutrition eligibility by assigning risk factors and explaining the certifying risk factors to the participant.
8. Recommends appropriate supplemental foods, exempt formulas and WIC eligible nutritionals in accordance with policies and procedures.
9. Provides relevant health/nutrition information and referral services to participants.
10. Participates in staff in-services and/or training sessions related to WIC policies/procedural

changes.

11. Determines participant's cycle for follow up.

12. May act as the Breastfeeding Coordinator if assigned by the local WIC provider.

13. Conducts train-the-trainer sessions on subjects determined by the State Office.

B. Program Integrity

1. The WIC staff shall adhere to ER # 1.07000 to ensure program integrity.

C. Required Knowledge, Skills and Abilities:

1. Working knowledge of the principles and practices of nutrition and food, particularly in relation to health and disease.

2. Knowledge of the benefits of breastfeeding and understanding of how to support the breastfeeding mother.

3. Some knowledge of current developments in public health nutrition and their application to the local nutrition program.

4. Some knowledge of social, cultural and economic problems and their impact on public health nutrition.

5. Skill in planning and organizing work assignments.

6. Ability to effectively use educational materials when providing client-oriented nutrition education and counseling.

7. Ability to gather, interpret, evaluate and use statistical data.

8. Ability to present ideas clearly and concisely, orally and in writing.

9. Demonstrate rapport building by establishing and maintaining effective working relationships with WIC participants, WIC team members and other health and social services personnel.

10. Maintains a courteous and respectful attitude toward all participants in the WIC Program.

11. Basic computer skills and literacy in using Windows Explorer.

12. Some knowledge of adult learning principles, stages of change, and basic counseling methods.

D. Minimum Qualifications/Education:

1. Must meet one of the following qualifications:

a. Graduation from an accredited four-year college or university with a bachelor's degree in dietetics, public health nutrition, human nutrition, nutritional sciences, nutrition and fitness, sports nutrition, restaurant and food service management, foods, family and consumer sciences, human environmental sciences, or home economics; including or supplemented by at least 15 semester hours in foods and nutrition from a 4-year program including at least one (1) course in diet therapy or medical nutrition therapy I & II and one (1) course in community nutrition or nutrition in the life cycle/life cycle nutrition; or

b. A master's degree in public health nutrition, human nutrition, nutrition education, or

dietetics from an accredited college or university; including or supplemented by at least 15 graduate or undergraduate semester hours in foods and nutrition from a 4-year program including at least one (1) course in diet therapy or medical nutrition therapy I & II and one (1) course in community nutrition or nutrition in the life cycle/life cycle nutrition; or

c. Completion of an undergraduate curriculum accredited or approved by The Academy of Nutrition and Dietetics – Accreditation Council for Education in Nutrition and Dietetics (ACEND) resulting in a verification statement from a Didactic Program in Nutrition and Dietetics; or

d. Completion of a dietetic internship program accredited or approved by The Academy of Nutrition and Dietetics – Accreditation Council for Education in Nutrition and Dietetics (ACEND) resulting in a verification statement from an Internship Program in Nutrition and Dietetics; or

e. Registered Dietitian (RD), Licensed Dietitian (LD) in the state of Missouri (registration or current eligibility for registration by the Commission on Dietetic Registration (CDR)); and

2. Must also meet one of the following:

a. Meets educational requirements as listed for nutritionist in USDA Code of Federal Regulations, 7 C.F.R. Part 246.2 under Definitions for Competent Professional Authority; or

b. Meets qualifications as indicated in USDA's Nutrition Services Standards, Nutrition Services Staffing section, Standard 3 Staff Qualifications, Roles, and Responsibilities.

3. An LA nutritionist who has worked for the Missouri WIC program prior to 1996 and does not meet the qualifications, but completed the Diet Therapy course and /or the Community Nutrition class (sponsored by the Missouri Department of Health and Senior Services in 1995 or 1996) will have been grandfathered in as a qualified nutritionist. Some LA nutritionists were not required to take the Community Nutrition class because it was determined at the time that their experience with WIC was considered the equivalent of Community Nutrition course work.

a. As long as there is no break in employment, a WIC nutritionist may move from one LA to another. Any break in service disqualifies the person from the status of being grandfathered in as an LA nutritionist.

b. A memo written by the district nutritionist and attached to the nutritionist's transcript will indicate that the individual meets Missouri's qualifications for a WIC nutritionist.

E. Continuing Nutrition Education Requirements:

1. Registered Dietitians (RD), Licensed Dietitians (LD) and Dietetic Technician, Registered (DTR 4 years college) must maintain an active Missouri license or registration/license from a participating board for monitoring purposes.

2. Nutritionists (other than RDs) must complete a minimum of five (5) continuing nutrition education (CNE) hours and one (1) Breastfeeding (CE) hour per Federal Fiscal Year (FFY).

Retain a copy of documentation of completion of these hours on file at the local WIC provider for monitoring purposes.

a. Resources for acceptable/approved CNE are:

i. Training sessions provided by the Nutrition Training Institute (NTI) and ~~are~~ approved by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics, as Continuing Professional Education (CPE) for RDs.

ii. WIC Works Learning On-Line (WLOL) Modules, which are CPE approved by CDR for RDs.

iii. Online Breastfeeding training, which is CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

iv. Nutrition related seminars/conferences, which are CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

v. State developed trainings, which are CPE approved by CDR.

vi. Training provided by other sources that is approved by the agency's assigned State Technical Assistance Nutritionist prior to attending the session.

3. It is highly recommended that a variety of nutrition education topics are completed/attended per Federal Fiscal Year (FFY).

Nutrition/Health Volume
Management Section

Local WIC Provider Nutrition Personnel: Nutrition Coordinator (2.01450)

ER# 2.01450

Authority	2012 7 CFR 246.11 (d); 246.2; 246.4(a); 2004 Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued	07/09
Revised	11/15

POLICY: The Nutrition Coordinator is responsible for participating in the development and implementation of public health nutrition services. Work involves coordinating all nutrition and breastfeeding services provided to participants. Successful completion of state approved training must occur within time designated by the State WIC Office.

PROCEDURES:

A. The Nutrition Coordinator is responsible for the following (the position may not include all the duties listed.):

1. Planning and implementation of the nutritional components of the local WIC Program.
2. Overseeing the health and nutrition education services provided by all Local WIC Provider staff.
3. Reviewing and approving all lesson plans for all group nutrition education including: Breastfeeding Promotion/Education, Substance Abuse and Self-paced Learning Modules.
   a. The State Nutritionist will review and approve all FNEP lesson plans.
4. The Nutrition Coordinator will observe the FNEP educator prior to delivery of group nutrition education sessions using approved FNEP lesson plans.
   a. The Nutrition Coordinator will review and approve all nutrition education materials (e.g. newsletters, recipes, bulletin boards, etc.)
5. Providing technical assistance and consultation regarding nutrition and breastfeeding services to other local agency staff and professionals in the community.
6. Planning and evaluating the nutrition and breastfeeding component using various health/nutrition data available from the state WIC office and the Centers for Disease Control (CDC).
7. Providing consultation, as requested, in the development and evaluation of educational material/visual aids used in the nutrition education of individuals, students, public health staff, community groups, etc.
8. Preparing reports, records and other data related to nutritional services.
9. Evaluating the appropriateness of nutrition-related pamphlets/fact sheets and audiovisuals for use in the Missouri WIC Program according to established criteria.
10. Participating in staff in-services and/or training sessions related to WIC policies/procedurals changes.
11. Assuring that the Nutrition Training Manual (formerly known as the Self-Teaching

Training Manual) case studies completed by local agency CPA are accurate.

12. May have Breastfeeding Coordinator responsibilities if assigned by the local WIC provider.

13. Conducts train-the-trainer sessions on subjects determined by the State Office.

B. Program Integrity

1. The WIC staff shall adhere to ER # 1.07000 to ensure program integrity.

C. Required Knowledge, Skills and Abilities:

1. Knowledge of the principles and practices of nutrition and food, particularly in relation to health and disease.

2. Knowledge of current developments in public health nutrition and their application to the local nutrition program.

3. Knowledge of social, cultural and economic problems and their impact on public health nutrition.

4. Skills in planning and organizing work assignments.

5. Ability to effectively develop educational materials for participant- centered nutrition education and counseling.

6. Ability to gather, interpret, evaluate and use statistical data.

7. Ability to present ideas clearly and concisely, orally and in writing.

8. Demonstrate rapport building by establishing and maintaining effective working relationships with WIC participants, WIC team members and other health and social services personnel.

9. Knowledge of adult learning principles, stages of change, and basic counseling methods.

10. Basic computer skills and literacy in using Windows Explorer.

D. Minimum Qualifications/Education:

1. Must meet one of the following qualifications:

a. Graduation from an accredited four-year college or university with a bachelor's degree in dietetics, public health nutrition, human nutrition, nutritional sciences, nutrition and fitness, sports nutrition, restaurant and food service management, foods, family & consumer sciences, human environmental sciences, or home economics; including or supplemented by at least 15 semester hours in foods and nutrition from a 4-year program including at least one (1) course in diet therapy or medical nutrition therapy I & II and one (1) course in community nutrition or nutrition in the life cycle/life cycle nutrition; or

b. A master's degree in public health nutrition, human nutrition, nutrition education, or dietetics from an accredited college or university; including or supplemented by at least 15 graduate or undergraduate semester hours in foods and nutrition from a 4-year program including at least one (1) course in diet therapy or medical nutrition therapy I & II and one (1) course in community nutrition or nutrition in the life cycle/life cycle nutrition; or

c. Completion of an undergraduate curriculum accredited or approved by The

Academy of Nutrition and Dietetics – Accreditation Council for Education in Nutrition and Dietetics (ACEND) resulting in a verification statement from a Didactic Program in Nutrition and Dietetics; or

d. Completion of a dietetic internship program accredited or approved by The Academy of Nutrition and Dietetics – Accreditation Council for Education in Nutrition and Dietetics (ACEND) resulting in a verification statement from an Internship Program in Nutrition and Dietetics; or

e. Registered Dietitian (RD), Licensed Dietitian (LD) in the state of Missouri (registration or current eligibility for registration by the Commission on Dietetic Registration (CDR)); and

2. Must also meet one of the following:

a. Meets educational requirements as listed for nutritionist in USDA Code of Federal Regulations, 7 C.F.R. Part 246.2 under Definitions for Competent Professional Authority; or

b. Meets qualifications as indicated in USDA's Nutrition Services Standards, Nutrition Services Staffing section, Standard 3 Staff Qualifications, Roles, and Responsibilities, G & H.

E. Continuing Nutrition Education Requirements:

1. Registered Dietitians (RD), Licensed Dietitians (LD) and Dietetic Technician, Registered (DTR 4 years college) must maintain an active Missouri license or registration/license from a participating board for monitoring purposes.

2. Nutritionists (other than RDs and DTRs) must complete a minimum of five (5) continuing nutrition education (CNE) hours and one (1) Breastfeeding (CE) hour per Federal Fiscal Year (FFY). Retain a copy of documentation of completion of these hours on file at the local WIC provider for monitoring purposes.

a. Resources for acceptable/approved CNE are:

i. Training sessions provided by the Nutrition Training Institute (NTI) and approved by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics, as Continuing Professional Education (CPE) for RDs.

ii. WIC Works Learning On-Line (WLOL) Modules, which are CPE approved by CDR for RDs.

iii. Online Breastfeeding training, which is CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

iv. Nutrition related seminars/conferences, which are CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

v. State developed trainings that are CPE approved by CDR.

vi. Training provided by other sources that is approved by the agency's assigned State Technical Assistance Nutritionist prior to attending the session.

3. It is highly recommended that a variety of nutrition education topics ~~is~~ are completed/attended per Federal Fiscal Year (FFY).

Local WIC Provider Nutrition Personnel: Competent Professional Authority (CPA) (2.01500)

ER# 2.01500

Authority	2008 7 CFR 246.2 & CFR 246.6 (b) (2); 2007 CFR 246.4(a) (25)
Issued	4/95
Revised	11/15

POLICY: The trained CPA professional is responsible for obtaining participant data needed for the certification process according to state policies and procedures. Data collected from the participant by the CPA shall be entered into MOWINS by the CPA. The CPA prescribes supplemental foods and formulas and provides participant-centered nutrition and breastfeeding education. The CPA may assist with the day-to-day supervision of the WIC Certifier regarding program standard eligibility duties and activities. Successful completion of State approved training must occur within the time designated by the State WIC Office. Refer to ER# 1.01550.

PROCEDURES:

A. The CPA is allowed to perform the following functions: (Any one position may not include all of the duties listed.)

1. Assists in obtaining certification data such as; demographics, height/length, and weight measurements, hemoglobin/hematocrit values, oral assessment, breastfeeding and nutritional assessment, and other necessary medical and/or health information to certify WIC participants.

    a. Initial nutrition assessment questions shall be completed on the day eligibility was determined.

    b. Follow-up nutrition assessment shall be completed by the CPA/Nutritionist within 60 days for non-high-risk participants or by the nutritionist within 30 days for high-risk participants or sooner as needed.

2. Assists in the promotion and support of breastfeeding as the preferred method of feeding.

    a. Completes a breastfeeding assessment. When a mother requests formula supplementation, provide proper counseling and if formula must be given, provide the minimum amount needed while offering counseling and support in order to help the mother establish a successful milk supply.

    b. May issue manual, hospital grade multi-user, and single-user electric breast pumps to breastfeeding participants per Breast Pump Policy ER# 6.05100.

    c. May act as the Breastfeeding Coordinator (ER# 6.05000) if assigned by the local WIC provider.

3. Enters certification data on the appropriate screens into MOWINS.

4. Determines health, medical and nutrition eligibility by assigning risk factors and explains the certifying risk factors to the participant.

5. Ensures appropriate issuance of food packages for supplemental foods, exempt formulas, and WIC eligible nutritionals in accordance with policies and procedures.

6. Provides relevant health/nutrition information and referral services to participants.

7. Identifies high-risk participants and provides participant-centered nutrition education and counseling.

    a. A Competent Professional Authority who does not meet the requirements for nutritionist must refer high-risk participants to the local WIC provider nutritionist for high-risk nutrition counseling.

        i. Place the high risk participant on a cycle of 1 and refer to the nutritionist.

        ii. Complete the "S" (subjective) component of the SOAP note if any relevant information has been obtained and indicate in the "P" (plan) component that the participant has been referred to the nutritionist.

        iii. Provide non-high risk participant-centered nutrition education and counseling.

8. Participates in staff in-services and/or training sessions related to WIC policies/procedural changes.

9. Conducts train-the-trainer sessions on subjects determined by the State Office.

B. Program Integrity

1. The WIC staff shall adhere to ER # 1.07000 to ensure program integrity.

C. Required Knowledge, Skills and Abilities:

1. Skill in accurately obtaining and analyzing anthropometric measurements and nutrition assessment of participants.

2. Skill in planning and organizing work assignments.

3. Demonstrate rapport building skills by establishing and maintaining effective working relations with WIC participants, WIC team members and other health and social services personnel.

4. Some knowledge of the principles and practices of nutrition and food, particularly in relation to health and disease.

5. Knowledge of the benefits of breastfeeding and understanding of how to support the breastfeeding mother.

6. Some knowledge of adult learning principles, stages of change and basic counseling methods.

7. Some knowledge of social, cultural and economic problems and their impact of public health concerns.

8. Some knowledge of the general organization and function of public health agencies.

9. Ability to effectively use educational materials when providing participant-centered nutrition education and counseling.

10. Basic computer skills and literacy in using Windows Explorer.

D. Appropriate WIC positions to supervise: WIC HPA and WIC Certifier

E. Minimum Qualifications:

1. Education: Qualified Nutritionist, Registered Dietitian (RD), Registered Nurse (RN), Physician or Dietetic Technician, Registered (DTR).

2. Experience: Community health experience is desirable.

F. Continuing Nutrition Education Requirements:

1. The CPA must maintain an active Missouri license or a license from a participating board for monitoring purposes.

2. The CPA (RN or DTR 2 years of college) must complete a minimum of five (5) continuing nutrition education (CNE) hours and one (1) Breastfeeding (CE) hour per Federal Fiscal Year (FFY). Retain a copy of documentation of completion of these hours on file at the local WIC provider for monitoring purposes.

   a. Resources for acceptable/approved CNE are:

      i. Training sessions provided by the Nutrition Training Institute (NTI) and are approved by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics, as Continuing Professional Education (CPE) for RDs.

      ii. WIC Works Learning On-Line (WLOL) Modules, which are CPE approved by CDR for RDs.

      iii. Online Breastfeeding training, which is CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

      iv. Nutrition related seminars/conferences, which are CPE approved by CDR for RDs or provides LCERPs by IBLCE for lactation consultants.

      v. State developed trainings, which are CPE approved by CDR.

      vi. Training provided by other sources that is approved by the agency's assigned State Technical Assistance Nutritionist prior to attending the session.

3. It is highly recommended that a variety of education topics are completed/attended per Federal Fiscal Year (FFY).

Local WIC Provider Personnel: WIC Certifier (2.01650)

ER# 2.01650

Authority 2011 7 CFR 246
Issued 10/04
Revised 8/15

POLICY: The trained WIC Certifier is a paraprofessional who assists in collecting and entering data needed for the certification process in the Missouri WIC Information Network System (MOWINS). The Nutrition Coordinator shall supervise the WIC Certifier for nutrition education, issuing food prescriptions, and risk factors assignment. The Nutrition Coordinator may delegate the day- to-day supervision of the WIC Certifier regarding program standard eligibility duties and activities to the CPA. If a CPA is not on staff the local agency cannot use a WIC Certifier. Successful completion of State approved training must occur within time designated by the State WIC Office.

PROCEDURES:

A. The WIC Certifier is allowed to perform the following functions. (Any one position may not include all of the duties listed).

1. Assists in obtaining certification data such as; demographics, height/length, and weight measurements, hemoglobin/hematocrit values, oral assessments, initial nutrition assessments questions, and other necessary medical and/or health information to certify WIC participants.
2. Assist in the promotion of breastfeeding as the preferred method of feeding.
3. Inform participants of their qualifying risk factors for program eligibility and participant's rights and obligations.
4. Enter certification data on the appropriate screens in MOWINS, including initial nutrition assessment questions.
   a. Initial nutrition assessment questions shall be completed on the day eligibility was determined.
   b. Follow-up nutrition assessment questions shall be completed by the CPA within 60 days for non-high risk participants or 30 days by nutritionist for high-risk participants or sooner as needed.
5. Determine eligibility by assigning risk factors except Risk Factors 401, 428 and 501.
6. Prescribe the standard WIC food package and standard contract formulas in accordance with the Food and Formula Reference Guide and policies ER # 2.07800, 2.07900, and 2.07000.
7. Perform the change of category or certification procedure on a breastfeeding woman who is changing to a non-breastfeeding category; after the CPA has counseled the WIC participant on nutritional needs and determined appropriate food package.
8. Provide all aspects of the initial education per the direction of the WIC Nutrition

Coordinator. Record the nutrition education contact in MOWINS.

9. Issue food instruments in accordance with State policy.
    a. Instruct participants on food instrument issuance/redemption procedures.
10. Determine if participant is high-risk and schedule next appointment appropriately.
    a. If participant is determined to be high-risk, place on a cycle of 1 and schedule next appointment with nutritionist.
        i. Complete the "S" (subject) if needed and the "P" (plan) in the SOAP note screen, e.g. "Participant is scheduled to see the nutritionist next month."
    b. If not high risk, place on a bimonthly cycle and schedule the participant's next appointment with the CPA or Nutritionist.
11. Participate in community outreach efforts as assigned by the WIC Nutrition Coordinator.
12. Refer participants to appropriate social, health and/or nutrition services.
13. Inform participants about the benefits and services of the WIC program.
14. Schedules participants for group education and individual counseling.
15. Participate in staff in-services and/or training sessions related to WIC policies/procedurals changes.

B. WIC Certifier is not allowed to perform the following functions:

1. Provide individual or group nutrition education (except AR contact), counsel participants on health, medical or nutrition related issues, provide exit counseling, and/or Mid-certification nutrition assessment questions.
2. Prescribe the following:
    a. Exempt formulas,
    b. Medical foods,
    c. Formula for partially breastfed infants,
    d. Food packages that have been altered to accommodate special dietary needs for women or children including, but not limited to:
        i. substitution of lactose free milk, soy milk, goat milk, tofu.
        ii. any changes to fat content of standard milks
        Example: women and children (24-59 months and women) the WIC Certifier can issue skim through 1% milk and supplemental foods or skim through 1% and a pound of cheese/fat free evaporated milk combination.
    e. Full prorated packages, and
    f. Food for homeless.

NOTE: Participant must be referred to a CPA for appropriate counseling and food package determination.

3. Counsel participant on food package prescriptions as it relates to nutrition education/counseling.

4. Provide second and subsequent nutrition education contacts.

5. Certify participants in the Labor Delivery Recovery Postpartum (hospital) setting.

C. The WIC Certifier shall yield to the CPA or nutritionist in the following situations: Refer to WIC Certifier Decision Tree.

1. When a breastfed infant receives supplemental formula.

2. When a participant has an exempt formula or medical foods prescription.

3. Homeless participants, tailored food packages for women and children with special dietary needs and issuing full prorated food packages.

4. Participants who have questions regarding medical, health, or nutrition education and food package prescriptions.

D. Program Integrity

1. The WIC certifier shall adhere to ER # 1.07000 to ensure program integrity.

E. Required Knowledge, Skills and Abilities:

1. Skill in obtaining accurate anthropometric and hematological (anemia screening) measurements.

2. Demonstrate rapport building skills by establishing and maintaining effective working relations with WIC participants, WIC team members and other health and social services personnel.

3. Knowledge of the benefits of breastfeeding and understanding of how to support the breastfeeding mother.

4. Demonstrate ability to accurately record medical and health data.

5. Ability to communicate effectively.

6. Ability to plan and organize work assignments.

7. Skill in basic computer fundamentals and literacy in using Window Explorer.

F. Appropriate WIC positions to supervise: none.

G. Ideal Qualifications:

1. Education:

a. Some credits earned in a nutrition-related allied health program.

2. Experience:

a. Six months experience as a WIC Health Professional Assistant (HPA).

b. Two years' experience in a community health nutrition program.

H. Minimum Qualifications:

1. Education:

a. High school diploma or equivalency.

b. Successful completion of the State required training within the time designated by state WIC office and mandatory retraining every 5 years.

Local WIC Provider Personnel: Health Professional Assistant (HPA) (2.01700)

ER# 2.01700

Authority 2010 7 CFR 246
Issued 11/88
Revised 10/10

POLICY: Under the technical supervision of the WIC-CPA, this paraprofessional assists in obtaining and entering the data needed for the certification process in the Missouri WIC Information Network System (MOWINS). Successful completion of State approved training must occur within time designated by the State WIC Office.

PROCEDURES:

A. HPA's are allowed to perform the following functions such as: (Any one position may not include all of the duties listed.)

1. Assists in certifying WIC participants by obtaining certification data such as: demographics, height/length, weight measurements, hemoglobin/hematocrit values, immunizations data and oral assessment (asking the Mandatory Health Questions or Oral Inspection).
2. Assists in the promotion of breastfeeding as the preferred method of feeding.
3. Enters certification data on the appropriate screens in MOWINS.
4. Refers participants to social services and health/nutrition services.
5. Explains program eligibility requirements and participant's rights and obligations.
6. Informs a participant about the benefits and services of the WIC Program.
7. Instructs a participant on food instrument issuance/redemption procedures.
8. Schedules participants for group education and individual counseling.
9. Participates in community outreach efforts as assigned by the local CPA.
10. Participates in staff in-services and/or training sessions related to WIC policies/procedural changes.

B. HPA's are not allowed to perform the following functions.

1. Determine participant eligibility for WIC participants.
2. Complete the VENA questions, assign risk factors manually or determine cycle for follow-up.
3. Develop nutrition care plans, provide nutrition education nor enter nutrition education into MOWINS.
4. Prescribe or tailor food packages.
5. Counsel participants on health, medical and/or nutrition issues.
6. Function independently of a supervising CPA.

C. Preventing Conflict of Interest

1. A separation of duties related to the accountability and control of food instruments must occur among WIC staff. Health professional staff that certifies a WIC applicant/participant for benefits should not, on a regular basis, issue food instruments for the same applicant/participant throughout the entire certification period. Refer to ER# 3.04800.

2. No one local agency staff shall certify oneself for WIC benefits, nor issue food instruments or supplemental foods to oneself.

3. Employees of a local agency shall not certify relatives or close friends for WIC benefits, nor issue food instruments or supplemental foods to relatives or close friends.

D. Required Knowledge, Skills and Abilities:

1. Skill in obtaining accurate anthropometric measurements and hematological (anemia screening) measurements.

2. Demonstrate the ability to accurately record medical and health data in the participant's file.

3. Skill in planning and organizing work assignments.

4. Demonstrate rapport building skills by establishing and maintaining effective working relations with WIC participants, WIC team members and other health and social services personnel.

5. Knowledge of the benefits of breastfeeding and understanding of how to support the breastfeeding mother.

6. Basic computer skills and literacy in using Windows Explorer.

E. Appropriate WIC positions to supervise: None.

F. Ideal Qualifications:

1. Education:

   a. Some credits earned in a nutrition-related allied health program.

2. Experience:

   a. Two years of experience in a community health nutrition program is desirable.

G. Minimum Qualifications:

1. Education:

   a. High school diploma or equivalency.

   b. Successful completion of the State required training within the time designated by state WIC office.

Proof of Pregnancy (2.02650)

ER# 2.02650

Authority 2007 CFR 246.1& 246.4(a)(11)(i)(C) & 246.7(c)(2)(ii) & 246.7(c)(4)
Issue 04/08
Revised

Policy: The local WIC provider (LWP) shall assure all WIC clients are eligible for the Missouri WIC program. The local WIC provider may require the WIC female client to provide proof of pregnancy. Proof of pregnancy, when requested, shall be from a health care provider (physician), public health department, or other reliable medical source when there is reasonable doubt the pregnancy exists. Proof of pregnancy shall not be an expense to the client.

PROCEDURES:

A. Obtaining Data

1. Complete the certification requirements as determined by the federal guidelines and the Missouri WIC program. See ER# 2.02800 "Certification, Recertification and Infant Follow-up Components.
2. If the CPA has reasonable doubt that the pregnancy exists, provide the applicant/participant with one-month of benefits by placing them on Cycle 1.
3. Request the WIC participant to bring in proof of pregnancy at next 30-day visit.

B. Documenting

1. Record how proof of pregnancy was determined. Home self-tests are not appropriate proofs of pregnancy.

C. Assessing

1. If the requested documentation for proof of pregnancy is not provided within the 30-day time frame, the participant shall be determined ineligible for WIC benefits with no continuation of services and benefits.
2. Send a registered letter to the participant informing her of termination from the Missouri WIC program.

D. Reasonable Doubt

1. The LWP may contact the State WIC office for guidance if there is reasonable doubt that the pregnancy exits.
2. Guideline to consider for reasonable doubt:
   a. Client has stated in the past that she was pregnant but there never was visible sign of pregnancy and no birth occurred.
   b. Third party notifies LWP that WIC participant is not pregnant.

Physical Presence at Certification or Mid-certification Assessment (2.02700)

ER# 2.02700

Authority	2016 CFR 246.7 (o)(1)(2), MPSF-1: WC-01-07-P
Issued	10/89
Revised	2/17

POLICY: The Local Agency (LA) shall require that the person being certified be physically present at the time eligibility for the WIC Program is determined or the mid-certification assessment (MCA) is completed, with limited exceptions allowed.

PROCEDURES:

A. Physical Presence Requirement:

1. Individuals seeking participation in the WIC program must be physically present when determining eligibility or completing the MCA unless the applicant, participant, parent or guardian meets the limited exceptions allowed.

B. Exceptions for Physical Presence:

1. Reasonable Accommodation of Disabilities.

   a. If an applicant, participant, parent, or guardian has a disability that makes it difficult to come to a clinic for certification, or MCA, the applicant or participant may be certified or assessed without being physically present. Only those disabilities that create a current barrier to the physical presence requirement may serve as a basis for an exception.

   b. Examples of disabilities creating a current barrier are:

      i. A newborn infant with medical complications.

      ii. A medical condition that necessitates the use of medical equipment not easily transportable.

      iii. A medical condition requiring confinement to bed.

      iv. A serious illness that may be exacerbated by coming into the clinic.

      v. A highly contagious illness that may be readily communicated to others by coming into the clinic.

   c. The applicant, participant, parent, or guardian shall provide documentation from a physician or primary care provider stating the disability status and length of disability.

2. Receiving Ongoing Health Care.

   a. An infant or child who was present at his/her initial WIC certification and is receiving ongoing health care may be exempt from the physical presence requirement, if being physically present would pose an unreasonable barrier.

3. Working Parents or Caretakers.

a. Infants or children present for certification/MCA at least once within the prior 12 months and are under the care of one or more working parents or caretakers whose working status presents a barrier to bringing the infant or child into the LA.

i. The child must have one or more working parents/primary caretakers for the exception to apply.

ii. The LA shall obtain a statement from the parent(s)/caretaker(s) documenting his/her employment and work hours.

4. Infants Under Eight (8) Weeks of Age.

a. Infants under eight (8) weeks of age who cannot be present at certification for a reason determined appropriate by the LA and for whom all necessary information is provided.

b. Document reason for absence in a General Note or SOAP Note in MOWINS.

C. The LA must document whether the applicant or participant is physically present.

D. The participant, guardian or caretaker shall provide the LA with appropriate medical referral data and anthropometric measurements, which have been collected within 60 days prior to date of certification or MCA and must reflect current health status.

E. Statute of Limitation

1. The exemption from physical presence shall be handled on an individual basis and only applies to the certification period for which applying. At each certification, the request for exemption from physical presence must be reassessed.

2. Any long-term permanent disabilities requiring exemptions for physical presence must be approved by the State Agency, and the documentation must be maintained in the participant's file.

Nutrition/Health Volume
Certification Section

Guidelines for Annual Certifications and Mid-Certification Assessment (MCA) Data Collection and Risk Factor Assignment (2.02800)

ER# 2.02800

Authority 2016 7CFR 246.2, 246.7(e)(1), 246.7(e)(2); MPSF: WC-08-07-P; WIC PM 2011-5; MPSF:WC-92:10; Final WIC Policy Memo #2001-2
Issued 1/81
Revised 09/17

POLICY Each applicant must have a health and nutritional assessment to determine eligibility as required by federal guidelines and the Missouri WIC Program. Determination of risk must be based on anthropometric and biochemical (hematological) data, nutrition assessment, screening for immunizations, and health history all of which shall be documented in the Missouri WIC Information Network System (MOWINS). These assessments/screenings provide the guidance to personalize nutrition education, referrals, and food package tailoring for WIC participants. Infants, children and breastfeeding women certified for longer than 6 months must have a Mid-Certification Assessment (MCA) to maintain quality nutrition services. A MCA must include anthropometric measurements, blood work (as needed), immunization screening and a nutrition assessment to ensure that health and nutrition services are not diminished.

PROCEDURES

A. Required Elements of Certifications and Mid-Certification Assessments

Table for Certification and Mid Certification Assessment (MCA)

	Certification				MCA		
Data Collection/ Assessed	Infant	Woman and Child	Hospital Infant	Hospital Post-Partum Woman	Infant	Child 1 – 5 yrs old	Breastfeeding Woman (≥ 6 mos)
Anthropometric Measurements	X	X	X		X	X	x
Blood Work		X			Infant Blood Work is done at 9-11 months	X	If she was on the program as an N or B during the first six months no blood work is required
Nutrition Assessment	X	X	X	X	X	X	X
Immunization Screening	X	X (children only)	X		X	X	

	Certification				MCA		
Data Collection/ Assessed	Infant	Woman and Child	Hospital Infant	Hospital Post-Partum Woman	Infant	Child 1 – 5 yrs old	Breastfeeding Woman (≥ 6 mos)
Initial Nutrition Education	X	X	X	X			
Category/Age Appropriate Nutrition Education	X*	X*			X*	X*	X*
Referrals	X**	X**	X**	X**	X**	X**	X**

*Refer to ER# 2.06400 for more information on nutrition education requirements
** Refer to ER#1.01800 for more information on referrals.

B. Obtaining Data

1. At certification and MCA the following information must be obtained.

a. Anthropometric data collected within the WIC agency or provided by referral.

i. Anthropometric data includes height/length and weight. The data must have been collected within 60 days prior to the date of certification or MCA and must reflect current health and categorical status. Although data may be up to 60 days old, such data may not be appropriate for pregnant women, or infants and children during critical periods of growth.

ii. The Local Agency (LA) must acquire and maintain accurate health assessment equipment (scales and measurement boards).

Refer to Health and Nutrition Assessment Handbook for minimum criteria and maintenance guidelines for weighing and measuring equipment.

iii. For Labor Delivery Recovery Postpartum (LDRP) hospital certifications refer to Section E.

b. Hematological data collected within the WIC agency or provided by referral.

i. Hematological data includes a hemoglobin or a hematocrit. The blood work data may be deferred for up to 90 days after the date of certification or MCA if the participant has another qualifying risk factor.

a.) If an applicant or applicant's parent or guardian refuses to have a blood test done or provide referral data, the LA shall emphasize the importance of blood work and encourage the applicant, parent or guardian to have the test completed.

b.) If an applicant or applicant's parent or guardian refuses bloodwork, the participant shall be placed on a monthly cycle until the data has been collected. The reason for refused blood work must be documented in MOWINS.

ii. The delayed blood work box must be checked in MOWINS and the participant kept on a monthly cycle until the data has been collected.

iii. For all categories, the data must have been collected while in the same status as that of the certification or MCA for the WIC Program as explained below.

a) All infants shall have hematological data collected on or after 9 months of age and prior to their first birthday.

b) All children must have hematological data collected according to the following guidelines.

1) For children between12 months of age and prior to their second birthday, blood work must be taken at least once - recommended at 15-18 months of age, ideally 6 months after the infant blood work. If the infant blood work at 9-11 months of age is below recommended levels, it is suggested that blood work be taken again at 15 months of age.

2) Blood work data is required for the 2-year old certification or MCA visit (minimum 22 months of age). For children 24-60 months of age, blood work must be taken at least once every 12 months.

3) For children 24 to 60 months of age, blood work must be rechecked at the next certification or MCA visit if Risk Factor 201 was assigned.

c) For all postpartum women (B and N), the blood work shall be taken between 4 and 6 weeks postpartum. If they are certified later than 4 to 6 weeks postpartum, blood work shall be taken at the time of certification.

d) For breastfeeding women, no additional blood test is necessary at MCA, as long as she was on the program as an N or B during first six months. If no other risk factor exists, including Risk Factor 501, a follow-up blood test is an allowable WIC cost to determine if the low hemoglobin/low hematocrit risk factor still applies.

e) For prenatal women blood work shall be taken at certification.

iv. The following are exempted from blood work:

a) An applicant whose religious belief won't allow him/her to have blood drawn.

b) An applicant who has a documented medical condition e.g. hemophilia, fragile bones (osteogenesis imperfecta), a serious skin disease, leukemia, or thalassemia in which the procedure for collecting blood could cause harm to the applicant.

v. The appropriate exemption must be documented in the MOWINS HT/WT/Blood tab. In addition, documentation from a physician of the medical condition must be documented in MOWINS.

vi. The LA must acquire and maintain accurate hematological equipment. Refer to Health and Nutrition Assessment Handbook for minimum criteria and maintenance guidelines for hematological equipment.

c. A nutrition assessment. (Refer to Health and Nutrition Assessment Handbook for guidance.)

i. At certification the initial and follow-up questions shall be completed for all program categories.

a) Initial nutrition assessment questions shall be completed on the day eligibility was determined.

b) Follow-up nutrition assessment questions shall be completed by the CPA within 60 days for non-high risk participants or 30 days by nutritionist for high-risk participants or sooner as needed.

ii. Mid-certification nutrition assessment for infants, children and breastfeeding (fully and mostly breastfeeding) women shall be accomplished by:

a) completing the initial nutrition assessment questions and follow-up nutrition questions or

b) completing the initial nutrition assessment questions and mid-certification nutrition questions or

c) completing the mid-certification nutrition assessment questions.

Certification	
Initial Questions	CPA, Nutritionist or WIC Certifier
Follow-Up Questions	CPA or Nutritionist
MCA	
Option 1	
Initial Questions Follow-Up Questions	CPA, Nutritionist or WIC Certifier CPA or Nutritionist
Option 2	
Initial Questions MCA Questions	CPA, Nutritionist or WIC Certifier CPA or Nutritionist
Option 3	
MCA Questions only	CPA or Nutritionist

2. For breastfeeding woman category change to a non-breastfeeding woman during a current certification.

   a. Prior to changing a breastfeeding woman to non-breastfeeding woman category, refer the WIC participant to a CPA for appropriate counseling.

   b. The woman must have had at least one other risk factor besides risk factors 601 or 602 assigned during her breastfeeding certification in order for the agency to complete a breastfeeding to non-breastfeeding category change in MOWINS.

      If no other risk factors were assigned (other than 601 or 602), the agency shall complete a non-breastfeeding certification by completing all requirements as indicated in procedure A.

3. Adolescent females who are pregnant or postpartum are considered prenatal or postpartum women for purposes of health assessment for WIC eligibility. Health assessment follows the same procedures as that for prenatal or postpartum women and includes obtaining data related to anthropometric, biochemical/hematological, health history, and nutrition assessment. Refer to Procedure B.

C. Documenting

1. Anthropometric data, hematological data and health history information must be documented in MOWINS for women, infants and children.

2. The nutrition assessment must be documented for women, children and infants in the nutrition assessment tab in MOWINS.

D. Assessing and Assigning Risk Factors

1. Determination of risk at certification, MCA, or during a current certification period must be based on anthropometric and/or hematological data and nutrition assessment collected within the WIC agency or provided by referral.

2. For all applicants, the participant must be assessed for all risk factors and the individual must be found to have at least one of the WIC nutritional risk factors to qualify for the WIC Program.

   a. Risks which include the phrase:

      i. "as reported or documented by a physician, or someone working under physician's orders," require verification of diagnosis or condition. Acceptable documentation or verification of diagnosis from health care provider includes a note on a physician's prescription pad, referral form, medical record, other reliable record, or verbal confirmation from physician or someone working under physician's order.

      ii. "diagnosed by a physician as self reported by applicant or participant/caregiver" require validation by the CPA. To validate self reported diagnoses, document

         1. The name and contact information of the health care provider
         2. Whether the condition is being controlled by diet or medication
         3. If diet, special formula or medication has been prescribed, document the diet, formula, or drug name(s).

   b. Risk factors identified anytime during the current certification period shall be added to the participant's certification record as new risk factors; this may change the participant's priority and/or make them high risk.

3. Refer to the risk factor policy ER# 2.03500 and specific USDA Definition and USDA Justification for detailed information.

4. MOWINS will automatically determine priority for the certification/MCA based on assigned risk factors.

E. Labor Delivery Recovery Postpartum (LDRP) (Hospital) Certifications

1. Certifications performed in the LDRP (hospital) setting must be performed in compliance with all current WIC policies. Only a CPA or Nutritionist shall perform the certification.

2. Participants must be placed on a monthly cycle until they are seen in a non-LDRP WIC site.

3. If a woman's height and weight are not obtained by WIC staff at the time of certification, verbal information or postpartum data obtained from the hospital record may be used. The CPA or Nutritionist entering this information into MOWINS shall select "Hospital Certification" from the "Possible Incorrect Measurement Reason" drop-down menu on the Add Weight/Height screen of the Certification Guided Script.

4. The certifying agency shall set an alert and a general note for each participant certified in an LDRP setting. The alert and general note shall:

   a. Identify the participant as having been certified in the LDRP and the agency that performed the certification.

b. Indicate if nutrition assessment follow-up is needed.

5. Women certified at the LDRP shall have height and weight taken at the first visit at a non-LDRP WIC site.

6. It is recommended the local agency obtain infant weight and length at the first visit at a non-LDRP WIC site.

7. The non-LDRP WIC site shall review the certification information to ensure that all components of the certification are completed.

F. Providing Appropriate Counseling (See Counseling Guides and the Nutrition Training Manual for suggested counseling and additional information. Refer to ER# 2.06400 for procedures and policies on nutrition education.)

1. Counseling and education shall be provided by the CPA.

2. Document counseling contact in MOWINS.

G. Providing Referrals

Provide appropriate referral information and document in MOWINS. Refer to ER# 1.01800.

Care Plans and High-Risk Risk Factors (2.02900)

ER# 2.02900

Authority 2008 CFR 246.11(e)(5)
Issued 1/81
Revised 10/12

POLICY: A care plan shall be developed for every certification when a participant is determined to be high-risk by the Missouri WIC Information Network System (MOWINS) or a high-risk risk factor is manually assigned. A care plan shall also be developed for any participant based on the need for such plan as determined by the nutritionist or whenever a care plan is requested by a participant, parent, or caretaker. The care plan will be completed using the SOAP note format in MOWINS.

PROCEDURES:

A. The Risk Factor Detail Guide lists all high-risk risk factors in bold.

B. A care plan must be developed by a nutritionist within 30 days or sooner if needed for:

1. Participants with a high-risk risk factor assigned at certification or anytime during the certification period.

   a. MOWINS will flag as high risk.

2. Non-high risk participants.

   a. The CPA will manually select as high risk in MOWINS.

3. Participants that request care plans.

   a. Document the reason for the care plan in the SOAP note.

C. Staff must practice within their level of competency and according to their job functions as described in policies ER# 2.01400, ER# 2.01500, ER# 2.01650.

D. The care plan shall be documented by the nutritionist in MOWINS using the SOAP format.

1. The care plan's initial SOAP note must have all components completed. Using critical thinking skills in the development of the plan, evaluate all anthropometrics, blood work, and the nutrition assessment.

2. The care plan shall include the following information:

   a. If health care services are being provided for the high-risk risk factor, document:

      i. Health care professional contact information.

      ii. Specific nutrition recommendations or instructions given by the health care professional and the participant's understanding and compliance.

   b. The type and frequency of contact.

i. The nutritionist must provide all high-risk nutrition education follow-up contacts.

ii. The nutritionist may assign duties to non-nutritionist staff which fall within their scope of practice such as gathering additional anthropometric measurements, blood work data and/or diet assessments.

c. A specific nutrition goal addressing the high-risk risk factor.

Note: If health care services are not being provided to the participant for the high-risk risk factor then an appropriate referral must be made and documented in MOWINS (Referral screen).

E. Follow-up nutrition education contact:

1. The nutritionist shall provide the contact.
2. The contact shall address the status of the high-risk condition.
3. The contact shall include documentation of the outcome of any referrals made.
4. Documentation must include, at a minimum, the A and P components of the SOAP note in MOWINS.
5. High-risk participants may be put on a monthly or bi-monthly cycle after the care plan is implemented.
6. A minimum of one follow-up contact is required unless the care plan is discontinued (see section F below).

F. Discontinuation of a care plan

1. Only the nutritionist can discontinue a care plan.
2. A care plan can be discontinued for one or more of the following reasons:
   a. The nutritionist has used critical thinking and determined that the condition has resolved or is stable.
   b. The nutritionist has determined the condition is being adequately addressed by a health care provider and further contact with the nutritionist would not provide additional benefit to the participant.
   c. MOWINS has removed the high-risk risk factor.
3. Documentation for discontinuation
   a. If the nutritionist determines that no follow-up is needed, all appropriate components of the SOAP note shall be completed (see sections D.1. and E.4) and must include specific justification for discontinuation in the A component.
4. A care plan that was initiated by the participant can be discontinued by the participant at any time.

G. The nutritionist shall document all high-risk education contacts in the Nutrition Education tab in MOWINS by selecting from the drop down list the high-risk topic. Example: High Risk Infant Nutrition, plus the specific educational topics discussed.

H. Monitoring high-risk risk factors

1. The Nutrition Coordinator shall review the High-Risk Participants-Detail Report in Crystal to ensure the high-risk participants are receiving their high-risk nutrition education and follow-up contact(s) and those contacts are provided by a nutritionist.

Program Explanation to the Participant (2.03200)

ER# 2.03200

Authority	2015 7CFR 246.7(i),(j)(1-4)
Issued	1/81
Revised	11/15

POLICY: The local WIC provider (LWP) shall provide an explanation of the Missouri WIC Program rights and responsibilities to the participant at certification or recertification. The LWP shall require a signature acknowledging that the participant understands their rights and responsibilities.

PROCEDURES:

A. Any staff at the LWP shall explain, at a minimum, the following items:

1. Purpose and function of the Missouri WIC Program as a medical-nutritional health care service that provides supplemental foods.
2. Importance of the foods being consumed by the participant, and not other family members.
3. Change of an established food package because of participant preference.
4. Rules and regulations of the local WIC provider, especially those related to appointments and nutrition education.
5. Presence of parent or legal guardian at certification or recertification appointments to verify income, verify family size and sign consent form. If circumstances prevent this refer to ER# 3.03800 regarding proxies.
6. Required presence of the applicant at certification or recertification, except for very unusual circumstances. Refer to ER# 2.02700.
7. Health services and nutrition education that will be made available to them with encouragement to participate in these services.
8. At each certification visit, the LWP shall inform the applicant, participant or guardian, in easy understandable language, of their rights and responsibilities related to their participation in the WIC Program.
    a. Participant rights and responsibilities are listed on the participant's identification folder and the WIC-10, which serves as the copy of Rights and Responsibilities given to the participant.
    b. If the participant is unable to read, the LWP shall read the rights and responsibilities statement aloud to the participant prior to obtaining the signature.
    c. After the participant has been informed of these rights and responsibilities, the LWP shall obtain an electronic signature and save in MOWINS. The

signature:

i. Acknowledges notification and understanding of rights and responsibilities.

ii. Certifies that all information provided for eligibility determination is correct.

iii. Provides consent to release necessary information to USDA and the Department of Health and Senior Services for program administration.

d. The participant shall not have the option to refuse to sign the rights and responsibilities statement. The LWP shall inform a participant who refuses to sign the form that benefits cannot be provided without the signature.

9. The use and importance of the participant identification folder.

10. Where the food instrument can be redeemed. Refer to ER# 3.08300.

11. Illegality of dual participation.

B. The LWP Para-Professional staff shall provide the initial nutrition education contact to all participants. Refer to ER# 2.06000.

1. Document in the Missouri WIC Information Network System (MOWINS) after participants have received all required program explanations (part of topic "00" on the Nutrition Education contact).

C. On future visits, any staff shall ask the participant:

1. If changes are needed to their food package. Refer to CPA if a change is requested.

2. Ask if the participant had problems at the store. Report problems according to instructions in the ER# 3.08400.

D. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.

E. The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication.

F. Missouri serves all priorities of women, infants and children. Refer to the Risk Factor Summary & Priority Listing for specific information regarding risk factor and priority number. The priority system is:

1. Priority I - Pregnant women, breastfeeding women and infants at nutritional risk with documented medical conditions.

2. Priority II - Infants except those in Priority I.

3. Priority III - Children at nutritional risk with documented medical conditions.

4. Priority IV - Pregnant women, breastfeeding women and infant due to inadequate diet.

5. Priority V - Children at nutritional risk because of inadequate diet.

6. Priority VI - Postpartum women at nutritional risk.
7. Priority VII - Individuals certified for WIC solely due to homelessness or migrancy and those previously certified participants who might regress in nutritional status without continued provision of supplement foods.

Weight Standards for Women and Adolescent Females (2.03300)

ER# 2.03300

Authority	2008 CFR 246.7(e)(2)(i)
Issued	10/90
Revised	07/09

POLICY: Body Mass Index (BMI) must be used to assess pre-pregnancy or postpartum weight for height to determine eligibility for the Missouri WIC Program.

PROCEDURES:

A. For postpartum women and adolescent females, obtain current height and weight to determine the woman's BMI (see Health and Nutrition Assessment Handbook (HNAH) for mathematical formula) or by automated calculation in Missouri WIC Information Network System (MOWINS).

B. For pregnant women and adolescent females, use her pre-pregnancy weight which she self declares and her most recent record height to determine the woman's pre-pregnancy BMI, using BMI formula (see HNAH) or by automated calculation in MOWINS.

C. BMI is used when assessing woman participants for risk factors 101, 111, 131, 132, and 133.

NOTE: Current research does not support the use of different BMI cut-offs to determine weight status categories for adolescent pregnancies. Therefore, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility.

D. The pregnant adolescent female will be plotted on the Prenatal Weight Gain Chart in MOWINS and not on the 2 Years to 20 Years Girls growth charts.

Nutrition/Health Volume
Certification Section

Nutrition Risk Criteria (2.03500)

ER# 2.03500 – New Policy

Authority 2017 7CFR 246.7; WIC PM 2011-5; Transmittal of New and Revised WIC Nutrition Risk Criteria 5-2011, 6-2012, 11-2013, 5-2015, 6-2016
Issued 09/17
Revised

POLICY: The Local Agency (LA) certifying staff will assess for and assign applicable risk factors to WIC participants following guidance and procedures as provided in the USDA Regulations, USDA Justification and Missouri WIC Risk Factor Definition Table.

PROCEDURES:

A. Obtaining and Documenting Data

1. The certifying staff determines any and all nutrition risk criteria present through anthropometrics, biochemical determination, and nutritional and health assessment interviews during the certification process. Refer to ER#2.02800.
2. Certifying staff will obtain weight, length/height, and hemoglobin with adherence to procedures in the Health and Nutrition Assessment Handbook (HNAH).
3. Certifying staff will document weight, length/height and biochemical data in MOWINS. MOWINS will automatically plot anthropometrics on the appropriate growth chart or Prenatal Weight Gain Chart.
4. Participants may self-report conditions that have been medically diagnosed by a physician or health care provider, unless otherwise stated in the specific definition of the nutrition risk criteria. See the appropriate USDA Definition and USDA Justification documents. Certifying staff will document all data/information obtained in a General Note, SOAP Note, or Nutrition Assessment tab. Refer to ER#2.02800 (D.2.).
5. Refer to ER# 2.02900 for specific information regarding care plans, completion of SOAP notes and high-risk risk factors.

B. Assessing and Assigning Risk Factors

1. The certifying staff will assess for and assign all applicable risk factors.
   a. The definition of the nutrition risk criteria must be met as listed in the appropriate USDA Regulations and USDA Justification documents.
   b. Refer to the Risk Factor Definitions Tables for specific information regarding system assignment of risk factors, flagging of a risk factor as high risk and requirement of a high risk care plan.
2. The documented risk condition must apply to a participant's current or most recent nutrition risk condition, versus any history of the condition, unless otherwise stated in the specific definition of the nutrition risk criteria.

3. Priority is determined for each status based on risk-criteria for the participant and auto-assigned by MOWINS. Refer to ER# 2.03200 and Risk Factor Summary & Priority Sheet.

C. Providing Appropriate Counseling (See Counseling Guides for suggested counseling). Refer to the Nutrition Training Manual and Decision Trees for more information.

1. Counseling and education shall be provided by the CPA/Nutritionist.

2. Document counseling/education contact in MOWINS.

D. Providing Referrals.

Provide appropriate referral information and document in MOWINS. Refer to ER#1.01800.

Serving Homeless Persons (2.05200)

ER# 2.05200

Authority 2008 CFR 246.4(a)(6); 246.7(n)(1); 246.7(m); 246.12(o)
Issued 05/89
Revised 07/09

POLICY: The local WIC provider (LWP) shall ensure accessibility of WIC services to the homeless population. The LWP may choose to not serve homeless persons who are institutionalized. If the LWP provides WIC benefits to homeless or institutionalized individuals, the LWP shall have a Memorandum of Understanding (MOU) between the LWP and the homeless facility or institution.

PROCEDURES:

A. The local WIC provider shall assure that:

1. The potential participant resides within the specific geographic area in which local WIC provider operates one of the following options for the participant's address shall be used:

   a. The facility or institution address for the participant who frequently stays at one facility/institution.

   b. The address of a relative or friend.

   c. The address of the local WIC Program (especially for participants whose nighttime residence is a vehicle, park, sidewalk, etc.).

   d. A permanent address is not required for the application or certification process.

2. The homeless person is eligible according to income guidelines and medical risks using usual assessment procedures.

3. The applicant is referred to a health care provider (clinic, health center, physician if she/he has health insurance).

4. The appropriate food package is issued based on availability of cooking facilities.

B. For the homeless person who resides in a homeless facility or institution (optional), the local WIC provider shall assure that:

1. Only the individual WIC participant, for whom the supplemental foods were issued, and not the facility or any non-WIC or other WIC participant served by the facility/institution shall benefit from WIC.

2. The facility/institution may not accrue financial or in-kind benefits from a homeless person's participation in WIC.

3. Food items purchased with WIC food instruments shall not be used in communal feeding.

4. No institutional constraints shall be placed on the ability of the WIC participant to

receive or consume supplemental foods and all associated WIC services.

5. Facilities/institutions not meeting these requirements will be notified that WIC participants cannot reside there.
6. The participant is referred to complying facilities/institutions if the one where they reside is found to be out of compliance.
7. Participants in facilities/institutions not meeting the required criteria will be eligible for only one certification period unless the facility/institution comes in to compliance with the criteria, or the participant moves to a compliant facility/institution.
8. The conditions of compliance are not subjected to those facilities/institutions, which do not provide meals and offer no obstruction to full participation in WIC.
9. Facility/institution will be requested to notify the local WIC provider if it ceases to meet any of the above conditions.

C. The local WIC provider shall have an MOU with the homeless or other institution where the WIC participant is residing.

1. The MOU shall be developed and signed before the WIC participant begins residence in a homeless facility or other institution.
2. The administrators or designees of the LWP and the homeless facility or other institution shall sign the MOU.
3. The MOU shall be kept on file at the LWP and be available for the State WIC Office monitor.

Initial Nutrition Education Contact (2.06000)

ER# 2.06000

Authority 2004 7 CFR 246.11(e)(1)
Issued 1/81
Revised 07/09

POLICY: All participants will be provided the "initial nutrition education contact" at each certification or recertification visit to assure that appropriate nutrition education is provided to all WIC participants.

PROCEDURES:

A. The 'initial nutrition education contact' must be provided by the CPA/Nutritionist or WIC certifier and shall include, at a minimum, explanations of the following:

1. WIC as a supplemental food and nutrition education program
2. The importance of early prenatal health care and/or the continuity of health care for infants and children; this is to include appropriate referrals to other DHSS programs and/or community resources.
3. Provide substance abuse information and referral. An up-to-date list of local resources for drug and other harmful substance abuse counseling and treatment will be provided to all eligible persons applying for and participating in the Missouri WIC Program.
4. The reason for the participant's eligibility with reference to his/her specific risk factor(s) for the current certification period.
5. The nutritive value of the WIC food package.
6. The WIC food package as a prescription to meet the participant's individual nutritional needs as a supplement to a complete, balanced diet.
7. The advantages of breastfeeding for all prenatal participants unless contraindicated for health reasons.
8. Document the 'initial nutrition education contact' into MOWINS.

Nutrition/Health Volume
Nutrition Education Section

Guidelines for Nutrition Education: Approved Resources (2.06200)

ER# 2.06200

Authority 2005 CFR 246.11(c) (1&3)
Issued 1/81
Revised 04/15

POLICY: Only nutrition education-related materials and resources available through the Missouri Department of Health and Senior Services, or which meet the Pamphlet/Media Review Criteria shall be used for nutrition education purposes for WIC participants; to assure that nutrition education materials (written and audiovisual) promote current nutrition feeding practices and are consistent with current scientific research information appropriate for use with the WIC target population. All nutrition education materials/resources, other than DHSS provided materials/resources, must be reviewed or updated by the Nutrition Coordinator at least every two years.

PROCEDURES:

A. Pamphlets and/or audiovisuals or other media-related resources available through the Missouri Department of Health and Senior Services (MDHSS) are approved for use in the Missouri WIC Program. To order, use the appropriate order form.

B. Pamphlets and/or audiovisuals or other media-related education resources outside of MDHSS are approved if they meet the "Pamphlet and/or Audiovisual Review Criteria".

1. Media includes, but is not limited to, cassette, compact disk, video, Kiosk, web-based, video streaming, DVD, or any digital technology.

a. Complete the "Media/Pamphlet Review Criteria Form" when reviewing nutrition education materials and media.

i. Nutrition-related audiovisuals and pamphlets must be approved for use by the local WIC provider Nutrition Coordinator.

ii. Breastfeeding-related audiovisuals and pamphlets must be approved for use by the local WIC provider Breastfeeding Coordinator or Nutrition Coordinator.

b. Attach a copy of the written nutrition education material to the "Media/Pamphlet Review Criteria Form" for any approved or non-approved materials. Retain the completed "Media/Pamphlet Review Criteria Form" and original publication, or any approved or non-approved media from any source other than MDHSS, on file at the local WIC provider for monitoring purposes.

C. Self-Developed Nutrition Education Resources.

1. General Criteria

a. Identify a clear and explicit definition of your goal for the target WIC

population.

b. Research to gain knowledge and insights about other developed nutrition education resources to help tailor the material to the participant's interests and needs.

c. Assure that WIC nutrition education pamphlets promote current nutrition feeding practices that are appropriate for the target WIC population.

2. Develop printed material, which addresses language spoken, literacy skills, and cultural factors within the local WIC population.

a. Use peer language when appropriate to increase personal identification and improve readability. Use common words. Do not use medical terms or jargon unless necessary.

b. Write sentences in the active voice.

c. Use illustrations that show familiar images and reflect cultural context.

i. Avoid tables and charts

ii. Never hyphenate words

iii. Use bullets

d. Use Times New Roman font style. Use a size of print that is easy-to-read; at least 12 point and in dark type.

e. Use the "Checklist for Designing Nutrition Pamphlets for Low Literacy Clients" to aid in developing materials.

D. Display the local WIC provider agency name and address clearly on all nutrition education resources, along with the required USDA and Missouri Civil Right statements. Refer to ER# 1.05700.

Nutrition/Health Volume
Nutrition Education Section

Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation.

ER# 2.06400

Authority	CFR 246.11(e), MPSF: WC-06-17-P
Issued	10/12
Revised	10/14

POLICY: The LWP will make nutrition education, including breastfeeding promotion and support, available or enter into an agreement with another agency to make nutrition education available to all adult participants, and to parents or caretakers of infant and child participants, and whenever possible and appropriate, to child participants.

The LWP must ensure nutrition education is offered at the equivalent of one contact for each three months (quarterly). For participants certified for a six-month period, nutrition education must be offered at a minimum of two nutrition education contacts. The contacts must be provided on two different dates. The LWP must ensure each participant or caregiver receives nutrition education at no cost. Program benefits shall not be denied to participants who miss or refuse nutrition education. Participants who are no show or refuse nutrition education must be placed on monthly FI issuance cycle until the minimum requirement of nutrition education contacts is met.

Nutrition education should emphasize the relationships between proper nutrition and good health and assists the participant in achieving a positive change in food habits to meet their nutrition/health goals.

All participants should be encouraged to attend and participate in nutrition education activities. Proxies are expected to attend and participate in nutrition education activities when the parent, guardian, caretaker, or foster parent is unable to be present.

PROCEDURES:

A. Standards of Effective Nutrition Education

Nutrition education must be designed to be easily understood by the participants, adapted to meet different cultural, socioeconomic and language needs, as well as incorporate the six elements of effective nutrition education and engage the participant. Refer to USDA Nutrition Education Guidance. Written or audio-visual materials (e.g. pamphlets, newsletters, bulletin boards, videotapes, health fairs, public service announcements, TV advertisements and take home activities) used independent of other nutrition education elements are not considered effective nutrition education contacts/interventions and shall not count as nutrition education contacts. (FNS Guidance Memorandum, January 2006)

1. The CPA/ Nutritionist should emphasize the importance of food selection by the participant for themselves and their family, as well as the positive long-term benefits of nutrition education.

2. Nutrition education topics chosen must relate to the participant's risk factor(s), areas of dietary deficiencies, and/or other areas of nutritional concern.

3. No more than two nutrition education topics covered at a certification visit is recommended; no more than two topics are recommended at subsequent visits for individual or group sessions.

4. If more than one member of the family is enrolled in WIC, prioritize nutrition education using critical thinking skills, professional judgment and the participants expressed needs and concerns.

5. The Nutrition Coordinator must assure that all nutrition education and materials (e.g. lesson plans, pamphlets, bulletin boards, videos/DVD's, power point slides, copies from the web, etc.) promote current nutrition feeding practices and are consistent with current scientific research information appropriate for use with the WIC target population. Refer to ER# 2.06200.

6. All participants will be provided the "initial nutrition education contact" at each certification visit. Refer to ER# 2.06000.

7. A final nutrition education (Exit Counseling) must be offered to all women who are about to be terminated from the program. Refer to ER#2.06500.

B. Approved Nutrition Education Methods

The CPA/Nutritionist should gauge the participant's stage of readiness (pre-contemplation, contemplation, preparation, action or maintenance); in an effort to determine which types of education and methods will be most effective to meet participant needs. Approved nutrition education methods include but are not limited to: individual, group, alternative (web-based [WICHealth.org or DHSS], self-paced lessons, telephone, e-mail) and Tele-Nutritionist. Any other nutrition education methods require State Technical Assistance (TA) Nutritionist's approval before implementation.

1. Individual Nutrition Education

Individual nutrition education contact is an approved education method for providing nutrition education to all participants. Key aspects of effective individual nutrition contact include:

a. Establishing good rapport between the CPA/Nutritionist and the participant and providing an overview of the counseling session.

b. Inquiring about any personal health or nutrition-related concerns that the participant would like to discuss.

c. Use of open-ended questions and affirming statements.

2. Group Nutrition Education

Group nutrition education is an approved education method for non-high risk nutrition education contacts and is defined as two or more participants in a nutrition education class.

a. Group education provided by CPA/Nutritionist

i. The CPA/Nutritionist may use activities which include but are not

limited to demonstrations, physical activity or facilitated group discussions.

ii. The CPA/Nutritionist shall develop lesson plans or obtain approved lesson plans for all scheduled group education classes that include the class objectives, target audience, a brief outline of each lesson and the evaluation method.

iii. All lesson plans must be approved by Nutrition Coordinator and kept on file.

b. Group education provided by FNEP educator

i. FNEP Educators are not considered CPA/Nutritionists or WIC Certifiers in the Missouri WIC Program. FNEP educators cannot provide individual nutrition education sessions to Missouri WIC participants.

ii. All FNEP lesson plans require the State Nutritionist's approval.

iii. The Nutrition Coordinator shall observe the FNEP educator prior to delivery of group nutrition education classes.

iv. The CPA/ Nutritionist shall document nutrition education topics provided by the FNEP educator in MOWINS.

c. Group nutrition education provided by the Breastfeeding Peer Counselor

i. Breastfeeding Peer Counselors may teach breastfeeding classes if they follow a lesson plan approved by the Breastfeeding Coordinator, which will count as one of the two required nutrition education contacts.

ii. The Breastfeeding Peer Counselor shall document in MOWINS the nutrition education contact for the breastfeeding classes they teach.

iii. Mother support groups and other classroom settings that do not follow an approved lesson plan shall not be coded as a nutrition education contact.

iv. One-on-one Peer counselor contacts, either in person or by phone, shall not count as one of the two nutrition education contacts required within a certification period.

v. The Breastfeeding Coordinator shall review all breastfeeding education materials. Refer to ER #6.05000.

3. Alternative Nutrition Education

a. Alternative nutrition education methods (web-based [WICHEALTH.org or DHSS], self-paced lessons, telephone, and e-mail) are approved educational methods for secondary, non-high risk individual nutrition education contacts.

i The Nutrition Coordinator shall review and approve all alternative nutrition education methods.

ii All developed alternative nutrition education materials/resources not

provided by the State Office must be reviewed and updated by the Nutrition Coordinator at least every two years. Refer to ER# 2.06200.

iii. The participant, parents/caregivers shall be informed about their expected responsibilities when they agree to participate in alternative methods of nutrition education.

iv. The LWP must document in MOWINS that the participant has accepted to utilize alternative nutrition education and the delivery method to be used.

v. Any participant who is contacted for nutrition education and refuses (e.g. hang-up, not willing to talk on the phone or respond to email etc.) will no longer have this method as a nutrition education option.

b. Types of alternative nutrition education methods

i. Web based Nutrition Education Guideline

(a) Only one lesson counts as an educational contact, but participants can complete as many lessons as they would like.

(b) WICHealth.org includes a Healthy eKitchen component to assist participants with menu development or locating recipes. Healthy eKitchen does not count as a nutrition education contact.

(c) WICHealth.org is an individual contact and is not meant for a household contact.

(d) Refer to the WICHEALTH.org guidance reference sheet.

ii. Self-paced lessons Nutrition Education Guidelines

(a) Each self-paced module can only be counted one time per program category. A participant may repeat the lesson after a two year lapse.

(b) Participants must provide documentation, electronically or hard copy (e.g. certificate, answer sheet), to verify they have completed the learning module.

iii. Telephone

(a) A telephone contact shall be limited to participants for whom information required during the follow-up appointment is minimal.

(b) The participant must have a permanent phone number where they can be reached easily and must agree to participate in a telephone counseling session.

(c) The LWP must assure that all of the requirements of the Participant Confidentiality policy ER #1.01700 are met during each telephone communication.

(d) An additional phone call or an in person consultation during the next clinic visit should be made by the CPA/Nutritionist to provide an opportunity for follow-up and to determine the effectiveness of the initial nutrition telephone contact.

iv. E-mail

(a) The participants must have a valid e-mail address and agree to be contacted by this method.

(b) The LWP must assure that all of the requirements of the Participant Confidentiality policy ER #1.01700 are met during each e-mail communication.

(c) The participant must respond to the e-mail within a timeframe agreed upon by the participant and CPA/Nutritionist.

(d) The participant's response must reflect a clear understanding of the education provided.

v. Tele-Nutritionist Nutrition Education

(a) Tele-Nutritionist nutrition education is an approved individual nutrition education method for providing nutrition education to all participants.

(b) Only a nutritionist with MOWINS access can function as a Tele-Nutritionist.

(c) Prior to implementation, the WIC or Nutrition Coordinator shall develop a plan outlining Tele-Nutritionist services and submit the plan to their TA Nutritionist for approval.

(d) At a minimum, the plan should include:

1) Reason this method of counseling is needed and the length of time that the agency will provide this method of counseling to participants.

2) Equipment needs (e.g. clinic laptop, phone, web-camera, etc.) and type of software for facial recognition technology (e.g. Skype, Adobe face to face, etc.). Software used must have a secure internet meeting function.

3) Methods of assuring appropriate nutrition education materials are made available to participant.

(e) The Nutrition Coordinator shall contact their TA Nutritionist when the Tele-Nutritionist services are discontinued.

C. Participant-Centered Goals and Goal Follow Up

At each certification/recertification visit participants must set a goal to improve their nutrition and/or health. A goal is about the final impact or outcome the WIC participant

wants to accomplish. Goals may relate to participants risk factors, dietary habits, or health and dental care. Other nutrition or health topics may be appropriate when suggested by the participant.

1. A WIC Nutritionist/CPA should not set goals without participant input; however, they do act as guides in the goal setting process and can assist the participant by asking open-ended questions and using affirming statements during assessment and counseling.

    a. The use of a circle chart is recommended when setting participant centered nutrition goals. A circle chart is a tool designed to guide a discussion with the participant. For more information on the circle chart, click here.

2. A well phrased goal is one that is measurable and includes a statement, 'from (measurement indices) to (measurement indices) by (specific date)'.

    a. A prevalent process for setting goals uses the SMART acronym: Specific, Measurable, Achievable, Realistic, and Timely. This process is recommended when writing participant-centered goals, however it is not mandatory. For more information on the SMART acronym, click here.

3. A WIC Nutritionist/CPA must document in MOWINS nutrition assessment questions, general or SOAP note specifics about all goals set by the participant during a certification period. For participants with a high-risk risk factor, the goal shall be documented by a Nutritionist in the MOWINS SOAP note. At a minimum, the documentation must include:

    a. Behavior or topic targeted for change. Examples include fruit/vegetable intake, smoking, breastfeeding, obtaining routine health care, obtaining dental care.

    b. Action to be taken. Examples include increase, decrease, begin, maintain, quit, discontinue.

    c. Measurement of change that can realistically be expected. Examples include amount of food, number of cigarettes, number of bottle feedings, or duration of breastfeeding.

    d. The timeframe for the expected completion of the goal. This may include a specific date or a time in relation to the participant's certification. For example, "before the next certification," or "before the next visit," or "by 18 months of age, " or by May 1, 20_ _."

4. A WIC Nutritionist/CPA is required to follow up on goal(s) to find out how the participant has addressed a nutrition or health issue. A goal follow-up does not replace a nutrition education contact/intervention.

    a. Follow-up on the participant's goal shall be provided before the certification end date determined by MOWINS.

    b. Follow-up may be incorporated during the second nutrition education contact/intervention, or can be a separate activity such as during FI pick-up, by telephone or electronic means.

    c. Goal follow-up must be documented in MOWINS using a general or SOAP

note and should include current status of the goal.

D. Nutrition Education Follow Up

Nutrition education follow up shall be done at any time during the certification period. Nutrition education follow up should be relevant to nutrition assessment and risk assignment, participant's capacities, strengths, needs and/or concerns.

E. Documentation

All nutrition education contacts must be documented in MOWINS by appropriate LWP staff.

1. CPA/Nutritionist shall document the nutrition education topics, with the exception of the initial nutrition education contact. Documentation should include:
   a. The participants understanding of the nutrition education
   b. Addresses participant questions.
   c. Reinforcement of the nutrition education provided.
2. Only a Nutritionist shall document all high risk education contacts by selecting from the MOWINS drop down list high risk contact and the specific topic discussed.
3. A CPA/Nutritionist shall document a missed (no show) nutrition education contact by selecting the "no show" nutrition education topic in MOWINS.
   a. This shall only be done when the participant or household misses individual or group class for the entire month.
   b. If the participant has not received the two required nutrition education contacts, reschedule the participant to return the following month for FIs and nutrition education. Refer to ER #3.08100. Reschedule a missed appointment as appropriate.
4. A CPA/Nutritionist shall document a refused nutrition education contact by selecting the "refused" nutrition education topic in MOWINS. Reschedule the participant to return the following month for FIs and nutrition education.
5. A WIC Certifier may document the initial nutrition education contact.
6. The WIC Certifier/Clerk (under direction of nutritionist) or CPA/Nutritionist shall copy the certificate into a general note and code "WIChealth.org" in MOWINS nutrition education tab.

Exit Counseling (2.06500)

ER# 2.06500

Authority	MPSF-1: WC-94-43-P
Issued	9/95
Revised	11/15

POLICY: The final nutrition education contact will be offered to all women who are about to be terminated from the program to reinforce the importance of nutrition and health messages received through WIC. The program benefits of nutrition education will empower participants to make healthier food choices beyond their current certification.

PROCEDURES:

A. Exit counseling must be provided by the CPA or nutritionist and will include, at a minimum, an explanation on all the following:

   1. The nutritional risk condition.
   2. The importance of folic acid intake for preventing birth defects.
   3. The importance of breastfeeding as the preferred method of infant feeding and the continuation of breastfeeding for the infant's health during at least the first year of life.
   4. The importance of keeping immunizations current (for themselves and for their children).
   5. The health risks of alcohol, tobacco, and other drug use.
   6. The importance of a well-balanced diet.

B. Offer a written brochure to reinforce the WIC message.

C. Exit counseling shall be offered at a visit other than the day eligibility is determined. This policy does not require a third nutrition education contact. Exit counseling should not replace nutrition education when more risk-specific, appropriate counseling is needed and should be provided in addition to the nutrition risk-specific counseling.

D. Document the exit counseling contact in MOWINS.

WIC Approved Food List (2.06600)

ER# 2.06600

Authority	Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014/Rules and Regulations 2015 7 CFR246.10(b)(1)(2)
Issued	1/81
Revised	8/15

POLICY: Foods provided through the Missouri WIC Program must be from the current Missouri WIC Approved Food List (#640).

GUIDELINES:

A. Missouri WIC Approved Food Lists

1. The authorized foods are listed in the Missouri WIC Approved Food List (#640) at the following link: http://health.mo.gov/living/families/wic/wicfoods/index.php
2. Participants or their caregiver must receive the Missouri WIC Approved Food List at the initial visit (Initial Nutrition Education) to use it when they redeem WIC food instruments.
3. "Store brands" means that brands can be the store's own brand or a brand name carried by the store that was created by the wholesaler which supplies the store.
4. Food Selection Criteria policy, ER# 2.06700 is used to develop the Missouri WIC Approved Food List.

Food Selection Criteria (2.06700)

ER# 2.06700

Authority	7CFR 246.10 Supplemental Foods, 7CFR 246.10 Table #4
Issued	1/91
Revised	12/16

POLICY: The State agency shall develop and use selection criteria to determine which products shall be included in the Missouri WIC Approved Food List.

Applicants shall submit application packets for each product to be considered for the Missouri WIC Approved Food List and comply with all application procedures.

PROCEDURES:

A. The State agency will perform the following:
    1. Conduct a review of WIC eligible food items on a biennial basis unless otherwise noted including:
        a. Products that are currently approved by the Missouri WIC Program; and
        b. New products to be considered for the Missouri WIC Program.
    2. Post application packets, which include the following items, on the WIC website. Notify persons who submitted applications in the previous WIC food review process.
        a. Notification Letter
        b. WIC Food Selection Criteria
        c. WIC Food Application Forms
        d. Applicant Responsibilities
        e. WIC Food Selection Procedures & Guidelines
        f. Submission Instructions
    3. Provide the link to download an application packet containing application forms and instructions to manufacturers and distributors requesting information on the Missouri WIC food selection process.
    4. Review applications, determine products for the Missouri WIC Approved Food List, and notify the results of evaluation to all applicants.
        a. Products will not be considered for placement on the Missouri WIC Approved Food List for the specified time period if the applicant:
            i. Fails to respond to the request within the specified time frame.
            ii. Fails to include all of the requested information.
            iii. Fails to use the requested format for submitting information.

b. Products will be evaluated for the Missouri WIC Approved Food List based on the following:

i. Missouri WIC selection criteria which meets USDA Regulatory Requirements for WIC-Eligible Food.

ii. Availability in Missouri WIC authorized retailers.

Products to be considered for the WIC approved food list must meet the following:

(a) Product must be available at the WIC authorized retailers in Missouri at the time of submission; AND

(a) Products other than approved grocery store brands must be available at the time of submission in a minimum of 5% of total WIC authorized retailers (approximately 670 retailers as of July 2016) in Missouri.

iii. Actual product prices at WIC authorized retailers in Missouri.

Note: Actual retail prices will be determined based on shelf price survey conducted by the Missouri WIC Program.

c. The State agency reserves the right to limit the number of products for the WIC Approved Food List based on changes in funding appropriations.

B. Applicant Responsibilities

1. Applicants must comply with the following:

a. Applicants (e.g., grocery retailers, wholesalers, manufacturers, and brokers) must identify the contact person responsible for their brands. The contact person responsible must assure that application packets for their products are submitted by the application deadline.

b. Applicants must use the application form(s) provided from the Missouri WIC Program. Additional copies of the form may be made as needed.

c. Complete applications must be submitted to the Missouri WIC Program by the end of application period.

d. Applicants must complete an application form for each food category (e.g., cold cereals, hot cereals, juice and tortillas) to be considered for the Missouri WIC Approved Food List. Missing data will disqualify the product for consideration. Applicants must resubmit the required information for the products which are currently in the Missouri WIC Approved Food List.

e. Applicants must submit an empty box/package, label, or layout of package in PDF for each product as indicated in the submission instructions.

f. Grocery store or grocery store headquarters and wholesaler applicants are requested to communicate with their manufacturers to avoid duplicate submission and/or failure to submit application packets for items.

g. Applicants must contact the WIC State Office at least ninety (90) days prior to warehouse distribution of an approved product that has been reformulated,

renamed or has undergone a packaging or labeling change.

i. A changed product will be reviewed to determine if it still meets the Missouri WIC Program selection criteria.

ii. If the Missouri WIC Program is not notified within the correct timeframe of the reformulation, packaging, and/or labeling changes, the product will be eliminated from the Missouri WIC Program when it appears in the changed form on store shelves.

C. Criteria for WIC Foods

Food Items	Are product reviews required?
I. Infant Cereals	Yes
II. Infant Fruits	Yes
III. Infant Vegetables	Yes
IV. Infant Meats	Yes

Food Items	Are product reviews required?
1. Cow Milk V. Evaporated Milk, Cultured buttermilk, Non-fat dry milk	No
2. Lactose Free Milk	No
3. Goat Milk	Yes
4. Soy-based Beverage	Yes
5. Tofu	Yes
6. Yogurt	Yes
7. Eggs	No
8. Peanut Butter	No
9. Domestic Cheese	No
10. Mature Legumes (dry beans and peas)	No
11. Canned Beans (legumes)	Yes
12. Canned Fat Free Refried Beans	Yes
13. Juice	Yes
14. Breakfast Cereal	Yes
15. Whole Wheat Bread and Whole Grain Bread	Yes
16. Soft Corn and Whole Wheat Tortillas	Yes
17. Brown Rice (whole and unprocessed grain)	VI. No

18. Whole Wheat Pasta	VII. Yes
19. Canned Fish	No
20. Fresh Fruits	No
21. Fresh Vegetables	No
22. Frozen Fruits	VIII. No
23. Frozen Vegetables	No

1. WIC Foods For Infants
    a. Infant Cereals
        i. Must contain 45 milligrams of iron per 100 grams of dry cereal.
        ii. 8 or 16 oz. container size only.
        iii. Any brand is eligible.
        iv. Not Allowed:
            (a) Infant cereals containing infant formula, milk, dried fruit, nuts, yogurt, cinnamon or other non-cereal ingredients.
            (b) Added DHA and/or Probiotic.
            (c) Organic products.
    b. Infant Fruits
        i. Must be 4 oz. container or 2 pack of 4 oz. containers.
        ii. Any brand is eligible.
        i. Both commercial single and mixed infant fruits may be approved.
        ii. Any texture ranging from strained through diced are allowed.
        iii. Any fruit or mixed fruit.
        iv. Any mixed fruit and vegetable.
        v. Not Allowed:
            (a) Mixed fruit with pasta and/or meat combination. Mixtures with cereal or infant food desserts (e.g. peach cobbler)
            (b) Added sugars[1], starches, salt (i.e., sodium) or flour.
            (c) Added rice, grains, or cereal.
            (d) Added seasoning or cinnamon.
            (e) Artificial colors.
            (f) Added DHA and/or probiotic.

(g) Organic infant fruits.

(h) Dinners or added meats (e.g., a combination of apple and chicken).

(i) Pouches.

c. Infant Vegetables

i. Must be 4 oz. container or 2 pack of 4 oz. containers.

ii. Any brand is eligible.

iii. Texture may range from strained through diced.

iv. Both commercial single and mixed infant vegetable may be approved.

v. Combinations of single ingredients (e.g., peas and carrots) may be approved.

vi. Any mixed vegetables and fruit.

vii. Any vegetable or mixed vegetables.

viii. Not Allowed:

(a) Mixed vegetable with pasta and/or meat combination.

(b) Added sugars[1], salt (i.e., sodium) or flour.

(c) Added rice, grains, or cereal.

(d) Added seasoning or cinnamon.

(e) Artificial colors/flavors.

(f) Added DHA and/or probiotic.

(g) Organic infant vegetables.

(h) Dinners or added meats. (e.g., vegetable chicken).

(i) Pouches.

d. Infant Meats

i. Must be 2.5-oz container only.

ii. Any brand is eligible.

iii. Commercial infant food meat or poultry as a single major ingredient, with added broth or gravy are allowed.

iv. Four selected meat products:

(a) Beef.

(b) Chicken.

(c) Ham.

(d) Turkey.

v. Any textures ranging from pureed through diced are allowed.

vi. Not Allowed:

(a) Meat and vegetable combination.

(b) Meat and fruit combination.

(c) Dinners (e.g., spaghetti and meatballs).

(d) Added sugars, salt (i.e. sodium) or flour.

(e) Added rice, grains, or cereal.

(f) Added seasoning.

(g) Added DHA and/or probiotic.

(h) Organic infant meats.

2. Foods for Children and Women

a. Cow Milk

i. Must conform to FDA standards of identity at:

(a) 21 CFR Part 131.110 (Milk).

(b) 21 CFR Part 131.112 (Cultured milk).

(c) 21 CFR Part 131.130 (Evaporated milk).

(d) 21 CFR Part 131.147 (Dry whole milk).

(e) 21 CFR Part 131.127 (Nonfat dry milk fortified with vitamins A and D).

ii. <u>Fluid whole milk</u>

(a) Must be unflavored.

(b) Must be pasteurized.

(c) Must contain Vitamin D (400 International Units per quart).

(d) Any brand is eligible (store brands are recommended).

(e) Approved sizes are:

(i) Gallon container.

(ii) One half (1/2) gallon container.

(iii) Quart container.

(f) Not Allowed:

(i) Organic milk.

(ii) Glass bottles.

(iii) Flavored.

iii. <u>Fluid skim, low fat milk (1%) or reduced fat milk (2%)</u>

(a) Must be unflavored.

(b) Must be pasteurized.

(c) Must contain:

(i) Vitamin D - 400 International Units per fluid quart.

(ii) Vitamin A – 2000 International Units per fluid quart.

(d) Any brand is eligible (store brands are recommended).

(e) Approved sizes are:

(i) Gallon container.

(ii) One half (1/2) gallon container.

(iii) Quart container.

(f) Not Allowed:

(i) Organic milk.

(ii) Milk in glass bottles.

(iii) Extra skim milk.

(iv) Flavored.

iv. Cultured buttermilk (Whole, Reduced (1 1/2% and 2%), and Low fat)

(a) Must be pasteurized.

(b) Must contain:

(i) Vitamin D - 400 International Units per fluid quart.

(ii) Vitamin A - 2000 International Units per fluid quart.

(c) Quart containers only.

(d) Any brand is eligible (store brands are recommended).

(e) Not Allowed:

(i) Organic milk.

(ii) Glass bottles.

v. Skim, Fat-free or Nonfat Dry Milk

(a) Must be:

(i) Milk fat - < 0.5 gm milk fat per 1 cup).

(ii) Vitamin D - 400 International Units per reconstituted quart.

(iii) Vitamin A - 2000 International Units per reconstituted quart.

(b) Eight quart boxes.

(c) Store brand only.

(d) No organic milk.

vi. Evaporated Whole Milk

(a) Must contain Vitamin D - 400 International Units per reconstituted quart.

(b) Twelve oz. cans only.

(c) Store brand only.

(d) No Organic milk.

vii. Evaporated Skim, Fat-Free or Nonfat Milk

(a) Must contain:

(i) Milk fat (< 0.5 gm milk fat per 1 cup).

(ii) Vitamin D - 400 International Units per reconstituted quart.

(iii) Vitamin A - 2000 International Units per reconstituted quart.

(b) Twelve oz. cans.

(c) Store brand only.

(d) Organic milk not allowed.

b. Lactose Free Milk

i. Must conform to FDA standards of identity at 21 CFR Part 131.110.

ii. Must be pasteurized.

iii. Must contain:

(a) Vitamin D – 400 International Units per quart (100 IU per cup).

(b) Vitamin A – 2000 International Units per quart (500 IU per cup) (reduced fat, low-fat or nonfat).

iv. Any brand is eligible.

v. One half (1/2) gallon container only.

vi. Unflavored only.

vii. Whole, reduced fat (2%), Low fat (1%) and fat free (skim) are eligible.

viii. Enriched/fortified calcium lactose free milk is eligible.

ix. Not Allowed:

(a) Organic lactose free milk.

(b) Glass bottles.

c. Goat Milk

i. Must be pasteurized.

ii. Must contain:

(a) Vitamin D - At least 400 IU per quart (100 IU per cup).

(b) Vitamin A- 2000 IU per quart (500 IU per cup).

iii. Unflavored only.

iv. Evaporated (whole) 12 fl. oz. can only.

v. Powdered (non-fat) 12 oz. can only.

vi. Any brand is eligible.

vii. Organic goat milk not allowed.

d. Soy-based Beverage

i. Must be fortified to meet the following nutrient levels:

Calcium	276 milligrams per cup (8 fl. oz.)
Protein	8 grams per cup (8 fl. oz.)
Vitamin A	500 IU per cup (8 fl. oz.)
Vitamin D	100 IU per cup (8 fl. oz.)
Magnesium	24 milligrams per cup (8 fl. oz.)
Phosphorus	222 milligrams per cup (8 fl. oz.)
Potassium	349 milligrams per cup (8 fl. oz.)
Riboflavin	0.44 milligrams per cup (8 fl. oz.)
Vitamin B12	1.1 micrograms per cup (8 fl. oz.)

ii. Plain or vanilla only.

iii. One half (½) gallon size container only.

iv. Any brand is eligible.

v. Not Allowed:

(a) Artificial sweeteners.

(b) Chocolate or strawberry flavors.

(c) Organic soymilk.

(d) Light soymilk.

e. Domestic Cheese

i. Must be the following domestic cheese made from 100 % pasteurized milk:

(a) Monterey Jack.

(b) Colby.

(c) Natural Cheddar.

(d) Colby Jack.

(e) Part-skim or whole Mozzarella.

(f) American Cheese/Processed American.

(g) Swiss.

(h) Muenster.

(i) Brick.

(j) Provolone.

(k) Blends/marbled of approved cheese types are authorized.

ii. Conform to FDA standard of identity (21 CFR Part 133).

iii. 8 oz. or 16 oz. block sizes only.

iv. Sliced American cheese not wrapped individually.

v. Natural, domestic, plain cheeses.

vi. Store brands only.

vii. Not allowed:

(a) Sliced cheese except for store brand American cheese.

(b) Queso blanco/Queso fresco.

(c) Deli cheese or deli sliced.

(d) Cheese additives.

(e) Added flavors (peppers, wine, smoke flavoring, etc.).

(f) Cheese foods, spreads, products, shredded cheeses, string cheeses, grated cheeses, cubed cheese, crumbled cheese or deli cheeses.

(g) Cholesterol-reduced cheese.

(h) Individually wrapped slices.

(i) Individually weighted.

(j) Organic cheese.

f. Tofu

i. Must be calcium set tofu prepared with calcium salts (calcium sulfate), but, may also contain other coagulants (i.e. magnesium chloride).

ii. No added fats, sugars[1], oils or sodium.

iii. 16 oz. package only.

iv. Any brand is eligible.

v. Organic tofu is allowed.

g. Yogurt (cow's milk)

i. Must be pasteurized.

ii. Must conform to FDA standard of identity at:

(a) 21 CFR 131.203 (Low fat milk).

(b) 21 CFR 131.206 (Nonfat milk).

iii. Must be less than or equal to ≤ 40 grams of total sugars per 1 cup.

iv. Nonfat or low fat only.

v. Plain, vanilla, or blended flavored only.

vi. Any brand is eligible.

vii. 32 oz. container only.

viii. Light yogurt containing artificial sweeteners.

ix. Not Allowed:

(i) Whole milk yogurt.

(ii) Greek yogurt.

(iii) Yogurt with accompanying mix-in ingredients such as granola, candy pieces, honey, nuts and similar ingredients.

(iv) Drinkable yogurt.

(v) Organic yogurt.

h. Eggs:

i. Large only, white, grade A or AA.

ii. Any brand is eligible.

iii. A single dozen package only.

iv. Not Allowed:

(a) Low cholesterol eggs.

(b) Organic eggs.

(c) Brown eggs.

(d) Fertile eggs.

(e) Cage free eggs.

(f) Eggs with enriched levels of omega 3 fatty acids, vitamins, or minerals.

(g) Other specialty eggs.

i. Breakfast Cereals (Ready-To-Eat, Instant, and Regular Hot Cereals):

i. Breakfast Cereals (Ready-To-Eat and Instant/Regular Hot)

(a) Must contain a minimum of 28 mg <u>iron</u> per 100 g dry cereal.

(b) Must contain ≤ 21.2 g <u>sucrose and other sugars</u> per 100 g dry cereal (≤ 6 g per dry oz.).

(c) At least half of the cereals authorized on a State agency's food list must have whole grain as the primary ingredient by weight AND meet labeling requirements for making a health claim as a "whole grain food with moderate fat content"[2]:

(i) Contain a minimum of 51% whole grains;

(ii) Meet the regulatory definitions for "low saturated fat" at 21 CFR 101.62 (≤ 1 g saturated fat per RACC) and "low cholesterol" (≤ 20 mg cholesterol per RACC);

(iii) Bear quantitative trans-fat labeling; and

(iv) Contain ≤ 6.5 g total fat per RACC and ≤ 0.5 g trans fat per RACC.

(e) Not Allowed:

(i)Artificial sweeteners.

(ii)Organic cereals.

ii. Ready-To-Eat Breakfast Cold Cereals

(a) Store brands only.

(b) 12 – 36 oz. sizes only.

(c) Not Allowed:

(i) Individual serving size container.

(ii) Added nuts, dry fruits, yogurt, cinnamon or other non-cereal ingredients.

iii. Instant and Regular Hot Cereals

(a) Any brand is eligible.

(b) Any hot cereals (e.g., instant oatmeal, cream of wheat, cream of rice, grits).

(c) 11.8 oz. – 36 oz. sizes only.

(d) Individual serving size container is allowed.

(e) Plain/Regular.

(f) Not Allowed:

(i) Variety packs.

(ii) Added maple & brown sugars.

(iii) Added seasonings or spices.

(iv) Added dry fruits, chocolate chips, cream, or cinnamon.

(v) Added flavors.

j. Whole Wheat Bread and Whole Grain Bread

i. Whole Wheat Breads

(a) Whole wheat must be the primary ingredient by weight in all whole wheat bread products.

(b) Whole wheat bread must conform to FDA standard of identity at 21 CFR Part 136.180.

ii. Whole Grain Breads

(a) Whole Grain Breads must conform to FDA standard of identity at 21 CFR 136.110.

(b) Whole grain must be the primary ingredient by weight in all whole grain bread.

(c) Must also meet FDA labeling requirements for making a health claim as a "whole grain food with moderate fat content.[2]"

(i) Contain a minimum of 51% whole grains.

(ii) Meet the regulatory definitions for "low saturated fat" at 21 CFR Part 101.62 (≤ 1 g saturated fat per RACC) and "low cholesterol" (≤ 20 mg cholesterol per RACC).

(iii) Bear quantitative trans fat labeling.

(iv) Contain ≤ 6.5 g total fat per RACC and ≤ 0.5 g trans fat per RACC.

iii. Whole Wheat Breads and Whole Grain Breads

(a) 16 oz. package only.

(b) Any brand is eligible.

(c) Not Allowed:

(i) Added seasonings.

(ii) Powdered sugar.

(iii) Added nuts.

(iv) Added fruits (e.g., raisins).

(v) Added seeds.

(vi) Organic breads.

(vii) Breads (e.g. buns, rolls, bagels, and muffins) except sliced loaf breads.

k. Soft Corn and Whole Wheat Tortillas

i. Soft corn tortillas made from ground masa flour (corn flour) using traditional processing methods are WIC-eligible, e.g., whole corn, corn (masa), whole ground corn, corn masa flour, masa harina, and white corn flour.

ii. For whole wheat tortillas, ‘‘whole wheat flour’’ must be the only flour listed in the ingredient list.

iii. 16 oz. package only.

iv. Any brand is eligible.

v. Not Allowed:

(a) Added ingredients (e.g., sundried tomatoes and spinach) or seasoning (except salt).

(b) Organic tortillas.

l. Brown Rice (whole, unprocessed grain)

i. Whole grain must be the primary ingredient by weight.

ii. 16 oz. packages only.

iii. Store brands only.

iv. Not Allowed:

(a) Added sugars[1], fats, oils, or salt (i.e., sodium).

(b) Brown rice with seasonings or dried vegetables/beans.

(c) Organic brown rice.

(d) Individual pouches/cups.

(e) Instant brown rice.

m. Whole Wheat Pasta

i. Must conform to FDA standard of identity (21 CFR 139.138).

ii. ''Whole wheat flour'' and/or ''whole durum wheat flour'' must be the only flours listed in the ingredient list.

iii. 16 oz. box/package only.

iv. Any brand is eligible.

v. Any types & shapes are allowed.

[Any shapes and sizes that otherwise meet the FDA standard of identity for whole wheat macaroni (pasta) products (139.138), and have no added sugars, fats, oils, or salt (i.e., sodium), are also authorized (e.g., whole wheat rotini, and whole wheat penne).]

vi. Not Allowed:

(a) Added sugars[1], fats, oils, or salt (i.e., sodium).

(b) Organic pasta.

n. Juice

i. Fruit juices must conform to FDA standard of identity (21 CFR part. 146).

ii. Vegetable juice must conform to FDA standard of identity (21 CFR part. 156).

iii. Must be pasteurized 100% unsweetened fruit juice.

iv. Must contain at least 30 mg of vitamin C per 100 mL of juice.

v. Juiced fortified with other nutrients are allowed.

vi. Frozen concentrate juice must be in 11.5 fl. oz. or 12 fl. oz.

vii. Ready-To-Serve juice (non-refrigerated) must be in 64 fl. oz. containers only.

viii. Both refrigerated and non-refrigerated 100% orange juices in 64 fl. oz. containers are eligible.

ix. Eligible juices are:

(a) Apple

(b) Grape

(c) Orange

(d) Pineapple

(e) White Grape

(f) Tomato

(g) Vegetable

(h) Blended fruit juices

x. Any brand is eligible.

xi. Vegetable juices regular or lower in sodium are allowed.

xii. Not Allowed:

(a) Juice drinks, beverages or cocktails.

(b) Added sugars.[1]

(c) Added artificial sweeteners.

(d) Added artificial food colors.

(e) Individual serving size containers/packages.

(f) Glass bottles.

(g) Organic juices.

(h) Spicy vegetable /tomato juices.

o. Mature Legumes (dry beans and peas)

i. Any type of mature dry beans, peas, or lentils in dry-package are allowed: Examples include but are not limited to:

(a) Black beans (b) Black-eyed peas (c) Fava and mung beans	(h) Mature Lima beans (Butter beans) (i) Pinto beans

(d) Garbanzo beans (chickpeas) (e) Great Northern beans (f) Kidney beans (g) Lentils	(j) Soybeans (k) Split peas (l) White beans (navy and pea beans),

ii. Plain.

iii. Mixed dry beans and peas are allowed.

iv. Store brand only.

v. 16 oz. package only.

vi. Not Allowed:

(a) Added sugars[1], fats, oils vegetables, fruits, or meat as purchased.

(b) Organic dry beans.

p. Canned Beans (legumes)

i. Allowed beans are:

i. Butter beans.

(a) Fat free refried beans.

(b) Garbanzo beans.

(c) Kidney beans.

(d) Navy beans.

(e) Pinto beans.

(f) Red beans.

ii. 16 oz. cans only.

iii. Any brand.

iv. Regular or lower in sodium content.

v. Not Allowed:

(a) Added sugars[1], fats, oils vegetables, fruits, or meat.

(b) Added seasoning.

(c) Bean soup.

(d) Baked beans.

(e) Organic canned beans.

q. Peanut Butter

i. Must conform to FDA standard of identity at 21 CFR Part 164.150.

ii. Smooth, creamy, crunchy or regular.

iii. Store brands only.

iv. 16 - 18 oz. jar only.

v. Low sodium is allowed.

vi. Not Allowed:

(a) Low fat peanut butter.

(b) Organic peanut butter.

(c) Mixtures with marshmallows, honey, jams, jellies, chocolate or similar ingredients.

r. Canned Fish

i. Light Tuna

(a) Any brand is eligible.

(b) 5 oz. cans only.

(c) Water packed only.

(d) Chunk, solid or grated.

(e) Low sodium is allowed.

(f) Not Allowed:

(i) 4 packs/multiple packs.

(ii) Albacore or white tuna.

(iii) Flavoring, seasonings or sauce.

(iv) Foil pouches.

(v) Individual serving containers.

ii. Sardines

(a) Any brand is eligible.

(b) 3.75 oz. cans only.

(c) Water packed.

(d) Tomato sauce and mustard sauces allowed.

(e) Not Allowed:

(i) 4 packs/multiple packs.

(ii) Added flavorings.

(iii) Other sauces (e.g., hot sauce, hot green chilies, lemon sauce, tomato-basil sauce, and mustard dill sauce).

(iv) Smoked.

(v) Foil pouches.

(vi) Individual serving containers.

iii. Salmon

(a) Any brand is eligible.

(b) 5 oz. only.

(c) Pink salmon only.

(d) Water packed only.

(e) Not Allowed:

(i) 4 packs/multiple packs.

(ii) Red, Sockeye, Wild Alaska, or Pink Atlantic salmon.

(iii) Added flavoring, seasonings or sauce.

(iv) Smoked.

(v) Foil Pouches.

(vi) Individual serving containers.

s. Fresh Vegetables

i. Any variety of fresh (as defined by 21 CFR 101.95) whole, halved, quartered, sliced or cut vegetables without added sugars1, fats or oils.

ii. Bagged lettuce, lettuce, salads, and greens without flavoring, dressing, croutons, or any other ingredients are allowed.

iii. Fresh garlic and ginger are allowed.

iv. Organic vegetables are allowed.

v. Not Allowed:

(a) Buffet containers or party trays of vegetables.

(b) Vegetable basket.

(c) Individual salads or deli servings.

(d) Creamed, sauced, marinated, or breaded vegetables.

(e) Vegetable-grain (pasta or rice) mixtures.

(f) Vegetables for purchase on salad bars.

(g) Ornamental or decorative fruits and vegetables (e.g., chili peppers on a string, garlic on a string, gourds, pumpkins, and Indian corn).

(h) Powdered, dried or pickled herbs or spices primarily used as flavoring.

(i) Fresh vegetables packaged with meat, poultry, fish, or/and cheeses (e.g. skewers for the grill, stuffed mushrooms).

(j) Herbs or spices primarily used as flavoring ingredients.

Examples of Not Allowed Herbs & Spices		
Anise	Dill	Parsley

Examples of Not Allowed Herbs & Spices		
Basil	Fenugreek	Rosemary
Bay leaves	Horseradish	Sage
Caraway	Lemon grass	Savory
Chervil	Marjoram	Tarragon
Chives	Mint	Thyme
Cilantro	Oregano	Vanilla bean

t. Fresh Fruits

i. Any variety of fresh (as defined by 21 CFR 101.95) whole, halved, quartered, sliced or cut fruit without added sugars[1].

ii. Fruits packed in juice or with added fruit juice concentrate.

iii. Not Allowed:

(a) Fresh fruits with added sugars[1] or caramel.

(b) Buffet container or party trays of fruits.

(c) Fruit basket.

(d) Dried fruit, or fruit roll ups.

(e) Fruits for purchase on salad bars.

(f) Nuts (e.g., peanuts).

(g) Fruit-nut mixtures.

(h) Baked goods with fruits (e.g., blueberry muffins, fruit and pumpkin pie).

(i) Ornamental or decorative fruits.

(j) Individual or deli servings.

(k) Cut fruits in individual serving containers.

(l) Fruits with added ascorbic acid (or an addition of a flavor solution) sold in the refrigerated case.[3]

u. Frozen Vegetables

i. Must conform to FDA standard of identity (21 CFR Part 155).

ii. Any brand is eligible.

iii. Any type and package size are allowed.

iv. Frozen beans (immature and mature) are allowed.[4]

v. Any kind of frozen beans and peas (e.g., green beans, green peas, snap peas, black-eyed peas, and/or soy beans) are allowed.

vi. Regular or lower-in-sodium frozen vegetables are allowed.

vii. Any plain frozen vegetable, frozen steamed vegetables or plain frozen vegetable mixtures (without white potatoes).

viii. Organic frozen vegetables are allowed.

ix. Not Allowed:

(a) French fries, hash browns, tater tots, etc. with added fats, oils, seasonings, or sugars.

(b) Added sugars[1], fats, or oils.

(c) Seasoned, flavored, or breaded vegetables.

(d) Vegetables with sauces (e.g., gravy, cheese, sauce and/or butter), pasta, noodles, rice or any other ingredients including meat, poultry or fish.

v. Frozen Fruits

i. Must conform to FDA standard of identity (21 CFR Part 155).

ii. Any brand or type.

iii. Any package size.

iv. Any plain fruit and plain fruit mixtures are allowed.

v. Any fruit with fruit juice, artificial sweeteners, and water are allowed.

vi. Organic frozen fruits are allowed.

vii. Not Allowed:

(a) Frozen fruit with added sugars[1].

(b) Frozen fruits with added fats, oils or salts.

[Footnote]

[1] Added Sugars:
Added sugars include corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and maple syrup.
[WIC Food Packages State Agency Frequently Asked Questions – May 2014 issued]

[2.] Labeling requirements for making a health claim as a "whole grain food with moderate fat content"
FDA Health Claim Notification for Whole Grain Foods with Moderate Fat Content at http://www.fda.gov/food/ ingredientspackaginglabeling/labelingnutrition/ucm073634.htm
[7CFR 246.10, Subpart C-Participant Benefits, Supplemental Foods, Table 4, June 20, 2016; Whole Grain Calculator Announcement May 2015, USDA. WIC Works Resource System.]

[3.] Fruits And Vegetables With Added Ascorbic Acid:
Fruits and vegetables with added ascorbic acid (or an addition of a flavor solution) sold in the refrigerated case cannot be considered "fresh". The addition of ascorbic acid (or flavor solution) is a form of preservation that does not allow the product to be considered "fresh" 21 CFR 101.95 defines the term "fresh" when referring to eligible fresh fruits and vegetables. The term "fresh" when used on the label or in labeling of a food in a manner that suggests or implies

that the food is unprocessed, means that food is in its raw state and has not been frozen or subjected to any form of thermal processing or any other form of preservation.

[WIC Food Packages State Agency Frequently Asked Questions – March 2016 issued]

4. Dry Beans, Canned Beans, and Frozen Beans:

1. Frozen beans (immature or mature) are purchased with the CVV only. Beans purchased with the CVV may contain added vegetables and fruits, but, may not contain added sugars, fats, oils, or meat as purchased.

2. The following items are not authorized in the mature legume category:
   - Soups;
   - Immature varieties of legumes, such as those used in canned green peas, green beans, snap beans, yellow beans, and wax beans;
   - Baked beans with meat, e.g.,,, beans and franks; and
   - Beans containing added sugars (with the exception of baked beans), fats, oils, meats, fruits or vegetables.

3. Mature dry beans, peas, or lentils in dry-packed or canned forms are separate food items under the legume category and can be only purchased via the regular food instrument. They may not contain added sugars, fats, oils, vegetables, fruits, or meat as purchased.

[WIC Food Packages State Agency Frequently Asked Questions – March 2016 issued]

Primary Contract Infant Formula (2.06750)

ER# 2.06750

Authority	CFR 246.16
Issued	10/02
Revised	10/05

POLICY: The State agency shall develop and use the single-supplier competitive system to solicit sealed bids from infant formula manufacturers to supply and provide a rebate for primary contract infant formulas. The primary milk-based contract infant formula will be used to determine all other contract brand formulas (e.g., soy-based), which will be issued in the Missouri WIC Program.

PROCEDURES:

A. The State agency uses a single-supplier competitive system with the single solicitation system to award a winning bidder.

B. The State agency solicits sealed bids no later than 6 months prior to the expiration date of the existing contract.

C. The State agency will require the winning bidder to provide both milk-based and soy-based infant formulas. If the winning bidder does not produce a soy-based formula, the bidder must subcontract with another manufacturer to supply the soy-based infant formula and must pay a rebate on the soy-based infant formula supplied by the subcontractor. Bidders must specify the brand name of the milk-based infant formula for which the rebate is being specified.

D. The State agency's bid solicitation will require the winning bidder to supply and provide a rebate on all infant formulas it produces that the State agency chooses to issue:

   1. The State agency will choose which of the winning bidder's other infant formulas, in addition to the primary contract infant formula, will be an approved contract formula.

   2. Rebates must be paid on any new primary contract infant formulas that are introduced after the contract is awarded.

   3. The choice to issue new primary contract infant formulas is solely at the discretion of the State agency.

E. The State agency's bid solicitation will require bidders to specify a rebate amount for each of the types, sizes, and physical forms of infant formulas listed below:

   1. Types of infant formulas must be a milk-based infant formula, which will be designated as the primary contract infant formula.

   2. Physical forms of infant formulas must be powdered, concentrated liquid, and ready-to-use.

   3. Sizes must be specified for each physical form.

F. All primary contract infant formulas must meet the following requirements:

1. Must be nutritionally complete, not requiring the addition of any ingredients other than water prior to being served in a liquid state.
2. Must contain at least 10 milligrams of iron per liter at standard dilution and supply 67 kilocalories per 100 milliliters (i.e., approximately 20 kilocalories per fluid ounce of infant formula) at standard dilution.
3. Must be approved by FDA.
4. Must be determined WIC eligible by USDA.
5. Must be suitable for routine issuance to the majority of generally healthy, full-term infants.
6. Must be on the market for at least one year before they will be considered for approval for the Missouri WIC.

G. The State agency will use the procedures published in the invitation for bid to award the contract to the winning bidder.

Nutrition/Health Volume
Food Package Section

Exempt Infant Formula and Medical Food Selection (2.06760)

ER# 2.06760

Authority CFR 246.10
Issued 10/02
Revised 04/04

POLICY: The state WIC office will evaluate all exempt infant formulas and medical foods on a product-by-product basis based on the selection criteria to determine which ones will be eligible to be issued in the Missouri WIC Program.

PROCEDURE:

A. All exempt infant formulas for the Missouri WIC Program shall be reviewed, evaluated, and approved by the following procedures:

1. The state WIC office shall collect information on exempt infant formulas and shall evaluate them based on the following:

a. All exempt infant formulas must meet the requirements below:

i. Must be liquids or reconstituted powders which are fed to infants and children with special dietary needs due to conditions such as metabolic disorders, inborn errors of amino acid metabolism, gastrointestinal disorders, malabsorption syndromes, and food allergies. These products serve as substitutes for human milk.

ii. Must not require the addition of any ingredients other than water prior to being served in a liquid state.

iii. Must be approved by the U.S. Food and Drug Administration (FDA).

iv. Must be determined WIC eligible by USDA.

b. Product description and literature related to the new product must be reviewed thoroughly to assure that the product is appropriate for the intended uses.

2. The state WIC office shall provide the result of the product evaluation to the state WIC nutrition coordinator for review. The recommendation for approval will be given to the WIC Director.

B. All medical foods for the Missouri WIC program shall be reviewed, evaluated, approved by the following procedures:

1. Assigned WIC program staff shall collect information on medical foods and shall review and evaluate them based on the following:

a. All medical foods must meet the requirements below:

i. Must be designed to be prescribed by a physician for a child older than 12 months of age or a woman who has special nutrient needs in order to manage a disease or health condition, except for the sole

purpose of managing body weight.

ii. Must be labeled for the dietary management of a medical disorder, disease, or condition.

iii. Must be labeled to be used under medical supervision.

iv. Must be classified in one of the following categories as defined by FDA:

a.) Nutritionally complete formulas.

b.) Nutritionally incomplete formulas, including individual "modular" type products that may be mixed with other products before use.

c.) Formulas for metabolic (genetic) disorders in patients over 12 months of age.

v. Must be a food for oral or tube feeding.

vi. Must be determined WIC eligible by USDA.

b. Product description and literature related to the product must be reviewed thoroughly to assure that the product is appropriate for the intended uses.

2. The results of the product evaluation shall be reviewed by the state WIC nutrition coordinator, and the recommendation for approval will be given to the WIC Director.

C. The state WIC office will revise the formula reference sheet in coordination with the assigned WIC program staff if the product is approved by the Missouri WIC program.

D. The WIC Director will send an e-mail message to all local WIC providers announcing approval or non-approval of exempt infant formulas or medical foods.

Nutrition/Health Volume
Food Package Section

Cash Value Benefit/Voucher (CVB/CVV) (2.06950)

ER# 2.06950

Authority	7 Code of Federal Regulations CFR 246.10(b), 7 CFR 246 December 6, 2007 Table #4, March 4, 2014 Final Food Rule, WIC Policy Memorandum #2015-4
Issued	10/09
Revised	10/15

POLICY: The local agency shall issue, in addition to Food Instruments (FI), a cash value benefit/vouchers (CVB/CVV) to all WIC children and women participants to be redeemed at WIC approved vendors to purchase fresh and frozen fruits and vegetables. Infants may also be issued a (CVB/CVV) for fresh fruits and vegetables in lieu of half of the infant fruits and vegetables.

PROCEDURES:

A. In addition to the FI issued to WIC participants, the Cash Value Benefit/Vouchers (CVB/CVV) shall be issued to all children and women participants in the following issuance amounts:

   1. $8.00 to children 1 through 4 years old
   2. $11.00 to pregnant and partially breastfeeding women (up to 1 year post-partum)
   3. $11.00 to post-partum (infant fully formula fed) women (up to 6 months postpartum)
   4. $11.00 to fully breastfeeding women (up to 1 year postpartum), women pregnant with multiples, and women partially breastfeeding multiples
   5. $16.50 to women exclusively breastfeeding multiples

B. A $4.00 Cash Value Benefit/Voucher (CVB/CVV) can be issued to infants (formula fed, some and mostly breastfed) who are 9 – 11 months of age who are developmentally ready. An $8.00 Cash Value Benefit/Voucher (CVB/CVV) can be issued to fully breastfed infants 9 – 11 months. The CVB/CVV for infants would be in lieu of half of the jarred infant fruits and vegetables and requires a thorough documented individual assessment by the CPA. Refer to WOM Policy# 2.07600.

C. The CVB/CVV for children and women shall be used to purchase fresh and frozen fruits and vegetables only. The CVB/CVV for infants 9 – 11 months shall be used to purchase only fresh fruits and vegetables.

   Refer to the Missouri WIC Approved Food List for full list of approved and not approved foods.

D. LWP staff should provide the following education to the WIC participant and/or guardian about the CVB/CVV:

   1. The fruit and vegetable check has a maximum dollar amount printed on the check. If the participant has fruits and vegetables that exceed the dollar amount on the check, educate them with the following information: The participant can

a. Pay the difference using cash, check, credit/debit card or SNAP EBT card.

b. Pay the difference by using multiple fruit and vegetable checks together. Only the fresh and frozen CVV/CVB can be combined. The fresh only fruits and vegetables CVV/CVB for infants cannot be combined.

   Example: More than one fresh and frozen CVB/CVV can be used for one purchase, example: one $8 and one $11 CVB/CVV can be used for one purchase for a total of $19 The vendor will then write $8 on the $8 CVB/CVV and the remainder of the amount on the $11 CVB/CVV. Some stores may only be able to allow one fruit and vegetable check for one purchase.

2. Tax will be applied to the difference if the participant pays with cash, check or credit/debit card.

3. If the fruit and vegetable purchase does not add up to the maximum amount printed on the check, the participant will not receive money back.

4. CVB/CVV shall be redeemed at the contracted vendor grocery store.

5. Vendors are required to put the purchase price dollar amount on the CVB/CVV.

6. If the participant chooses to go over the dollar amount on their fruit and vegetable check, they will have to pay the difference for the fruits and vegetables they are buying.

Nutrition/Health Volume
Food Package Section

Guidelines for Issuance of Formulas, WIC-Eligible Nutritionals, and Other Supplemental Foods under Food Package III (2.07000);

ER# 2.07000

Authority 2007 7CFR 246.10 Missouri; Senate Bill 1026; Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014
Issued 1/81
Revised 10/15

POLICY: Food package III is reserved for woman, infant, and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs.

Infants ≥ 6 months of age with a qualifying condition who do not require an exempt formula and who would benefit from additional formula in lieu of infant foods shall receive infant formula under Food Package III. Children and women who receive formula under Food Package III shall be issued other supplemental foods including milk if prescribed by the health care provider with prescriptive authority.

When exempt infant formulas and WIC-eligible nutritionals are prescribed, the primary payer source shall be identified before being issued by the local WIC agency. Private insurance and the Metabolic Formula Program must be the primary payers for individuals with metabolic conditions.

Medical documentation completed by a healthcare provider shall be approved for a maximum of up to but not greater than seven (7) months. See chart below for maximum allowances of supplemental food for Food Package III.

Foods	Infants	Children	Women		
	0-11 Months	1 - 4 years	Pregnant/Partially BF (up to 1 year postpartum)	Non-Breastfeeding (up to 6 months postpartum)	Fully breastfeeding (up to 1 year postpartum)
Juice, single strength	Refer to policy ER# 2.07600 for guidelines for food and formula issuance	128 fl. oz. (2-64 oz. container)	144 fl. oz. (3 12oz. frozen)	96 fl. oz. (2 12oz. frozen)	144 fl. oz. (3 12oz. frozen)
WIC Formula		455 fl. oz. liquid conc. (910 reconstituted oz.)	455 fl. oz. liquid conc. (910 reconstituted oz.)	455 fl. oz. liquid conc. (910 reconstituted oz.)	455 fl. oz. liquid conc. (910 reconstituted oz.)
Milk, fluid		16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal		36 oz.	36 oz.	36 oz.	36 oz.
Cheese		N/A	N/A	N/A	1 lb.
Eggs		1 dozen	1 dozen	1 dozen	2 dozen.
Fruits and vegetables		$8.00 in CVV*	$10.00 in CVV*	$10.00 in CVV*	$10.00 in CVV*

Whole wheat bread or Other Whole Grains		2 lb.	1 lb.	N/A	1 lb.
Fish (canned)		N/A	N/A	N/A	30 oz.
Legumes, dry/canned **And/or** Peanut Butter		1 lb. **Or** 18 oz.	1 lb. **And** 18 oz.	1 lb. **Or** 18 oz.	1 lb. **And** 18 oz.

*Cash Value Voucher

PROCEDURES:

A. To determine WIC staff authorized to approve the issuance of a formula, refer to the Food and Formula Reference Guide Formula Listing.

B. The CPA will determine if formula will be purchased by private medical insurance company or the DHSS Metabolic Formula Program.

1. Private medical insurance should be the payer of formula needed for metabolic conditions. If private insurance is to cover the metabolic formula, the CPA will:

   a. Notify the participant or the parent or guardian of the participant with a metabolic condition that the medical insurance is the primary payer for the prescribed formula. Inform the participant, parent or guardian that WIC cannot issue WIC checks for the formula but may issue checks for other foods in the food package as prescribed.

   b. Locate a local vendor, durable medical equipment company, or pharmacy that will provide the prescribed formula.

   c. Determine if the participant has any of the prescribed formula for immediate use. If the WIC participant is without the prescribed formula, continue with the approval procedures and check issuance to assure the participant receives a short-term supply (2 months) of the formula.

   d. Assure the participant, parent, or guardian that all other WIC services will be provided.

   e. Document the payment source identified and the vendor that will be supplying the formula.

2. If a metabolic formula is needed and the individual does not have private medical insurance, then the DHSS Metabolic Formula Program is the primary payer.

   a. Notify the participant or the parent or guardian of the participant with a metabolic condition that the DHSS Metabolic Formula Program is the primary payer for the prescribed formula. Inform the participant, or the parent or guardian that WIC cannot issue WIC checks for the formula, but may issue checks for other foods in the food package as prescribed.

   b. Follow the procedures B 1.c-e of this policy.

   c. Refer participant or guardian to the DHSS Metabolic Formula Program.

3. If there is no other payment source, the CPA shall proceed with the issuance of the WIC food package.

4. Follow-up must be done to assure the nutritional needs of the participant are being

met.

C. Issuance of Food Package III:

1. For all formulas requested for a qualifying condition, the local WIC provider shall obtain a completed state medical documentation form (WIC 27) from the licensed health care provider with prescriptive authority (physician, physician's assistant, or advanced practical nurse). The following information is required:

   a. The name of the formula prescribed, including amount needed per day.

   b. The authorized supplemental food(s) appropriate for the qualifying condition(s) and their prescribed amounts.

   c. The qualifying condition(s) for issuance of the authorized supplemental food(s) and formula requiring medical documentation. The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status.

   d. The length of time the formula and other supplemental foods are medically required up to but not greater than seven (7) months and not beyond the participant's category.

      i. The approval length is determined by adding the number of months requested to the month that the WIC 27 was signed by the health care provider as long as the participant category does not change during that period. The approval period will always end on the last day of the final month. For example, a WIC 27 signed on August 5th for 3 months will be approved through November 30th.

   e. The signature, date, and contact information of the health care provider with prescriptive authority.

2. When absolutely necessary, the initial medical request may be provided by telephone to the CPA.

   a. Document all required information on a WIC 27 and write "verbal order" in the space for the physician signature. Scan the WIC 27 in MOWINS.

   b. A signed, completed medical documentation form must be received from the health care provider before additional formula is issued. Maximum issuance is 30 days without the signed medical documentation form.

3. When a WIC 27 is incomplete or requires clarification, the CPA may accept verbal orders from the healthcare provider.

   a. The CPA must document the missing information or clarifications on the WIC 27, initial and date each change, and record the name and credential of the health care provider. If the form has been scanned and the original WIC 27 is not available, print the scanned WIC 27, make and initial the required

changes, and rescan the completed form. A new WIC 27 is not required and formula may be issued according to the participant's food instrument cycle.

b. If the health care provider signature or date is missing, issue one month of formula and obtain a new WIC 27 within 30 days.

4. Complete the medical documentation form, WIC Use Only in its entirety.

5. Scan the completed medical documentation form in MOWINS.

6. To assist the health care provider, the CPA is allowed to complete the medical documentation form for supplemental food (not formula) prior to the health care provider's approval. Refer to C.1 for procedure.

7. Food package III is not authorized for:

   a. Infants whose only condition is:

      i. a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.

      ii. a non-specific formula or food intolerance.

   b. Women and children who have food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other food packages.

   c. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

8. The CPA will issue the amount of formula and supplemental food based upon the request written by the health care provider.

   a. Infants

      i. Refer to Food and Formula Reference Guide Formula Listing for maximum formula issuance for infants.

         a) Maximum formula issuance in Food Package III is the same as Food Packages I and II. (Refer to ER #2.07600)

         b) Infants 6 months of age or greater whose medical condition prevents them from consuming complementary infant foods (cereal, fruit and vegetables, and meat) may receive infant formula or exempt formula at the same maximum monthly allowance as infants ages 4 through 5 months of the same feeding option. A WIC 27 must be completed to issue extra infant formula.

      ii. Other supplemental foods (cereals, fruits and vegetables, and meats) shall be issued only as prescribed by the licensed health care provider up to the maximum amount authorized under Food Packages I and II. (Refer to ER 2.07600)

   b. Women and Children

i. Refer to Food and Formula Reference Guide Formula Listing for maximum formula issuance for women and children.

a) The maximum monthly allowance is 455 fluid ounces concentrate (910 reconstituted oz.).

ii. Other supplemental foods, including milk, shall be issued only as prescribed by the health care provider up to the maximum amount authorized under Food Packages IV through VII. (Refer to ER #2.07900 and ER #2.07800)

a) The following substitutions are allowed when the participant receives infant formula, exempt infant formula, or a WIC-eligible nutritionals under Food Package III. The substitutions must address the qualifying condition and be requested by the healthcare provider on the WIC 27.

1) Children:

i) 32 ounces infant cereal may be substituted for 36 ounces adult cereal.

ii) 128 ounces of infant food fruits and vegetables may be substituted for the $8 cash value benefit (CVB).

iii) Children ≥ 2 years may receive whole milk.

2) Women:

i) 32 ounces infant cereal may be substituted for 36 ounces adult cereal.

ii) 160 ounces of infant food fruits and vegetables may be substituted for $11 CVB.

iii) Whole milk may be issued.

9. For a participant transferring from out-of-state who has been receiving an exempt formula or WIC-eligible nutritional from that state WIC program, refer to ER# 3.02900.

10. The local WIC provider shall ensure that the formula is available through a contracted vendor by having local WIC provider staff contact the stores and/or pharmacies.

a. If no formula can be provided at a local contracted vendor, the local WIC provider must contact the State agency to arrange for shipment of the formula.

11. Re-evaluate the participant's condition at the last month of approved formula issuance. If the participant still requires Food Package III, obtain medical documentation (WIC 27) from the health care provider.

D. Issuance of Ready-to-use (feed) formulas:

1. In addition to the requirements for issuing ready-to-use (feed) formula listed in ER

2.07600, the following conditions may be used to issue ready-to-use (feed) in Food Package III:

a. The ready-to-use (feed) formula better accommodates the participant's condition (Food Package III only).

b. The ready-to-use (feed) formula improves the participant's compliance in consuming the prescribed WIC formula (Food Package III only).

c. Document in MOWINS the reason ready-to-use (feed) formula was issued.

E. In instances where the request cannot be approved, the CPA shall:

1. Contact the health care provider who requested the formula to explain the following as appropriate:

a. The WIC participant has private medical insurance which is the primary payment source for the prescribed formula.

b. The DHSS Metabolic Formula Program is the primary payment source.

c. The prescribed formula is not Missouri WIC approved.

d. The prescribed supplemental food is not Missouri WIC approved for the participant's category.

e. The Missouri WIC Program can provide other exempt formulas, medical foods, or standard contract formulas.

2. Request permission from the health care provider to issue an alternate formula or supplemental food.

a. Follow the procedures in C.2. regarding WIC 27s requiring clarification.

b. If the physician refuses to consider an alternate formula or food, contact the State agency nutritionist to discuss options.

F. Tailoring of the special food package is not recommended. However, if all of the food is not being consumed, tailoring is necessary and must be performed by CPA. The CPA shall tailor the food package under the Food Prescription tab in MOWINS and document nutrition education provided by selecting the appropriate topic(s) under the Nutrition Education tab.

Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals (2.07400)

ER# 2.07400

Authority	2007 7CFR 246.10(c)(1)(2)
Issued	2/89
Revised	08/16

POLICY: Formula, which will not be used by the participant because of a formula change made by the physician, shall be returned to the local agency (LA). The LA shall not accept any formula not found on the Food and Formula Reference Guide (FFRG) Formula Listing. For the remainder of the month, the newly prescribed formula shall be issued using the procedures below.

PROCEDURES:

A. The LA shall instruct the parent or guardian to return to the clinic all infant formula, exempt formulas and medical foods that will not be used by the participant.

B. The LA shall accept the return of all non-expired, unused standard formula, exempt formulas and WIC eligible nutritionals issued by Missouri WIC. Do not accept dented or bulging cans.

   1. Store formula per manufacturer recommendation for storing and out of sight of the participants.
   2. Returned formula should be used before it reaches the expiration date.
   3. Returned formula may be issued to other WIC participants requiring the formula.
   4. For formula accountability and to obtain monthly caseload count when issuing formula from supply in the clinic; issue the formula as Direct Ship in MOWINS.
   5. Stored cans of formula should be checked for dents, bulges and the expiration date.
   6. Any cans that are outdated, bulging or rusting should be discarded in such a way that no one can retrieve the cans for use.
   7. Stored formula should be rotated so that cans with older expiration dates are issued first.
   8. WIC purchased formula shall not be given to any non-WIC agency, program or individual.

C. Replacement formula may be provided to the participant as follows:

   1. Document in the participant's file the return of the original formula and the reason for the issuance of a different formula.

2. The amount of replacement formula shall be prorated. See ER# 2.08500 for proration amounts.

   a. The replacement amount shall not exceed the number of cans returned or the maximum monthly allowance.

   b. Checks shall not be issued for a period that has already expired.

3. LA staff shall check for availability of extra formula in their clinic before issuing new food instruments.

   a. If an agency has extra cans of WIC purchased formula on hand that they cannot use, the agency shall notify the state agency (SA), for the formula/medical food to be placed on the Extra Formula Database.

4. Issue supplemental food instruments in MOWINS using the add/replace feature, but only for the different (newly prescribed) formula.

   a. When issuing exempt formula and medical foods, refer to ER# 2.07000.

5. The CPA shall counsel the participant on the newly prescribed formula.

D. Formula Samples

1. Samples of special formulas or non-contract brand formulas accepted by the local health department cannot be provided through the WIC program.

Nutrition/Health Volume
Food Package Section

Guidelines for Issuance of Food Package I & II to Infants (2.07600)

ER# 2.07600

Authority 2007 7 CFR 246.10(c)(1, 2), FNS Instr 804, Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014
Issued 1/81
Revised 8/15

POLICY: Food Package I & II shall be issued to infants from birth through11 months of age who do not have a condition qualifying them to receive Food Package III. Three feeding options will be provided, which include fully breastfeeding, mostly breastfeeding or fully formula feeding. Infants who are partially breastfeeding and receive formula in amounts greater than the maximum allowance for the mostly breastfeeding food package (some breastfeeding) will receive the fully formula feeding food package. See chart below for the feeding descriptions and corresponding food package for mom. The mostly breastfeeding and fully formula feeding options will include the issuance of contract brand iron-fortified infant formula that is not an exempt infant formula. At six (6) months of age, infant cereal and infant fruits and vegetables shall be issued to all three feeding options and infant meats shall be issued to the fully breastfeeding option. WIC staff may tailor the amount of formula and food to reflect the individual needs of the infant, but formula will not be routinely provided to breastfeeding infants during the first month after birth in order to facilitate successful breastfeeding.

Feeding Descriptions	Food Packages
Fully breastfeeding	Food Package VII Fully breastfeeding (1 year postpartum)
Mostly breastfeeding	Food Package V Pregnant Food Package (1 year postpartum)
Some breastfeeding	Food Package VI Fully formula feeding (6 months postpartum)
Fully formula feeding	

See chart on the following page for maximum allowances of formula and food for food package I & II.

Maximum Monthly Allowances of Supplemental Foods For Infants In Food Packages I & II						
	Fully Breastfeeding		Mostly Breastfeeding		Fully Formula Feeding (includes some breastfeeding)	
Foods	Food Pkg. I 0-5 months	Food Pkg. II 6-11 months	Food Pkg. I A: 0 to 1 month B: 1-3 months C: 4-5 months	Food Pkg. II 6-11 months	Food Pkg. I A: 0-3 months B: 4-5 months	Food Pkg. II 6-11 months
WIC Formula			**A:** no formula provided **B:** 388 MMA* fl. oz. reconstituted liquid concentrate or 384 fl. oz. RTU or 435 fl. oz. reconstituted powder **C:** 460 MMA* fl. oz. reconstituted liquid concentrate or 474 fl. oz. RTU or 522 fl. oz. reconstituted powder	315 MMA* fl. oz. reconstituted liquid concentrate or 338 fl. oz. RTU or 384 fl. oz. reconstituted powder	A: 823 MMA* fl. oz. reconstituted liquid concentrate or 832 fl. oz. RTU or 870 fl. oz. reconstituted powder **B:** 896 MMA* fl oz reconstituted liquid concentrate or 913 fl. oz. RTU or 960 fl. oz. reconstituted powder	630 MMA* fl. oz. reconstituted liquid concentrate Or 643 fl. oz. RTU or 696 fl. oz. reconstituted powder
Infant cereal		24 oz.		24 oz.		24 oz.
Infant fruits & vegetables		64- 4 oz. containers		32- 4 oz. containers		32- 4 oz. containers
Infant meat		31- 2.5 oz. containers				

MMA* = Maximum Monthly Allowance

PROCEDURES:

A. Supporting long-term exclusive breastfeeding

1. All WIC staff have the responsibility to promote and support long-term exclusive breastfeeding.
2. All prenatal women shall be counseled on the benefits of exclusive breastfeeding and the added food benefits they will receive. The mother shall be informed that the amount of breastfeeding she does determines what food benefits she will receive.
3. No formula should routinely be provided to a breastfeeding infant the first month after birth in order for the mother to establish her milk supply (see section D. Food Package Tailoring).
4. After the infant turns one month of age, formula shall be issued only when the mother requests it and can only be provided after the CPA completes a breastfeeding assessment and counsels the mother appropriately.
5. When formula is issued to breastfeeding infants, the CPA shall provide the minimum amount needed while offering counseling and support, in order to help

the mother establish a successful milk supply.

B. Issuance of formula

1. Issue iron-fortified, milk or soy-based formula in the powder or concentrated form until the infant turns one year of age.

2. Powder infant formula is recommended until the some and mostly breastfed infant reaches four months of age due to its longer shelf life and to minimize waste. If the breastfed infant is supplemented with more than 13 ounces per day, liquid concentrate may be issued. Refer to the Food and Formula Reference Guide for guidelines for issuing supplemental formula to breastfed infants.

3. Ready-to-use (feed) formula should be used only in circumstances where it is essential, such as those described below:

   a. There is an unsanitary, unsafe or restricted water supply.

      i. Water used for formula preparation which is contaminated with toxic substances (such as nitrate at concentration above 10 milligrams/liter, lead, or pesticides), poses a hazard to an infant's health and should not be used. Required documentation is one of the following:

         a.) A water sample analysis obtained at participant's expense.

         b.) Government ruling/emergency order (municipal, state, EPA). For emergency orders issue ready-to-use (feed) only until the emergency ends.

      ii. A one-month supply (as defined on the WIC food instrument) of ready-to-use (feed) may be issued while the result of the water analysis is pending.

   b. The participant's household has poor refrigeration facilities. This would apply to single feeding packaging of ready-to-use (feed) formula when powder formula is not an option.

   c. The person caring for an infant may have difficulty in correctly diluting the concentrated liquid formula or reconstituting powder formula.

   d. Refer to ER# 2.07000 for additional circumstances that ready-to-use (feed) formula may be issued for participants under Food Package III.

4. When providing ready-to-use (feed) infant formula to the breastfed infant assess daily usage and provide the appropriate size container to reduce waste.

5. Issue exempt (special) formulas in accordance with ER# 2.07000.

6. The CPA shall instruct the guardian to follow manufacturer instructions for mixing and storing formula.

C. Issuance of complimentary foods

1. At six (6) months of age up to 24 ounces of iron-fortified dry infant cereal may be issued. Encourage the use of rice, barley, and oatmeal cereals first. Mixed and high protein cereals should be used in the later months of the first year of life.

2. At 6 months of age commercial infant food may be issued:

   a. Fully breastfeeding infants may be issued up to 64 - 4 ounce jars of fruits and vegetables and 31- 2.5 ounce jars of infant meats.

   b. Some and mostly breastfeeding and fully formula feeding infants may be issued up to 32 - 4 ounce jars of infant fruits and vegetables.

3. At 9 – 11 months of age, a Cash Value Benefit (CVB) for fresh fruits and vegetables may be issued in lieu of a portion of the infant food fruits and vegetables.

   a. A thorough assessment by a CPA shall be done to determine if the 9 – 11 month infant is developmentally ready for the increased texture and consistency that can be provided by the fresh fruits and vegetables.

   b. Fully breastfed infants may receive an $8 CVB plus 128 ounces (32 4 ounce jars) of infant food fruits and vegetables.

   c. Some and mostly breastfed infants and fully formula fed infants may receive a $4 CVB plus 64 ounces (16 4 oz jars) of infant foods fruits and vegetables.

   d. If the mother or guardian of the infant chooses to continue offering only the infant foods fruits and vegetables, that shall be allowed.

   e. Appropriate nutrition education shall be provided to the caregiver addressing safe food preparation, storage techniques and feeding practices to make certain participants are meeting the nutritional needs in a safe and effective manner.

      i. The nutrition education shall be documented in a general or SOAP note or in the NE tab in MOWINS.

4. Refer to the WIC Approved Food List for approved brands and varieties of infant cereal, fruits, vegetables and meats.

5. The CPA must counsel and educate on the signs that indicate developmental readiness for solids, how to introduce complimentary food, how much and how often to feed, signs of a food allergy and proper preparation, sanitization and storage of infant food.

6. Emphasize that the foods are only for the participant to whom the food was issued.

D. Food Package Tailoring:

1. The CPA must evaluate the infant's nutrition assessment at the time of infant follow-up and tailor the food package based on the infant's needs and developmental readiness.

2. The maximum allowance of commercial infant food for a fully breastfeeding infant at six (6) months of age could undermine breastfeeding. The CPA must complete an assessment and tailor the amount of commercial infant food as necessary for the developmental stage of the infant.

3. When a mother requests more formula than the maximum allowed for the partially

breastfeeding infant, the CPA must tailor the infant's food package after careful assessment and counseling to provide the least amount of formula.

4. The CPA shall tailor the food package under the Food Prescription tab in MOWINS and document nutrition education provided by selecting the appropriate topic(s) under the Nutrition Education tab.

Nutrition/Health Volume
Food Package Section

Guidelines for Issuance of Food Package IV to Children (2.07800)

ER# 2.07800

Authority Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014
Issued 1/81
Revised 4/15

POLICY: Food Package IV shall be issued to children 1 through 4 years of age who do not have a condition qualifying them to receive Food Package III.

Participants shall redeem food instruments only for Missouri WIC approved foods. Refer to the Missouri WIC Approved Food List for authorized foods. See chart below for maximum monthly allowances of supplemental food for children in Food Package IV.

Maximum Monthly Allowances of Supplemental food for Children in Food Package IV	
Juice, single strength	128 oz. (2-64 oz. containers)
Milk, Fluid	16 quarts (4 gallons)
Breakfast Cereal	36 oz.
Eggs	1 dozen
Fruits and Vegetables	$8.00 cash value benefit/voucher (CVB/CVV)
Whole Wheat Bread or Other Whole Grains	2 pounds
Legumes, dry/canned or Peanut butter	1 pound or 4 -16 oz. cans or 16-18 oz.

PROCEDURES

A. Refer to the Food and Formula Reference Guide for the default food package to issue.

B. Milk Issuance

1. Children 12 through 23 months

a. Whole milk is the standard authorized milk for children 12 through 23 months.

b. The following milk may be issued to children 12 through 23 months

i. Whole milk

ii. Evaporated whole milk

iii. Lactose free whole milk

iv. Evaporated whole goat milk

c. 2% milk may be issued to children 12 through 23 months under Food Package IV based on CPA determination of need. Refer to B.4 below.

i. The participant's risk factors must include 114, 115, or the CPA must identify a pattern of excessive weight gain.

ii. Consultation with the child's health care provider is not required unless considered appropriate by the CPA.

2. Children 24 months through 59 months

a. Skim thru 1% milk is the standard authorized milk for children 24 through59 months.

b. The following milk may be issued to children 24 through59 months

i. Skim thru 1% milk

ii. Non-fat dry milk

iii. 1% cultured buttermilk

iv. Skim thru 1% lactose free milk

v. Skim thru 1% evaporated milk

vi. Non-fat powdered goat milk

c. 2% milk may be issued to children 24 through 59 months of age under Food Package IV based on CPA determination of need when risk factor 103, 134, or 135 is assigned or when an appropriate medical condition has been diagnosed by the healthcare provider. Refer to B.4 below.

i. The diagnosis must be written or verbal and must be scanned or documented in MOWINS.

ii. Consultation with the child's health care provider is not required unless considered appropriate by the CPA.

d. Whole milk may only be issued to children 24 through 59 months with medical documentation using Food Package III. Refer to ER# 2.07000.

3. Dairy Substitutions for Fluid Milk:

a. Lactose-free or lactose-reduced fortified dairy products should be offered before non-dairy milk alternatives to those participants with lactose intolerance that cannot drink milk.

b. Soymilk and tofu may be issued to children under Food Package IV based on CPA determination of need for situations that include, but are not limited to, milk allergy, lactose intolerance, vegan diets, and cultural food preference. Refer to B.4 below.

i. The substitution rate for soymilk is 1 quart soymilk per 1 quart milk up to the total maximum allowance for milk.

ii. The substitution rate for tofu is 1 pound tofu per quart of milk up to 4 quarts of milk.

iii. Consultation with the child's health care provider is not required unless considered appropriate by the CPA.

c. Cheese may be substituted for milk without CPA determination of need.

i. The substitution rate is 1 pound of cheese per 3 quarts of milk.

ii. A maximum of one pound of cheese may be substituted.

d. A maximum of 1 quart of non-fat or low-fat yogurt may be substituted for milk.

i. The substitution rate is 1 quart of yogurt per 1 quart of milk.

e. No more than a total of 4 quarts of milk may be substituted for cheese, tofu, and yogurt, or any combination thereof for children in Food Packages IV.

i. If the amount of tofu in the cheese, tofu, and yogurt combination is less than 4 pounds, additional tofu, up to a total of 4 pounds, may be substituted with CPA determination of need for food allergy, lactose intolerance, vegan diets, and cultural food preference.

f. When milk substitution results in a dangling quart of milk, one of the following should be substituted for the dangling quart:

i. 12 oz. can of evaporated skim thru 1% milk

ii. 1 qt. of 1% cultured buttermilk

iii. 1 lb. of tofu within the policy as stated under C.6.d. and C.6.e.

iv. 1 qt. of skim thru 1% milk

v. 1 qt. of nonfat or low-fat yogurt

4. CPA determination of need for issuance of milk substitutes and dairy products with fat content other than that authorized in the standard food package.

a. The CPA determination of need shall include:

i. A review of the most recent nutrition assessment completed at certification or mid-certification.

ii. A review of any new information relevant to the determination of need.

iii. Collection of current anthropometric data as appropriate.

b. The participant's healthcare provider shall be consulted when deemed appropriate by the CPA.

c. The following must be documented in MOWINS:

i. Justification for the determination of need.

ii. Name and contact information for the healthcare provider if consulted.

iii. Recommendations made by the healthcare provider if consulted.

C. Cash Value Benefit/Voucher (CVB/CVV) for Fruits and Vegetables: (Refer to ER# 2.06950 for additional information regarding the CVB/CVV).

1. The CVB/CVV allows the purchase of fresh and frozen fruits and vegetables.

2. Educate the participant or guardian using the Guidelines for Use of the Cash Value Benefit.

D. Tailoring Food Packages

1. The full maximum monthly allowances for all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted.

2. Tailoring must be completed by the CPA.

3. The CPA may issue less than the maximum monthly allowance of supplemental foods to a participant only when:

   a. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy);

   b. The participant refuses or cannot use the maximum monthly allowance; or

   c. The quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowance.

E. When prescribing a food package, emphasize that the food is only for the participant to whom it was issued.

F. The CPA shall counsel the participant about the nutrition content of the food provided and the importance of good nutrition. Education should be provided on what foods to add to ensure the diet is nutritionally complete.

Nutrition/Health Volume
Food Package Section

Guidelines for Issuance Food Packages V, VI and VII to Women (2.07900)

ER# 2.07900

Authority	Federal Register/Vol.72, No. 234/Thursday, December 6, 2007/Rules and Regulations; Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014
Issued	10/09
Revised	12/16

POLICY: The following food packages shall be issued to participants who do not have a condition qualifying them to receive Food Package III:

Food Package V **shall be** issued to 1) pregnant women with singleton pregnancies; 2) breastfeeding women, up to 1 year postpartum and whose partially (mostly) breastfed infants receive formula from the WIC program in amounts that do not exceed the maximum allowances indicated in policy ER 2.07600; and 3) women up to 1 year postpartum, breastfeeding multiples from the same pregnancy, when one infant is mostly breastfeeding and one infant is receiving greater than the maximum allowance of formula.

Food Package VI **shall** be issued to: 1) women up to 6 months postpartum who are not breastfeeding their infants and 2) breastfeeding women who are breastfeeding singleton or multiple infants from the same pregnancy up to 6 months postpartum whose participating infant receives more than the maximum amount of formula allowed for partially (mostly) breastfed infants as described in policy ER 2.07600.

Food Package VII **shall** be issued to: 1) Breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be fully breastfeeding their infants); 2) pregnant women who are mostly breastfeeding singleton infants; 3) Pregnant women with two or more fetuses, and 4) women participants mostly breastfeeding multiple infants from the same pregnancy.

Women fully breastfeeding multiple infants from the same pregnancy **shall** receive 1.5 times the supplemental foods provided in Food Package VII.

Participants **shall** redeem food instruments only for Missouri WIC approved foods. Refer to the Missouri WIC Approved Food List for authorized foods. See chart below for maximum monthly allowances of supplemental food for children in Food Package V, VI and VII.

Maximum Monthly Allowance of Supplemental Foods for Women in Food Package V, VI and VII			
Foods	**Food Package V:** • **Pregnant women with singleton pregnancy** • **Mostly BF women (up to 1 year postpartum)** • **Partially BF women with twins (up to 1 yr postpartum) when 1 infant receives greater than maximum and 1 infant is mostly breastfed**	**Food Package VI:** • **Non-Breastfeeding women (up to 6 months postpartum)** • **BF women - singleton or multiple infants from the same pregnancy receiving more than maximum amount of formula allowed**	**Food Package VII:** • **Fully Breastfeeding women** • **Mostly Breastfeeding Multiples** • **Pregnant women with Multiples.** • **Pregnant women who are still mostly breastfeeding**
Juice	144 fluid oz.	96 fluid oz.	144 fl oz.
Milk, fluid	22 quarts (5 ½ gallons)	16 quarts (4 gallons)	24 quarts (6 gallons)
Breakfast Cereal	36 oz.	36 oz.	36 oz.
Cheese	N/A	N/A	1 lb.
Eggs	1 dozen	1 dozen	2 dozen
Fruits & Vegetables	$ $11.00 in cash value voucher	$11.00 in cash value voucher	$11.00 in cash value voucher
Whole Wheat Bread or Other Whole Grains	1 lb.	N/A	1 lb.
Fish (canned)	N/A	N/A	30 oz.
Legumes, dry/canned **And/or** Peanut Butter	1 lb. or 4-16 oz. cans **and** 18 oz.	1 lb. or 4-16 oz. cans **or** 18 oz.	1 lb. or 4-16 oz. cans **And** 18 oz.

PROCEDURES:

A. Refer to the Food and Formula Reference Guide for the default food package to issue.

B. Women fully breastfeeding multiple infants from the same pregnancy **shall** receive 1.5 times the supplemental foods provided in Food Package VII. The following table can be used to determine the amounts of foods to be issued:

Foods	**Food Package VII: Fully Breastfeeding Mother of Multiples from the Same Pregnancy**	**The following is automatically issued in MOWINS.**
Juice	4 ½ cans	4 cans one month 5 cans next month
Milk, fluid	36 quarts (9 gallons)	(all in one month)
Breakfast Cereal	54 oz.	(all in one month)

Cheese	1.5 lbs.	1 pound one month 2 pounds next month
Eggs	3 dozen	(all in one month)
Fruits & Vegetables	$16.50 in cash value voucher	(all in one month)
Whole Wheat Bread or Other Whole Grains	1.5 16 oz bag/container	1 16 ounce one month 2 16 ounce next month
Fish (canned)	45 oz.	(all in one month)
Legumes, 16 oz dry/canned (4/16 oz cans) **And** Peanut Butter	1.5 amount of beans 1.5 18 oz jar of peanut butter	1 allowance one month, 2 allowances next month 1 jar one month, 2 jars next month

C. MILK

1. CPA determination of need for issuance of milk substitutes and dairy products with fat content other than that authorized in the standard food package.
    a. The CPA determination of need shall include:
        i. A review of the most recent nutrition assessment completed at certification or mid-certification.
        ii. A review of any new information relevant to the determination of need.
        iii. Collection of current anthropometric data as appropriate.
    b. The participant's healthcare provider shall be consulted when deemed appropriate by the CPA.
    c. The following must be documented in MOWINS:
        i. Justification for the determination of need.
        ii. Name and contact information for the healthcare provider if consulted.
        iii. Recommendations made by the healthcare provider if consulted.
2. Skim thru 1% milk is the standard, authorized milk for women.
3. The following types of milk may be issued to women <u>without</u> medical documentation or determination of need by the CPA:
    a. Skim thru 1% milk
    b. Evaporated skim thru 1% milk
    c. Lactose free skim thru 1% milk
    d. Non-fat dry milk
    e. 1% cultured buttermilk
    f. Non-fat powdered goat milk

4. 2% milk may be issued to women under Food Packages V-VII based on CPA determination of need.

   a. 2% milk may be issued under any of the following situations:

      i. risk factor 101, 131, or 132 is assigned.

      ii. a pattern of low weight gain is identified.

      iii. an appropriate medical condition has been diagnosed by the healthcare provider.

         a) The diagnosis can be written or verbal but must be scanned or documented in MOWINS. The documentation does not require a WIC 27.

   b. Consultation with the participant's healthcare provider is not required unless considered appropriate by the CPA.

5. The following types of milk may be issued to women with medical documentation under Food Package III. Refer to ER# 2.07000.

   a. Whole milk

   b. Evaporated whole milk

   c. Lactose free whole milk

6. Dairy Substitutions for Fluid Milk**:**

   a. Lactose-free or lactose-reduced fortified dairy products should be offered before non-dairy milk alternatives to those participants with lactose intolerance that cannot drink milk.

   b. Soy-based beverage may be substituted for milk up to the total maximum allowance for milk.

      i. The substitution rate is 1 quart of soy-based beverage per quart of milk.

      ii. CPA determination of need is not required.

   c. A maximum of one pound of cheese may be substituted for milk under Food Packages V and VI and two pounds under Food Package VII (in addition to the default pound of cheese). There are no exceptions.

      i. The substitution rate is 1 pound of cheese per 3 quarts of milk.

      ii. CPA determination of need is not required except as noted below under C.6.e.

   d. A maximum of 4 pounds of tofu may be substituted for milk.

      i. The substitution rate is 1 pound of tofu per quart of milk.

      ii. CPA determination of need is not required except as noted below under C.6.e.

   e. A maximum of 1 quart of non-fat or low-fat yogurt may be substituted for milk.

i. The substitution rate is 1 quart of yogurt per 1 quart of milk.

f. No more than a total of 4 quarts of milk may be substituted for cheese, tofu, yogurt, or any combination thereof for women in Food Packages V and VI. No more than a total of 6 quarts of milk may be substituted for cheese, tofu, yogurt or any combination thereof for women in Food Package VII.

i. If the amount of tofu in the cheese, tofu, yogurt combination is less than 4 pounds, additional tofu, up to a total of 4 pounds, may be substituted with CPA determination of need for food allergy, lactose intolerance, vegan diets, and cultural food preference.

g. When milk substitution results in a dangling quart of milk, one of the following should be substituted for the dangling quart:

i. 12 oz. can of evaporated skim thru 1% milk

ii. 1 qt. of 1% cultured buttermilk

iii. 1 lb. of tofu within the policy as stated under C.6.d. and C.6.e.

iv. 1 qt. of skim thru 1% milk

v. 1 qt. of nonfat or low-fat yogurt

D. Cash Value Benefit (CVB) for Fruits and Vegetables: (Refer to ER# 2.06950 for additional information regarding the CVB)

1. The CVB allows women to purchase fresh and frozen fruits and vegetables.

2. Educate the participant using the Guidelines for Use of the Cash Value Benefit.

E. Tailoring Food Packages

1. The full maximum monthly allowances for all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted.

2. The CPA may issue less than the maximum monthly allowance of supplemental foods to a participant only when:

a. Medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy);

b. The participant refuses or cannot use the maximum monthly allowance; **or**

c. The quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowance.

3. Tailoring food packages must be completed by the CPA.

F. When prescribing a food package, emphasize that the food is only for the participant to whom it is issued.

G. The CPA shall counsel the participant about the nutrition content of the food provided and the importance of good nutrition. Education should be provided on what foods to add to ensure the diet is nutritionally complete.

1. Partially breastfeeding women will no longer receive a food package after 6 months postpartum when they request more than the maximum amount of formula allowed for a partially breastfed infant. They will continue to be counted as WIC participants and are eligible for the following benefits:

    a. Nutrition Education - including breastfeeding promotion and support

    b. Referrals to health and social services

Guidelines for Food Issuance: Homeless Women, Infants and Children (2.08100)

ER# 2.08100

Authority	2007 CFR 246.10; Federal Register/ December 6, 2007/Rules and Regulations
Issued	5/89
Revised	10/09

POLICY: The WIC homeless food package is to be provided to WIC participants who are homeless, displaced or migrant or who have limited access to a stove, refrigerator or water.

PROCEDURES:

A. For all participants or household, the CPA must determine the following prior to issuing the food package:

1. Availability of refrigeration for foods and prepared formula.
2. Availability of cooking facilities.
3. Availability of utensils for eating.
4. Availability of the number and size of bottles for infant formula.
5. Availability of bottle washing and sterilization facilities.
6. The guardian's competence in preparing and storing formula.
7. The amount of food the participant can safely store during the week.

B. Based on the data obtained in A above, tailor the food package as necessary.

C. For infants, encourage breastfeeding, because it is the easiest and safest way to feed the infant. The CPA shall counsel on the following:

1. The health benefits of breastfeeding for the mother and her infant, including the reduced risk of illness for her infant.
2. Breastfeeding will prevent food poisoning and other illnesses caused by having an unsafe or restricted water supply or inadequate refrigeration.
3. Mothers can re-establish breastfeeding even if they have stopped breastfeeding. Provide support or refer to a lactation consultant, as soon as possible, women who wish to re-lactate.

D. If the guardian chooses to feed infant formula, issue formula according to the WIC Food and Formula Reference Guide based on the following: Issue quantities according to policy ER# 2.07600.

1. Issue liquid concentrate or powder infant formula when adequate refrigeration and safe water supply are available.
2. Issue powder infant formula when no refrigeration is available and a safe water supply is available. The CPA shall explain proper preparation of formula and instruct the guardian to prepare only one bottle of formula at a time.

3. Issue ready-to-use (feed) when there is an unsanitary or restricted water supply. Refer to policy ER# 2.07600 for instructions for issuing ready-to-use (feed) formula. Instruct the guardian to discard all formula remaining in the bottle at the end of each feeding.

4. Issue the appropriate amount of infant cereal and jars of infant food according to ER# 2.07600.

   a. If refrigeration is not available for leftover foods, instruct the caregiver to discard any leftover infant food.

5. Educate the parent/guardian on the need to continue introducing solid foods and decreasing the use of formula accordingly.

E. Milk Issuance

1. If refrigeration is unavailable, issue powder milk.

   a. Instruct the guardian on how to use the powder milk and the importance of preparing one glass at a time.

   b. If the participant has been diagnosed as lactose intolerant the CPA shall assess what foods the participant can tolerate and tailor the food package with the appropriate substitutions. Refer to ER# 2.07800 and ER# 2.07900 (Guidelines for Issuing Food Package to Children and Women, respectively.)

   c. If water in is not available issue ultra high treatment UHT milk. Check availability of UHT milk at vendors in the area.

F. Juice Issuance

1. If there is an unsafe or restricted water supply, issue only single strength juice.

G. Egg Issuance

1. If refrigeration is available, issue up to two-dozen eggs.

2. If refrigeration is unavailable, issue an additional 64 ounces of canned beans or 18 ounces of peanut butter for 1 dozen of eggs.

3. Providing additional canned beans or peanut butter as a substitute for eggs may significantly increase the amount of beans/peanut butter the participant can tolerate. The CPA shall assess if the participant could reasonably consume this amount in a month's time.

H. The CPA shall counsel the participant/guardian on the following:

1. The proper/safe storage of food.

2. Emphasize that the food is only for the participant to whom it is issued.

3. The nutrition content of the food provided and the importance of good nutrition. Education should be provided on what foods to add to ensure the diet is nutritionally complete.

I. The CPA shall tailor the food package under the Food Prescription tab in MOWINS and

document nutrition education provided by selecting the appropriate topics(s) under the Nutrition Education tab.

Nutrition/Health Volume
Food Package Section

Prorated Food Packages (2.08500)

ER# 2.08500

Authority	2015 7CFR 246.10(c)
Issued	5/87
Revised	08/16

POLICY: This policy provides guidance to issuing prorated food packages to infants, women and children.

PROCEDURES:

A. MOWINS will calculate the number of days between the actual first date to use and the last date to use for the current set of checks being issued when determining prorated food packages.

1. For women and children, the following chart shows the start date of a prorated package (depending on the number of days in the month) for milk, juice and formula:

WOMAN & CHILD PRORATION

# of Days in Month	Start Date of 3/4 Pkg	Start Date of 1/2 Pkg	Start Date of 1/4 Pkg
28	5th	13th	21st
29	6th	14th	22nd
30	7th	15th	23rd
31	8th	16th	24th

2. For infants, the following chart shows the start date of a prorated package (depending on the number of days in the month) for baby foods and formula:
INFANT PRORATION

# of Days in Month	**Start Date of 3/4 Pkg**	**Start Date of 1/2 Pkg**
28	13th	21st
29	14th	22nd
30	15th	23rd
31	16th	24th

3. Other approved supplemental foods will be issued based on participant's category. Refer to ER# 2.07600, ER#2.07800, and ER# 2.07900.

B. The CPA can override the proration of the first set of checks to issue a full food package based on the reasons below:

1. The participant reported having:

   a. Childcare problems, chronic family illness, rural residence, transportation issues or working guardian/parent.

2. The Local Agency (LA) reported having:

   a. Natural disasters: major snow and/or ice storms, freezes, floods, tornadoes, severe weather, earthquakes, landslides, mudslides, dam failures, fires, heat, thunderstorms, which required their clinic to be closed.

   b. Manmade disasters -technological, hazardous materials incidents, nuclear power plant accidents, radiological hazards, chemical, terrorism that required their clinic to be closed.

   c. Other disasters: Pandemic flu, outbreak of highly contagious, deadly communicable disease, which required their clinic to be closed.

3. The reason for the override of the system proration must be documented in MOWINS.

C. Formula that is returned by the participant shall have a prorated food package re-issued.

1. See A. 1 and 2 above for the amount of formula to issue.

2. Proration is determined from the day the participant is present in the clinic requesting formula

D. Prorated packages can be tailored by the CPA or changed for participant preference. Refer to ER# 2.07600, ER# 2.07800, and ER# 2.07900.

Administration Volume
Management Section

Disaster/Emergency Preparedness Plan (3.00500)

ER# 3.00500

Authority	2008 7CFR 246.7(c)(2)(i); 246.7(d)(2)(v); & WC-95-14-P
Issued	10/07
Revised	06/10

POLICY: The local WIC provider (LWP) shall ensure accessibility of WIC services during community disaster/emergency situations for WIC participants and those who qualify for the WIC Program.

LWPs will be guided by these procedures and local agency procedures for emergency response/disaster preparedness developed by their parent agency. LWPs must ensure that continuity of WIC services is addressed in their local agency Emergency Response/Disaster Preparedness (ERDP) plan. The ERDP will reflect the purpose, authority and responsibilities developed locally. LWPs shall include in their plan communications/arrangements made with their local WIC vendors to assess availability of WIC foods for participants.

WIC is not designed or funded to meet the basic nutritional needs of disaster victims who would not otherwise be eligible for the program. There is no legislatively mandated role for WIC in disaster relief, nor is there legislative authority for using WIC food funds for purposes other than providing allowable food benefits to categorically eligible participants. WIC is not to be considered a first-line defense to respond to the nutritional needs of disaster victims, including the provision of infant formula.

LWPs should contact the State WIC office, 1-800-392-8209, to determine if the WIC Disaster/Emergency Plan should be implemented. If no one is available at that number, the LWP should contact the Department of Health and Senior Services Disaster Situation Room (DSR) at 573-522-8697.

Definition of disasters:

Natural Disasters: major snow and/or ice storms, freezes, floods, tornadoes, severe weather, earthquakes, landslides, mudslides, dam failures, fires, heat, thunderstorms.

Manmade Disasters -technological, hazardous materials incidents, nuclear power plant accidents, radiological hazards, chemical, and terrorism.

Other Disasters: Pandemic flu, outbreak of highly contagious, deadly communicable disease.

PROCEDURES:

A. Proof of Eligibility

1. Proof of income:

a. During a disaster, the income documentation requirement does not apply to

an individual for whom the necessary documentation is not available.

b. The applicant shall sign a statement specifying why he/she cannot provide documentation of income.

2. Proof of residency:

a. During a disaster, length of residency cannot be a prerequisite to receiving WIC benefits.

b. During a disaster, the applicant shall confirm in writing his/her residency if acceptable proof of residency has been destroyed due to the disaster.

3. Proof of identity:

a. During a disaster, proof of identity shall be confirmed in writing by the applicant.

4. All signed statements must be scanned and saved in the participant folder in MOWINS. A brief notation explaining why the applicant could not produce proof of income, residency and/or identify shall be documented in MOWINS.

B. Certification/Recertification of WIC participants

1. Due to the disaster, if the LWP is experiencing a shortage of competent professional authorities to perform certification functions required by a CPA, the LWP is approved to extend the certification period.

a. Contact the State WIC office who will grant temporary MOWINS authority to specified LWP staff to provide WIC benefits to participants during the disaster.

b. In such cases, one month of food benefits can be issued to those participants until an appointment can be rescheduled.

2. Height and weight measurements and blood test for anemia may be deferred for up to 90 days for persons with a documented risk factor.

a. Homelessness is a nutritional risk factor, Risk Factor 801.

b. Risk Factor 503, Presumptive Eligibility for Pregnant Women, may be assigned to a pregnant woman who meets WIC income standards but has not yet been evaluated for nutritional risk, up to 60 days.

C. Food Instruments

1. Replacing destroyed Food Instruments due to a community disaster:

a. The local WIC provider shall determine if the destruction of FI's occurred during the community disaster.

b. Verification of the community disaster shall be documented in general notes in MOWINS.

c. After the above has been done, the LWP shall provide food instruments to replace lost food instruments following guidelines:

i. Provide for replacement of foods in the actual amount of the loss, but not to exceed one month's food package.

ii. MOWINS will automatically prorate food benefits dependent upon date of certification.

iii. If necessary, tailor the food package based upon participant's present circumstances.

2. During power outages due to community disasters, FI's may be issued to replace the following: (this should be done on a case by case basis).

   a. Ready to Feed Formula that has been opened and spoiled.

   b. Concentrated Formula that has been opened and spoiled.

   c. Cheese, juice, eggs and milk that has spoiled.

3. Document in general notes in MOWINS, that issuance was due to power outage from storm during the week of (date of power outage).

4. Mailing WIC food instruments to persons who are not scheduled for nutrition education and/or recertification is allowed during a community disaster. Refer to ER# 3.05500. Before mailing FIs, contact the Postal Service to verify that mail delivery will occur in effected area.

D. Breastfeeding

1. LWP staff will encourage mothers to continue breastfeeding their infants during emergency situations.

2. The LWPs will encourage and offer assistance to WIC women who had previously weaned to relactate or to induce lactation if they have never breastfed.

3. Basic strategies for relactation and induced lactation education should be a cooperative effort by the State WIC Breastfeeding Coordinator, the LWP Breastfeeding Coordinator and the community/area IBCLC.

E. Formula Availability

1. The LWP should assess their needs for infant formula and contact the state WIC office if formula is not available via the WIC vendors.

2. The LWP will be required to provide information to the state WIC office specifying what formulas are needed with the understanding that not all types of infant formulas will be available.

3. If services are disrupted and formula is not available through the normal contract retail vendor/pharmacy route, the state WIC office will contact the rebate formula manufacturer company to have formula direct shipped to the LWPs.

4. Local storage and security of infant formula will be the responsibility of the local WIC provider. LWPs should work with their parent agency to identify other community entities such as their local Red Cross, schools, etc. for storage of supplies of formula if the local WIC vendors are unable to provide services.

5. When formula is shipped directly to the LWPs, the LWP will be required to submit documentation to the state WIC office on the following: name of formula, form (concentrate, powder, ready to feed), quantity and date of delivery.

a. The LWP will document:

i. Name, date and signature of WIC participants receiving the direct shipment.

ii. Formula name and amount of formula the participant receives.

6. All formula issuances shall be entered into MOWINS.

7. Formulas paid with WIC funds shall be provided to WIC participants only.

F. Medical Documentation for Exempt WIC Formulas and WIC Eligible Medical Food (as defined in the WOM Definitions).

1. Medical documentation may be provided as an original written document, electronically or a facsimile.

a. May be provided by telephone to a CPA.

i. Written confirmation shall be obtained from the health care provider within two (2) weeks of the telephone call and shall be scanned and saved in the participant folder in MOWINS with the telephone call documentation.

b. Shall be documented in the general notes in MOWINS.

G. Education

1. Two (2) education contacts are required during the six (6) month certification period.

a. Special attention should be given to counseling participants on food preparation and food safety.

b. The title of the counseling topic must be documented in the general notes in MOWINS.

c. Nutrition education "No Show or Refused" must be documented in MOWINS when nutrition education contact is missed or refused.

H. Notification

1. Lines of communication during a disaster will be dependent on whether the state WIC office is affected and the number of local WIC agencies affected. These are delineated as follows:

a. State Office Closure - If the state WIC office closes in Jefferson City because of an emergency situation or if their WIC services are curtailed, LWPs will be notified by e-mail and telephone contact from the DHSS District office technical assistance staff where available. The specific affected services will be noted and the approximate length of time for the closure.

b. Local WIC Agency Closure - It is the responsibility of the LWP to notify the state WIC office by calling the 800 number or e-mailing the Help Desk if they have an emergency and to specify which services will not be provided (e.g., certifications, regular clinic services, food instrument pick-

up, etc.). The state WIC office disaster plan will be implemented following notification from the local WIC provider, who has cleared plans with his or her Emergency Response/Disaster Coordinator. The state WIC office will contact WIC vendors as necessary depending on the extent of the disaster. If the disaster is localized, the affected LWP(s) has primary responsibility to coordinate emergency response efforts. If state WIC office technical assistance is needed, the LWP will contact the state WIC office.

c. Provide the State WIC office a cell phone number(s) of LWP contact person(s) to be used during a disaster or emergency.

I. Issuance of benefits

1. During periods of emergency or disaster, every reasonable effort should be made to continue issuance of food instruments to participants. When adverse circumstances persist (such as the lack of suitable facilities, records or food instrument supplies), the state WIC office will assist to coordinate efforts with the local agency to ensure a minimal supply of food instruments are available.

2. If power at a local WIC provider site is off for more than twenty-four hours, other sites of the same agency that do have power, or arrangements with neighboring agencies should be made to assist certification of participants and printing food instruments for the affected local site(s).

3. The state WIC office may approve delivering printed food instruments directly to participant(s).

J. Pandemic Flu

1. Stop the spread of germs.

a. Coordinate with other agencies in health department, hospital, Federally Qualified Health Center (FQHC), Community Action Center (CAC), etc. to work together coordinating activities to fight the spread of germs. Consider the following:

i. Are sufficient phones available to certify participants via the phone if needed?

ii. Consider employees working from home. What computer equipment is needed for employees to work from home?

iii. Consider working in office at off hours to keep minimal number of employees working at one time.

iv. Consider supply needs to control spread of germs: anti-bacterial cream; facemasks; disposable pens; physical glass barrier between client and employee. Supplies necessary to certify WIC participants are a reimbursable expense.

b. Consider critical staffing in WIC clinic necessary to:

i. certify participants via phone

ii. educate participants via phone

iii. mail WIC checks to all current participants

K. Guidance for LWP Regarding H1N1. LWP should:

1. Actions before emergency:

a. Immediately inform your TA staff if you have a local outbreak of H1N1 that you believe justifies a change in WIC services. Communication is very important! The State WIC cannot declare an emergency. Emergency declaration will be declared at the national, state or local level.

b. Refer to ER# 3.00500 for emergency/disaster procedures and ER# 3.05500 for mailing WIC checks. Call district TA staff for additional policy/procedure guidance as needed.

c. Keep documentation of changes to participant service, with the justification and expected length of time changes will be in place, and date of approval from district/state staff. Emails will suffice.

d. Emphasize good hygiene—hand washing, sanitizing surfaces, minimizing personal contact and exposure.

e. Consider the following if a participant comes to the agency and appears to be ill with H1N1 flu (or other communicable disease):

i. You should do what you can to minimize their time in the clinic.

a) Have them wait in an isolation room, if one is available.

b) Offer to mail checks to them so they won't have to stay in clinic.

c) Serve them as soon as possible to minimize risk of spreading disease.

2. Options that will be considered when State WIC Office has agreed that the WIC Disaster/Emergency plan should be implemented for your agency:

a. Certifying high risk participants (prenatal women, infants, immunocompromised) by phone or mailing food instruments to those already certified.

b. Extending certification period up to 30 days for participants whose certification has expired.

c. Document in participant's file (general notes/SOAP notes)—mailing of checks, certifications by phone, extensions to certification period etc. Check the "mailing checks" box in MOWINS.

d. Call Help Desk with questions regarding specific MOWINS processes.

L. Local Community Contact Information (telephone numbers, addresses, emergency contact information).

1. The following should be completed by each LWP for quick access during emergency situation (list is dependent upon each local community):

a. Red Cross

b. Salvation Army

c. Food Banks

d. Schools

e. Community Centers

M. If an emergency occurs and LWP wants to make a change in WIC operations because of the emergency, LWP must provide information on how the emergency has impacted the LWP. See the Emergency Template for all information that is required. LWP may use the Emergency Template to capture this information or an alternate form that has the same information.

State WIC Program Responsibilities (3.01000)

ER# 3.01000

Authority 2008 7CFR 246
Issued 10/90
Revised 04/15

POLICY: The State WIC program shall direct the overall management of the WIC program.

PROCEDURES:

A. The State WIC program is responsible for overall program planning, development and evaluation. To do this, the State WIC program:

1. Develops the annual state plan including budget, goals, objectives and evaluation.
2. Approves the annual local WIC provider plan including budget, goals, objectives and evaluation through the State WIC program.
3. Develops and updates program policies and procedures.
4. Solicits local WIC provider (LWP) input regarding program operations and improvements.
5. Establishes specific eligibility criteria for participants.
6. Ensures statewide program availability.
7. Encourages and establishes program coordination to enhance participant services.
8. Establishes management evaluation systems to:
   a. Assess program objectives.
   b. Assure provision of maximum benefits to participants.

B. The State WIC program is responsible for overall program administration. To do this, the State WIC program:

1. Oversees all program operations.
2. Establishes and maintains the program's organizational structure.
3. Ensures the availability of sufficient qualified state and LWP staff.
4. Assures non-discrimination and affirmative action compliance.
5. Provides approved program forms.
6. Maintains data systems to provide information and reports for program evaluation and management.
7. Maintains fair hearing procedures for:
   a. Participants
   b. Vendors

c. Local providers

C. The State WIC program is responsible for overall LWP program guidance. To do this, the State WIC program:

1. Provides LWP trainings and in-services to:

a. Enhance program knowledge.

b. Improve program compliance.

2. Interprets federal and state regulations through the WIC Operations Manual.

3. Provides LWP technical assistance and consultation.

4. Monitors and evaluates LWP program operations.

D. The State WIC program is responsible for maintaining an overall food delivery system. To do this, the State WIC program:

1. Contracts with local providers to issue food instruments/cash-value vouchers to participants along with other program benefits.

2. Contracts with vendors to redeem food instruments/cash-value vouchers.

3. Ensures vendor program compliance.

4. Provides for vendor training.

5. Assures monitoring of vendors for compliance.

6. Pays vendors for validly redeemed food instruments/cash-value vouchers.

E. The State WIC program is responsible for maintaining an overall financial management system for the program. To do this, the State WIC program:

1. Contracts with LWPs to provide program services.

2. Reimburses the LWP for services provided according to contract and established policies and procedures.

3. Assures program fiscal management and compliance by the LWP.

4. Assures LWP accountability for food instruments/cash-value vouchers.

F. The State WIC program is responsible for investigating and tracking any cases of participant and employee fraud and abuse.

1. WIC program fraud includes, but is not limited to the following:

a. Buying or selling WIC food instruments (FIs), foods or formula or allowing someone else to do so, posting WIC FIs, foods or formula for sale in newspapers or on the internet, giving away WIC FIs, food or formula or altering WIC FIs in any way.

b. The intentional conduct of a State, local agency or clinic employee which violates program regulations, policies, or procedures, including misappropriating or altering FIs or cash-value vouchers, entering false or misleading information in case records, or creating case records for fictitious participants.

Administration Volume
Management Section

Local WIC provider Administrative Management Responsibilities (3.01100)

ER# 3.01100

Authority	2008 7CFR 246.3(f), 2008 7CFR 246.4(a)(27), WIC Local Agency Nutrition Services Contract Scope of Work
Issued	10/90
Revised	04/15

POLICY: The local WIC provider (LWP) shall provide program benefits to participants in the most effective and efficient manner and comply with the WIC Local Agency Nutrition Services Contract Scope of Work and the WIC policies and procedures established by the State WIC program.

Each local WIC provider (LWP) shall have an individual designated as WIC Coordinator who will act as a liaison between the LWP and the State WIC program.

The LWP shall develop and submit to the State WIC program an annual Local Agency Plan (LAP). Refer to ER# 1.02700.

The LWP shall integrate with other health services, whenever feasible.

The LWP shall provide applicants and participants with information and referrals to available health and social services specific to their needs. Refer to ER# 1.01800.

The LWP shall comply with non-discrimination and affirmation action requirements. Refer to ER# 1.05700.

The LWP shall assure that all personnel are appropriately trained, qualified and licensed or certified; respective to services provided. Refer to ER# 1.01550.

The LWP shall maintain participant confidentiality. Refer to ER# 1.01700.

The LWP shall comply with fair hearing procedures for participants. Refer to ER# 1.06800.

The LWP shall assure strict accountability of food instruments and cash-value benefits. Refer to ER# 3.04000.

The LWP shall report any instance of possible WIC fraud and/or abuse by participant or local agency employee to the state WIC program. Refer to ER# 1.06200 and ER#1.07000.

PROCEDURES:

A. The LWP is responsible for local program planning, development and evaluation. To do this, the LWP:

1. Develops the annual local WIC agency plan including budget, goals, objectives and evaluation.

2. Provides the State WIC program input regarding program operations and improvements.

3. Establishes program coordination to enhance participant services.

4. Evaluates program operations, goals and objectives.

5. Implements program policies and procedures as defined in the WIC Operations Manual.

6. Coordinates referrals and outreach.

B. The LWP is responsible for local program administration. To do this, the LWP:

1. Provides for all required program operations and services.

2. Establishes and maintains a local organizational structure.

3. Ensures the availability of sufficient, competent staff.

4. Uses established eligibility criteria appropriately.

5. Complies with non-discrimination and affirmative action requirements.

6. Maintains confidentiality.

7. Uses approved program forms.

8. Uses State WIC program database appropriately.

9. Maintains and provides the State WIC program with program information and reports.

10. Maintains familiarity with fair hearing procedures for participants.

C. The LWP is responsible for maintaining a local food delivery system. To do this, the LWP:

1. Properly issues food instruments and cash-value benefits to participants along with other program benefits.

2. Assures that participants know how to use the food instruments and the cash-value benefits.

3. Investigates suspected participant violation or other problems.

4. Maintains an on-going communication system with vendors regarding local issues in food delivery and assists the State WIC program with vendor:

a. Selection

b. Communications

c. Investigations regarding participant problems

5. Assures strict local accountability for food instruments and cash-value benefits.

6. Contacts the WIC State program to report suspected intentional fraud by a participant or WIC employee. The LWP shall include the nature of the fraud detected and the associated dollar losses. WIC program fraud includes, but is not limited to the following:

a. Buying or selling WIC Food Instruments (FIs), foods or formula or allowing someone else to do so, posting WIC FIs, foods or formula for sale

in newspapers or on the internet, giving away WIC FIs, food or formula or altering WIC FIs in any way.

b. The intentional conduct of a State, local agency or clinic employee which violates program regulations, policies, or procedures, including misappropriating or altering FIs or cash-value vouchers, entering false or misleading information in case records, or creating case records for fictitious participants.

D. The LWP is responsible for maintaining a local financial management system. To do this, the LWP:

1. Contracts with the State WIC program to provide program services.
2. Submits reimbursement requests to the State WIC program for services provided.
3. Maintains fiscal accountability.
4. Manages local caseload in an accurate and timely manner.

E. The LWP shall post the participant transfer poster provided by the State WIC office in a conspicuous place in the clinic area.

1. At certification visits, the LWP shall inform the participant of his/her responsibility to secure verification of certification when moving. The poster may be pointed out to the participant as part of the information process.
2. The LWP shall replace the poster when it is damaged or unreadable. A new one can be ordered from the State WIC office.

F. When the LWP provides other clinic services that serve the same WIC population, the agency should attempt to integrate the services by:

1. Combining intake procedures including assessments for income and health/nutrition risks.
2. Coordinating WIC services and benefits including food instrument/cash-value benefits distribution and nutrition/breastfeeding education and follow-up.
3. Sharing participant common and health information gathered at the different clinics and services.

Administration Volume
Management Section

Income Guidelines (3.01200)

ER# 3.01200

Authority	2008 7CFR 246.7(d)
Issued	10/90
Revised	10/09

POLICY: The State WIC office shall implement the new income guidelines at the same time when MoHealthNet (Medicaid) implements the new income guidelines each year. The income guidelines will not exceed 185% of poverty level.

The local WIC provider (LWP) shall use the income calculator in MOWINS to determine income eligibility for the program at certification and recertification.

PROCEDURES:

A. The State WIC office will assure that MOWINS is kept current with income guidelines changes each year.

B. The State WIC office will supply the LWP with copies of the income guidelines to use for assessment purposes when the data system is not available. Refer to ER# 3.02000.

C. The State WIC office will post the income guidelines on the state WIC web site and also send the income guidelines to appropriate referral agencies as needed.

D. When new applicants are prescreened, the LWP can determine income eligibility at their initial inquiries using the income calculator in MOWINS.

E. The LWP may publish the specific income guidelines as part of their outreach efforts.

WIC Applications Access, User Names, Passwords and Security (3.01400)

ER# 3.01400 (Combined with ER# 3.01550)

Authority	2008 7CFR 246.26 (d), DHSS Administrative Manual 11.6 and WIC Local Agency Nutrition Services Contract Scope of Work
Issued	1/93
Revised	01/11

POLICY: To maintain proper security and participant confidentiality, each individual who accesses the WIC data system must have his/her own user identification (UserID).

For new employees, the local WIC provider (LWP) administrator or the WIC Coordinator shall submit an Automated Security Access Processing (ASAP) form to add WIC system access one week prior to the employee's first date of employment or as soon as possible after employment begins.

When individuals no longer need WIC access or if employment is terminated for any reason, the LWP administrator or WIC coordinator shall submit an ASAP form to delete WIC access as soon as possible.

The local WIC provider (LWP) shall ensure that WIC staff do not share individual user names and passwords.

The LWP staff shall logout of WIC applications when away from their desk or when another person will be working at their computer for any amount of time. For short periods of inactivity, password protected screen savers shall be activated on all workstations.

When the sharing of an individual user name and password is discovered through desk audit, monitoring, or other means, the state WIC technical assistance (TA) team shall follow the sanction guidelines detailed in this policy.

PROCEDURES:

A. When state and local WIC provider (LWP) staff members need to access the WIC data system (MOWINS), the WIC electronic reports, the web-based Local Agency Plan (LAP), and the web-based WIC Administrative Cost Invoice (WIC-24) or need additional data system access, they must do the following:

   1. Complete the required online request form (ASAP) stating the access needed.

      a. Add user name and access for new employees or employees who have not previously used the program application(s) listed above.

      b. Add additional access if user name already exists.

      c. Revoke user name when an employee leaves employment.

      d. Revoke program application access when it is no longer needed.

      e. Change identifying information such as a name or agency employment change.

2. Refer to the state WIC web site "Missouri WIC MOWINS Help Desk" for ASAP instructions to access MOWINS.

B. An e-mail notification will be sent to the individual and the WIC Coordinator when access is granted.

C. Retain copy of all ASAP requests in a central file for monitoring purpose.

D. User names and passwords are an important aspect of computer security. All state WIC staff, LWP staff, contractors, subcontractors, and any other temporary staff person or person(s) with access to MOWINS must have unique user names and personal passwords. All staff and contractors need to comply with the following:

1. Be responsible for all information entered and functions performed for the entire period s/he is logged on.

2. Exercise all security requirements to protect integrity and confidentiality.

3. Not share their user name and password with any individual, including applicants, participants, and other WIC staff.

4. Take all precautions and efforts necessary to protect the visual observation of their user name and password when they enter it into MOWINS.

E. MOWINS is set up to track user name, date and time the system is accessed. The "View System Access Log" feature in MOWINS will be used by the state WIC staff to monitor compliance.

F. Security violation - when the sharing of user name and password is discovered, the state WIC TA team shall follow the sanction guidelines listed below.

1. First offense: The state WIC technical assistance (TA) team will contact the local WIC coordinator or the WIC administrator by phone and relate to him/her the suspected security violation and the opportunity to cease the activity. The state TA team will summarize the conversation in an e-mail for future reference. This is considered a verbal warning.

2. Second offense: If the sharing of user name and password violation continues after the verbal warning, the state WIC TA team will send a letter to the local WIC administrator detailing the second violation. The LWP will be notified in the letter that if the violation continues, the state WIC program will impose a fine to the LWP. The LWP must respond with a corrective action plan within 15 calendar days.

3. Third offense: If the LWP staff is found in violation a third time, the LWP will be sanctioned and receive a $100 fine. The LWP must pay the state within 30 calendar days using non-WIC funds. Failure to pay the fine may result in the withholding of the monthly WIC administrative cost reimbursement.

4. Fourth offense: If the LWP staff is found in violation a fourth time, the state WIC program will revoke the individual's access to MOWINS. The state WIC program will recommend to the LWP that the violator be disciplined according to LWP policy.

Administration Volume
Management Section

Processing of Application and Issuance of Food Instruments When the Data System or Computer Equipment Fails (3.01450)

ER# 3.01450

Authority	2008 7CFR 246.7(i)
Issued	10/09
Revised	01/11

POLICY: When the data system or computer equipment fails, the Local WIC Provider (LWP) shall use the state back-up forms WIC Proof of Eligibility, WIC Certification - Women and/or WIC Certification - Infants/Children to collect the minimum required demographic, income, health assessment, nutrition education and food prescription information. Notify the participants that the food instruments will be mailed to them as soon as the system or equipment is working. The participant or guardian may choose to return to the nearest clinic site to pick-up the food instruments in person rather than receive them by mail.

PROCEDURES:

A. When the system or computer equipment fails during food instrument pick-up and/or nutrition education clinic, the LWP shall:

1. Complete the address portion of the WIC Proof of Eligibility form.
2. Provide the nutrition education contact as scheduled. Document the nutrition education topic(s) provided on the WIC Certification - Women and/or WIC Certification - Infants/Children form.
3. The LWP staff must sign and date the WIC Proof of Eligibility form.

B. When the system or computer equipment fails during certification/recertification clinic, the LWP shall perform the screening procedures to determine program eligibility.

1. Complete the WIC Proof of Eligibility, WIC Certification - Women and/or WIC Certification - Infants/Children forms according to program categor(ies). The LWP staff must sign and date the forms.
   a. If the participant is found to be ineligible for benefits, inform the participant of his/her ineligibility following standard procedures. Refer to ER# 3.03300.
   b. If the participant is found to be eligible for benefits, review the Rights and Responsibilities and obtain the participant/guardian signature on the form (WIC-10).
2. Provide the initial nutrition education contact and obtain the participant/guardian signature on the Participant ID folder.

C. When the automated system capability is restored, key all the data collected in MOWINS. Scan the signed "Rights and Responsibilities" form in MOWINS.

1. LWP should retain all completed “back-up” forms in a central file for monitoring

purpose.

D. In all cases, inform the participant that the food instruments will be printed when MOWINS is restored. The participant or guardian may choose to return to the nearest clinic site to pick-up the food instruments in person or receive them by mail.

1. If the FIs will be picked up in person, the LWP shall notify the participant or guardian when MOWINS is available.

2. If the FIs will be mailed, the LWP shall ensure they have the current mailing address for the participant.

   a. Print and mail food instruments to each household. Refer to ER# 3.05500 for procedures to mail food instruments and capture signatures for the "Rights and Responsibilities" and "Receipt of FIs" acknowledgement statements in the signature pad.

   b. For new additions (certifications), only one month of benefits shall be mailed. Participants must be scheduled the following month with the CPA/Nutritionist for completion of the medical/health risk assessment.

   c. For recertifications, up to two months of benefits can be mailed.

   d. For food instrument pick-up or nutrition education class, the number of months of food instruments to be mailed is based on the issuance cycle in MOWINS.

Administration Volume
Management Section

Civil Rights Impact Analysis-Change in Clinic- Opening, Closing Reducing Hours or Moving (3.01500)

ER# 3.01500

Authority	7 CFR 246.5, 246.8(a), FNS Instruction 113-1 Civil Rights Compliance and Enforcement - Nutrition Programs and Activities Section XIII, D6.
Issued	10/09
Revised	06/10

POLICY: To ensure appropriate services to participants, a civil rights impact analysis study shall be performed by the local agency when opening, closing, reducing hours or moving a WIC site.

The impact analysis shall be sent to the district technical assistance team for approval at least 60 days prior to the change.

LWPs shall notify heads of household, guardians or participants affected by the change at least 30 days prior to relocating, reducing hours or closing a WIC site.

PROCEDURES:

A. LWPs must provide an impact analysis to the district technical assistance team prior to opening, closing, reducing hours or moving a clinic site. The local WIC provider will provide the reasons/rationale for making the change and identify the impact on the participants that use that site for WIC services. The impact analysis will address caseload at the location, race and ethnicity of the participants, distance from current location to new location, hours and day of week clinic is in operation, number of staff at clinic, type of services provided and the plan to maintain services to existing program participants. District technical assistance staff will visit the clinic prior to the requested change. See the Impact Analysis Template for all information that is required. LWP may use the Impact Analysis Template to capture this information or an alternate form that captures the same information.

B. If the site is closing, the plan must include disposition of the equipment located at the site. Equipment may be moved to a new location or an existing site.

C. Only under extenuating circumstances (examples are fire, loss of lease, tornado and eviction) will the time frame for submitting the plan for approval (listed in policy above) be waived.

D. Notification to heads of household, guardians or participants regarding change to site shall be made by either phone, mail, handout or in person.

Missouri WIC Information Network System (MOWINS) User Names, Passwords and Security (3.01550)

ER# 3.01550 (This policy has been combined with ER# 3.01400.)

This policy has been deleted in the 2011 – 2012 WOM.

Administration Volume
Certification Section

Applicants Processing (3.01700)

ER# 3.01700

Authority 2008 7CFR 246.7(b)(5) & 246.7(f)(2)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall process all requests for program benefits, within time frames required by federal regulations. The LWP shall attempt to contact all prenatal applicants who miss the first eligibility determination appointment within five calendar days of the original appointment.

The LWP shall provide WIC certification services and benefits without charge or expense to the applicant or participant.

The LWP shall document all appropriate contact information to assure timeframe compliance and follow-up.

PROCEDURES:

A. Processing requests for service

1. The application process begins when a categorically eligible applicant makes a request in person or in writing to the LWP for program benefits during regular LWP office hours.
2. If the applicant cannot be assessed for program eligibility on the day initial contact is made, the LWP shall record demographic information using the Applicant Prescreening screen in MOWINS. It is recommended that the income information be collected at the same time. If the applicant does not meet the income eligibility guidelines, the LWP shall inform the applicant and make no appointment.
3. If the applicant meets the income eligibility guidelines, the LWP shall schedule a certification appointment to determine program eligibility according to the following time frames:
   a. Within ten (10) calendar days from date of request for services for:
      i. Prenatals.
      ii. Infants under six months old.
      iii. Members of the migrant population who plan to leave the agency.
   b. Within twenty (20) calendar days from date of request for services for:
      i. Infants over six months old.
      ii. Children.
      iii. Breastfeeding women.
      iv. Postpartum women.
4. Inform the applicant or guardian:

a. The certification appointment is for health assessment and program eligibility determination.

b. All individuals to be assessed must be present at the certification visit.

c. The guardian of the infant or child applicant must also be present at the assessment to verify information and to sign the consent statement. Note that this does not necessarily have to be the legal guardian. The LWP may make the determination of who should bring in the infant or child based on the agency's best assessment of the situation.

d. For exceptions to b. or c., refer to ER# 3.03800 (Proxies and Alternate Authorized Representatives) and ER# 2.02700 (Physical Presence at Certification & Recertification).

e. To bring proof of income, identity and residency.

B. When the applicant keeps the certification appointment, agency staff:

1. Interviews the applicant/guardian, collects health assessment data and enters all required data into the MOWINS for the appropriate program category. Follow the Certification Guided Script to complete the certification process.

2. Determines program eligibility.

3. Notifies the applicant of eligibility decision.

a. If eligible, the agency shall provide program benefits including computer generated food instruments for supplemental foods.

b. If ineligible, the agency shall give the applicant written notice. Refer to ER# 3.03300.

C. Neither the LWP nor its contracted designees will charge the applicant or participant for:

1. Services or tests used to determine program eligibility.

2. Forms or brochures used in the program.

D. When a LWP cannot schedule an appointment within the appropriate time frames as defined in A.3., the LWP should contact the state WIC office immediately to determine steps necessary to correct the situation.

E. If the LWP has an approved waiting list:

1. The applicant will be informed of placement on the waiting list within the same time frames.

2. Individuals due for recertification will not receive priority over new applicant requests, but rather they will be scheduled appropriately according to their program category and establish the waiting list according to policy.

Administration Volume
Certification Section

Residence Requirements for Participants (3.01800)

ER# 3.01800

Authority 2008 7CFR 246.7(c)(l)(i) and 246.7(c)(2)(i)
Issued 5/91
Revised 11/15

POLICY: The local WIC provider (LWP) shall assure applicants and participants meet Missouri WIC program residency requirements.

PROCEDURES:

A. Applicant or participant must reside in Missouri, with limited exceptions, to be certified as eligible for the program.

   1. Residency shall be defined as the location or address where an applicant or participant routinely lives or spends the night and need not represent a legal residence.

   2. The LWP must verify documentation of residency from the applicant or participant. (See exceptions in G)

   3. The LWP shall inform the applicant or participant of the need for residency verification when scheduling a certification or recertification visit.

   4. An individual who lives in a shared border state may be served in Missouri if they work or receive health care in Missouri. Exceptions to this requirement can be made with justification and approval from a member of the state WIC staff. The local WIC provider is required to take precautions to prevent dual participation by contacting the WIC program in the state from where the applicant came. Document the contact with the other State WIC program in the general notes in the participant folder in MOWINS.

   5. Length of residency shall not be a prerequisite to receiving WIC benefits.

B. Applicants or participants have the option to be served by the LWP they choose, regardless of the service area in which they live or work. The LWP shall serve applicants or participants who reside outside their service area.

C. When a WIC participant moves to Missouri from another state, the LWP shall request documentation of residency. A Verification of Certification (VOC) card does not represent proof of residency.

D. Proof of residency is required and must be implemented in a manner that does not constitute a barrier to any applicant or participant, especially the homeless, military personnel, migrants, or other mobile populations.

E. Acceptable proof of residency includes:

   1. Current utility bill/personal bills (e.g. credit card bill, student loan statement) mailed to residence within the last thirty (30) days.

   2. Current rent or mortgage receipt.

3. Voter Registration card

4. Property Tax Receipt

5. Pay stub which has name and physical address and issued within last thirty (30) days.

6. Correspondence from a government office that does not provide WIC services (e.g., jury summons, social services letter).

7. A written statement from a reliable third party that has knowledge of the applicant's or participant's regular fixed or night time location. Reliable parties might include staff of a social service agency, church, legal aid society, shelter, or employer. Information regarding the third party verifier must be documented in General Notes in MOWINS.

8. Approved hospital record such as hospital chart when doing a hospital certification.

F. The type of document viewed is noted electronically in the participant folder in MOWINS.

G. Exceptions:

1. An applicant with no proof of residency, such as a victim of a disaster, a homeless individual, or a migrant, must sign a statement attesting to his/her residency and why s/he cannot provide documentation of residency. The LWP shall scan the signed statement and save it in the participant's folder. Refer to ER# 3.00500 and ER# 2.05200.

2. If an applicant or participant fails to bring in proof of residency at the certification or recertification appointment, the agency shall choose either option a or b below:

   a. Inform the applicant, participant, or guardian of the required documents needed and schedule a new cert/recert appointment within regulatory time frames **Or**

   b. If all other eligibility requirements are met, and income and identity proofs have been provided, the applicant self declares residency and signs the self-declaration statement in the Rights and Responsibilities. The agency shall then mark the pending proof box in MOWINS and print food instruments for the current month (1 – 30 days).

      i. Inform the applicant or participant of the required residency proof needed and schedule the participant to return with the proof within 30 days. No more than 30 days of food instruments may be issued until the proof of residency is provided. There are no exceptions to the 30 day limit.

H. The LWP shall document type of proof reviewed electronically in the Residency Proof area of the Demographics screen in MOWINS. The LWP is not required to retain copies of proof provided.

Administration Volume
Certification Section

Income Assessment and Documentation (3.02000)

ER# 3.02000

Authority 2008 7CFR 246.7(d) & (h), WC-03-18-P, WC-03-31-P, WC-06-02-P, WC-06-38-P, PL 105-336, PL 111-5 & PL 111-80, WIC PM 2013-3.
Issued 1/81
Revised 10/16

POLICY: The local WIC provider (LWP) shall assess income eligibility of all applicants at each certification using current income guidelines. LWP staff must interview applicant to determine income eligibility prior to issuing food instruments. Current income is defined as income received by the household during the month (30 days) prior to the date the application for WIC benefits is made.

At each certification, the LWP shall require verification of current household income and confirm household size. If documentation of income is not available at the time of application, a temporary certification may be issue for up to 30 days and up to 30 days' worth of benefits may be provided. There are no exceptions to the 30 day limit. Temporary certification is not permitted if either proof of residency or identity are also missing, except as authorized in E.R.#3.0050.

The LWP shall reassess and verify WIC participant income eligibility during the current certification period if the LWP receives information indicating that the household, household size or income has changed.

At the time of reassessment, if one family member is determined to be income ineligible and terminated from the program, all other participants in that household are ineligible based on income. Therefore, all participating family members must be terminated from the program unless adjunct eligibility applies for one or more individuals.

PROCEDURES:

A. Adjunctive Eligibility

1. An applicant is financially eligible for WIC if documentation shows that s/he:

   a. Receives benefits from either the Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), MO Health Net (formerly Medicaid), Temporary Assistance for Needy Families (TANF), or

   b. Is determined presumptively eligible for either TANF or Temporary MO Health Net (pending completion of that program's eligibility process), or

   c. Is a member of a household eligible for TANF, or

   d. Is a member of a household with a prenatal or infant eligible for MO Health Net.

2. Acceptable documentation of adjunctive eligibility may include the following:

   a. Notice of eligibility letter for SNAP, TANF, and/or MO Health Net

(excluding co-pay programs for persons over 185% of poverty) showing applicant's name or participating family member(s) and the current eligibility dates, or

b. An applicant or participant is found on the HDFS screen as adjunct income eligible, or

c. SNAP EBT activity printout with current date (the participant must also provide EBT card to verify account number)

3. Applicants providing valid proof of participation in SNAP, TANF, MO Health Net, or proof of a family member's participation, are not subject to further income assessment as they have already passed the adjunct program's stringent income screening.

4. The adjunctively eligible applicant or participant ~~can~~ shall self-declare their household income. Adjunct eligibility overrides the actual income.

5. When an individual with adjunct eligibility is a foster child, adjunct eligibility is not conferred to other household members since a foster child is considered a family of one.

6. The type of document viewed to provide proof of income is noted electronically in MOWINS.

B. Determining Household Size

1. For the purpose of income assessment, the words household, family, and economic unit can be used interchangeably to refer to a person or number of persons who usually live together (although not necessarily) and share economic resources and consumption of goods or services.

2. To be a household, a family or individual must have its own source of income.

3. Two separate families may reside in the same home if their production of income and consumption of goods, especially food, is not shared. Shelter received from another does not have to be considered in determining shared income, food and resources.

4. Special circumstances:

a. Pregnant women will be counted as two persons in the household.

i. In case of a multiple birth pregnancy, each fetus will be counted as one in the household.

ii. In cases of conflicts with cultural, personal or religious beliefs, the pregnant woman may be counted as one person. This should be documented electronically in the participant folder since it affects the income eligibility determination.

b. Children living with someone other than parents or legal guardians:

i. A child is generally considered a member of the household with whom s/he is residing.

ii. Foster child

A foster child is considered a separate household from the foster family if the child remains the legal responsibility of a welfare or other agency. A foster child is considered a household size of one.

iii. Adopted child

An adopted child or a child for whom a family has accepted the legal responsibility is counted in the household size with whom s/he resides.

iv. Divorced families

A child can be counted as member of only one household. Children are counted in the household of the parent or guardian who has legal custody. When custody of a child is shared, the child shall be considered a member of the household in which he or she lives a majority of the time (50 percent or more). When a child lives with each parent 50 percent of the time, consider the child a member of the family who applies for WIC services first. Inform the family that the food should go with the child when he or she is with the other parent.

v. Separated families

An absent parent will not be considered part of the household if the other parent is receiving no support.

vi. Institutional persons

An individual or family residing in an institution is a separate household from others living in the same institution. If a parent is paying the support of a child residing in a school or institution, the child is counted as a member of the household.

vii. Military personnel

Military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the household.

Children in the temporary care of friends or relatives as a result of military service personnel being deployed overseas should choose one of the following options that best suits the situation of the WIC participant:

Count the absent parent(s) and the children as one household as would have been the case prior to the parent'(s) deployment.

Depending on circumstances, count the children as a separate household.

Consider the children to be part of the household of the person(s) they are residing with.

c. Students

i. Students temporarily away at school are counted as members of the household if the family provides support.

ii. A student receiving no support from parents is considered to be living as a separate household.

iii. A foreign exchange student is considered a member of the household in which s/he is residing.

d. Teenage prenatal or postpartum

i. If she lives with her parents and is claimed by them as a dependent for income tax purposes, she is part of their household.

ii. If she lives with someone else and shares in the income, food and resources of the other, she is part of that household.

iii. If she lives with her parents or someone else but does not share in their income, food and resources, she is considered a separate household.

e. Breastfeeding Woman or Teen

i. In determining income eligibility, the breastfed WIC infant does not necessarily have to reside with the birth mother.

ii. The household size should be determined by the family claiming the infant in that household.

iii. The breastfed infant cannot be included in the household size of both the birth mother and the non-birth mother.

C. Determining Income

1. Income is gross cash income before any deductions including income taxes, employee's social security taxes, insurance premiums, retirement, and any other deductions, such as bonds or garnishments.

2. No deductions from income are allowed, regardless of expenses or hardship.

3. Determine if current or annual income is the best indicator of eligibility for each applicant or participant.

a. Current is income received the month (30 days) -prior to the application

b. If income assessment is being done prospectively (e.g., the sole support of that family has just been laid off, but has been authorized to receive unemployment benefits for the next six months) current refers to income that will be available to the family in the next 30 days.

c. Annual is income of the past twelve months. Some examples of when annual income might be a better indicator include, but are not limited to:

i. those who work irregular times or seasonally

ii. Those on temporary leaves of absence.

iii. Teachers paid on a 10-month basis.

iv. Self-employed.

v. Families of military and military reservists, e.g. reenlistment bonuses, hazardous duty pay.

4. Zero income reported by applicant:

a. All applicants declaring zero income must be asked for information as to how they obtain food, shelter, clothing, medical care, etc. The participant/guardian must complete and sign the affidavit available at http://health.mo.gov/living/families/wic/wiclwp/policies.php. The signed affidavit must be scanned and saved in the participant folder in MOWINS.

5. Income Inclusions - The LWP shall count as income the following:

a. Monetary compensation for services, including wages or salary, commissions, fees, tips, and training stipends (except those listed in C6).

b. Net income (gross receipts less operating expenses) from farming self-employment, non-farming self-employment, rental property, and royalties.

c. Social Security benefits.

d. Public assistance or welfare payments.

e. Unemployment compensation.

f. Strike benefits.

g. Worker's compensation.

h. Pensions, retirements pay or annuities from government, military or veteran's agencies, and private companies.

i. Alimony received.

j. Child support received.

k. Dividends or interest received.

l. Income from estates or trust accounts.

m. Regular contributions from persons not living in the household, such as parental assistance to students.

n. Prizes.

o. Military housing allowance if assigned to a high cost of living area in the continental United States (Continental United States Cost-Of-Living Allowance or CONUS COLA).

p. Basic Allowance for Subsistence (BAS) pay for military families.

q. Withdrawal from savings or investments.

r. Student financial assistance except those listed in C6.

s. Loans that do not need to be repaid.

t. Capital gains.

u. Lump sum payments that are not reimbursements for lost assets or injuries, e.g. gifts, inheritance, lottery winnings, winnings and proceeds from gaming, gambling, and bingo, & severance pay. Count these as annual income, not current monthly income.

v. Income from work as 2010 census worker.

w. Income for military members from Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP). DEIP/DESP is only given to active duty service members who agree to extend their military service by completing deployment with their units without reenlisting. The income from DEIP/DESP must be included when determining WIC income eligibility when the service member returns back to their home station in the United States. If the service member is still deployed overseas, the income from DEIP/DESP must be excluded. Staff will need to inquire as to when the payment was received to determine if it is to be excluded from income eligibility or not.

6. Income Exclusions - The LWP shall not count as income the following:

a. The value of in-kind housing or other benefits and bartered service.

b. Housing allowances for military service personnel:

i. The basic allowance for housing (BAH) received by military families, living in the United States. This includes payments for both off-base housing and for privatized on-base housing.

ii. Family separation housing (FSH) provided to military personnel in overseas housing with military families continuing to receive BAH in the United States.

iii. Overseas housing allowance (OHA) provided to military personnel living overseas.

iv. The cost of living allowance the family receives when the military member is assigned and lives overseas, but the family (participant) lives within the United States. This is referred to as Overseas Continental United States Cost-Of-Living Allowance (OCONUS COLA).

c. Combat pay received by military service personnel during a deployment if:

i. Received in addition to the service member's basic pay;

ii. Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; and

iii. Not received by the service member prior to his/her deployment to or service in the designated combat zone.

iv. There are two categories of entitlement that are typically considered to be combat pay and are easily recognizable on the service member’s Leave and Earning Statement (LES): Hostile Fire Pay/Imminent Danger Pay (HFP/IDP) and Hardship Duty Pay

(HDP). However, other types of pay could be excluded if they meet the criteria above in i, ii and iii.

d. Income for military members from Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP). DEIP/DESP is only given to active duty service members who agree to extend their military service by completing deployment with their units without reenlisting. The income from DEIP/DESP must be included when determining WIC income eligibility when the service member returns back to their home station in the United States. If the service member is still deployed overseas, the income from DEIP/DESP must be excluded. Staff will need to inquire as to when the payment was received to determine if it is to be excluded from income eligibility or not.

e. Volunteer payments through:

   i. Title I and II of the Domestic Volunteer Service Act of 1973 (VISTA and others, and RSVP, SCP, foster grandparents and others).

   ii. Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE).

f. Payments through:

   i. The Job Training Partnership Act (JTPA).

   ii. Summer youth employment and training programs (SYETP).

   iii. Programs for Native Americans.

   iv. Migrant and Seasonal Farm Workers Program.

   v. Veterans Employment Programs.

   vi. Job Corps.

   vii. HUD rent subsidies.

   viii. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended in 1987. This is for persons displaced from their homes by federal or state projects.

   ix. The Civil Liberties Act of 1988 (Japanese internment camps).

   x. Dislocated worker programs.

   xi. The prescription drug discount card program.

   xii. Family Subsistence Supplemental Allowance (FSSA) payments provided by Department of Defense to low-income members of the Armed Forces.

   xiii. Payments received by property owners under the National Flood Insurance Program (NFIP) for flood mitigation activities.

   xiv. Filipino Veterans Equity Compensation Fund payments.

g. Cash stipend from the Division of Mental Retardation & Developmental Disabilities for purchasing goods & services for a family member with a

developmental disability.

h. The value of assistance to children or their families under the:

   i. National School Lunch Act.

   ii. Child Nutrition Act of 1966 (Special Milk, School Breakfast, Summer Food Service, and Child & Adult Care Food Programs).

   iii. Food Stamp Act of 1977.

i. Benefits received through childcare grant programs under:

   i. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act. These include the Transitional Child Care (At-risk) program and the Futures (JOBS) program operated through Family Services.

   ii. Childcare and Development Block Grant.

j. Student financial assistance that meets all the following criteria.

   i. Used to pay for costs of attending the institution at least halftime, but not for room and board or dependent care. Institutional attendance costs include tuition and fees, books and supplies, transportation, and miscellaneous personal expenses for the student.

   ii. Provided through any of the following under Title IV of the Higher Education Act of 1965:

   " Pell Grants.

   " Supplemental Educational Opportunity Grant.

   " Stafford Loans.

   " Perkins Loans.

   " PLUS Loans/Supplemental loans for students.

   " College Work Study.

   " Byrd Honor Scholarship programs.

k. Federal and State tax refunds, Earned Income Tax Credit (EITC) and rebates.

l. Gifts periodically given.

m. Loans, not including amounts to which the applicant has constant or unlimited access.

n. Reimbursements for expenses incurred, e.g. business expenses and medical bills.

o. Lump sum payments or large cash settlements received by the household as reimbursements for lost assets or injuries. For other cash income, refer to C5.

p. Other income related to payments to Native Americans, including:

i. From certain sub-marginal land of the U.S. that is held in trust for certain Indian tribes.

ii. From the disposition of funds to the Grand River Band of Ottawa Indians.

iii. Under the Alaska Native Claims Settlement Act.

iv. To the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation.

v. To the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Main Indian Claims Settlement Act of 1981.

7. Special circumstances:

a. Foster child

If Family Services or another agency is legally responsible for a child, only payments the foster family receives for the care of the child shall be considered income.

b. Institutionalized person: Income of the person is separate from income of others in the institution.

c. In-stream migrant farm workers:

i. Must have eligibility determined at least once every 12 months.

ii. If the verification of certification (VOC) document shows that income has been determined in the last twelve months, no other income determination will be done, even if the VOC document has expired.

d. Self-employed applicants showing no profit, or showing a loss: Count as zero income.

e. Teenage prenatal or postpartum: All income she receives must be included.

i. If she lives with her parents and is claimed by them as a dependent for income tax purposes, the income of the parents shall also be used to determine income eligibility.

ii. If she lives with someone else as a household, the household income of those with whom she lives shall also be used to determine eligibility.

iii. If she lives with her parents or someone else but not as part of a household, only her income will be considered.

f. Income frequency calculation due to MOWINS defect

When a household has only one income source, or if all sources have the same frequency, compare the income, or the sum of the separate incomes, to the current Missouri WIC Income Guidelines for the appropriate frequency (e.g. annual, monthly or weekly) and family size to make WIC income

eligibility determination. MOWINS is incorrectly annualizing this income. If the household has weekly or monthly income that is at or slightly under the maximum as listed on the income guidelines, this might cause the household to show as over income when they are not. If this occurs take the following actions:

i. In the Income calculator in the Demographics screen, delete all income amounts that have been entered for the household and put 0.01 in the weekly amount for the household. This will show as $.52 as an annual income.

ii. Enter a general note documenting what happened.

D. Proof of Income and Income Verification

1. The LWP must inform the applicant or participant of the need for proof of income of the household and economic unit when scheduling a certification or recertification appointment.

2. The type of document viewed to provide proof of income would be noted electronically in MOWINS. Examples of acceptable documentation may include:

a. MO Health Net (excluding co-pay programs for persons over 185% of poverty) or TANF letter showing current eligibility; on-line or phone verification of current eligibility status from Family Services.

b. SNAP documents showing current certification dates (including EBT activity printout with current date, the participant must be able to provide EBT card to verify account number). Note: An EBT card that does not show valid dates is not acceptable proof of current income eligibility for WIC.

c. Current pay stub noting the pay time frame (weekly, bi-weekly, monthly, etc.).

d. Signed statement from employer indicating gross earnings for a specified pay period.

e. Commissions, fees and tip records.

f. W-2 forms or income tax returns for the most recent calendar year.

g. Unemployment letter/notice.

h. Check stub/award letter from Social Security stating current amount of earnings.

i. Recent Leave and Earnings Statement (LES) for military personnel.

j. Recent bank statement

k. Foster child placement letter/foster parent award letter.

l. Divorce decree which states alimony and/or child support

m. Scholarship letter.

n. Accounting records for the self-employed.

o. Other source of income not listed above must be documented in the general notes in the participant folder in MOWINS.

3. The LWP may require verifications of information which it determines necessary to confirm income eligibility for WIC benefits. Verification involves the LWP in actively obtaining proof from a reliable third party that the documentation presented by the applicant is correct. Thus, it is one step beyond the income documentation process.

4. Exceptions:

a. The income documentation requirement does not apply to an individual for whom the necessary documentation is not available due to natural or personal disaster (see E.R. #3.0050) or an individual such as a homeless woman or child, migrant farmworker, etc., for whom the agency determines the income documentation requirement could not be obtained and would present an unreasonable barrier to participation (see E.R. #2.05200). The LWP must require the applicant to sign a statement specifying the income over the most recent 30 days and why s/he cannot provide documentation of income. Scan the signed statement and save in the participant folder in MOWINS.

b. If an applicant, participant, or guardian (not DFS adjunct eligible) fails to bring in proof of income at the certification or recertification appointment, the LWP may do one of the following:

i. Inform the applicant, participant, or guardian of the required documents needed and schedule a new cert/recert appointment within the regulatory timeframes for certification processing standards. OR

ii If all other eligibility criteria are met, and the applicant, participant, or guardian does have proof of identity and residency, the applicant must self-declare income and be notified of the self-declaration statement they will sign as part of the Rights and Responsibilities. The agency shall then mark the pending proof box in MOWINS, print food instruments for the current month (1 to 30-day package) and schedule the participant to return with the required proof of income at the next available clinic day. No more than 30-days' worth of food instruments may be issued with pending proof. There are no exceptions to the 30-day limit. If proof of residency or identity are also missing, presumptive eligibility may not be used and food instruments must not be issued except as authorized in E.R. #3.00500.

E. Reassessing of Income Eligibility

1. Do not reassess income within a certification period unless the LWP becomes aware of a change in household income that would affect eligibility status. However, reassessment of income eligibility is not required in cases where only 90 days or less remains before the expiration of the benefit period.

a. If the participant is found to be income eligible, the participant will remain on the program until the end of the certification period.

b. If the participant is found to be no longer income eligible, the individual must be given 15-day advance written notice of disqualification and appeal rights. Participation of any other household members on WIC must be terminated as well.

2. If the LWP receives a documented complaint regarding the income reported at the time of assessment, follow-up to determine if the participant gave accurate information at assessment. The LWP is required to follow-up on an anonymous complaint.

3. If custody of an infant or child changes during a certification period, the income must be reassessed. If the infant/child is found to be no longer income eligible, s/he must be given 15-day advance written notice of disqualification and appeal rights. Participation of any other household members on WIC must be terminated as well.

   a. If there is a custody dispute, the infant or child is counted in the household of the guardian on record. The person disputing the guardianship must supply documentation to the agency to verify a change in guardianship.

   b. The child shall be placed on monthly issuance until the custody dispute is resolved.

3.02100 Determining Household Size

Authority 2019 7 CFR 246.2, 246.7(d) & (h), WIC Policy Memo 99-4, FNS Instruction 308-3, WIC Policy Memo 2013-3

Issued 07/19

POLICY: The local agency (LA) shall determine income eligibility (See policy 3.02000.) of all applicants at each certification. The LA staff must interview the applicant to determine the household size to ensure proper income eligibility determination. The LA shall reassess and verify WIC participant income eligibility during the current certification period if the LA receives information that the household size has changed. Reassessment of income eligibility is not required when 90 days or less remains in the current certification period.

PROCEDURES:

A. For the purpose of determining household size, the words household, family, and economic unit can be used interchangeably to refer to a person or number of persons who usually live together (although not necessarily) and share economic resources and consumption of goods or services.

B. To be a household, a family or individual (including a minor) must have its own source of income.

C. Two separate households may reside in the same residence if their production of income and consumption of goods are not shared. Shelter received from another does not have to be considered in determining shared income, food, and resources. It is possible to establish that more than one household lives in one residence through appropriate questioning which helps to make a reasonable determination that there is general economic independence of the households (i.e., both households have their own income *and* pay a proportionate share of household, living, and personal expenses).

D. Special circumstances:

1. Pregnant women may be counted as two persons in the household.

   a. The household size should not be automatically increased. Household size should only be increased if the pregnant woman did not meet the income guidelines during the initial determination.

   b. The pregnant woman must be given the option to deny the increase in household size for religious, cultural, or other reasons.

   c. An increase in household size for a pregnant woman must be documented electronically in the participant folder because it affects the income eligibility determination.

2. Children living with someone other than their parents or legal guardians:

   a. A child is generally considered a member of the household in which he or she is residing.

   b. Foster child

A foster child is considered a separate household from the foster family if the child remains the legal responsibility of the court or other agency. A foster child is considered a household of one.

c. Adopted child

An adopted child or a child for whom a family has accepted legal responsibility is considered a member of the household in which he or she resides.

d. Divorced families

A child can be counted as a member of only one household. Children are considered a member of the household of the parent or guardian who has legal custody. When custody of a child is shared, the child shall be considered a member of the household in which he or she lives a majority of the time (i.e., more than 50 percent). When a child lives with each parent or guardian 50 percent of the time, the child shall be considered a member of the household of the parent or guardian who applies for WIC services first.

e. Separated families

An absent parent will not be considered part of the household if the other parent is receiving no monetary support.

f. Institutionalized persons

An individual or family residing in an institution is a separate household from others living in the same institution. If a parent is paying the support of a child residing in an institution, the child is counted as a member of the household.

g. Military personnel

Military personnel serving overseas or assigned to a military base, even though they are not living with their families are considered members of the household.

Children in the temporary care of friends or relatives as a result of military service personnel being deployed overseas should choose one of the following options that best suits the situation of the WIC participant:

a) Count the deployed parent(s) and the children as one household as would have been the case prior to the deployment.

b) Count the children as a separate household.

c) Consider the children to be part of the household of the person(s) they are residing with.

3. Students

a. Students temporarily away at school are counted as members of the household if the family provides support.

b. Students temporarily away at school receiving no support from parents are considered to be living as a separate household.

Participant ID Numbers in WIC Data System (3.02600)

ER# 3.02600

Authority 2008 7CFR 246.7(i)
Issued 5/91
Revised 01/11

POLICY: All WIC participants shall be issued an ID number through the Missouri data system (MOWINS). MOWINS will issue an individual number and a household number. Social Security Numbers are not a requirement for participation in the WIC program.

All WIC participants should be issued an external ID (DCN) through the mainframe system. The DCN should be recorded in general notes in MOWINS. The DCN number will be used to identify participants in other Missouri programs.

PROCEDURES:

A. To assure each individual is assigned only one MOWINS StateID and one external DCN, the LWP shall:

1. Ask if the applicant has ever participated in a Department of Social Services or Department of Health and Senior Services program. These include, but are not necessarily limited to: MO Health Net, TANF, Supplemental Nutrition Assistance Program (SNAP), WIC and SHCN (Special Health Care Needs).

   a. When an individual claims current or prior participation in, or application for a program listed above, the LWP shall do the following:

      i. Use the MOWINS search engine to search for a State WIC ID (SWID) within MOWINS.

      ii. Obtain the external ID (DCN) from the appropriate documentation (e.g., Medicaid/MO Health Net card) or by searching the mainframe. Record the DCN in general notes in MOWINS.

   b. When an individual has never participated in or applied for a program listed above, the local WIC provider shall use the MOWINS search engine to search for and assign a SWID. Use the mainframe to search for and assign a DCN. Record the DCN in general notes in MOWINS.

2. Collect Social Security Numbers for identification purposes only when individuals similar to the applicant appear in a MOWINS search to determine if they are the same individual. Similarities include but are not limited to name and date of birth. Do not record these numbers in MOWINS.

Voter Registration (ER 3.02700)

ER# 3.02700

Authority	PL 103-31 (National Voter Registration Act of 1993 (NVRA)), Section 115.162 RSMo, WC-94-22-P, and WC-95-01-P
Issued	10/09
Revised	4/17

POLICY: The Local Agency (LA) shall provide adult applicants, participants and authorized representatives with the opportunity to register to vote at certification, recertification and any time a change of address is reported.

The LA shall document "register to vote" status in MOWINS at certification, recertification and any time a change of address is reported.

The LA shall retain the voter registration tally sheet and original/copy of the declination forms for 24 months.

PROCEDURES:

A. The LA shall offer voter registration services to individuals who are at least 17½ years of age applying for WIC benefits for themselves or on behalf of an infant or child (in which case, he or she acts as an authorized representative) at certification, recertification and when reporting name or address change. The LA staff shall notify the participants/authorized representatives that applying or not applying to register to vote will not affect their WIC benefits. The LA shall also provide voter registration applications to any persons present in the office who request them.

1. The LA staff must orally ask the participants/authorized representatives "if you are not registered to vote where you live now, would you like to apply to register to vote here today?" The LA must complete or update the "Register to Vote" feature in the demographics screen in MOWINS by checking one of the responses in the drop down box a) Selected to register, b) Declined or ineligible to register or c) Already registered and provide the application to the participant(s)/authorized representatives who wish to register.

2. For participants/authorized representatives who respond "yes, I want to register", or when the participant reports a change of name and/or address, the LA staff will ensure the participant/authorized representative checks the "YES" box on the back of the Missouri Voter Registration Application (also referred to as the declination section of the application). Make a copy of the back page of the form for the agency's central file, and give the participants/authorized representatives the Missouri Voter Registration Application.

   a. Encourage the participants/authorized representatives to complete the application on-site. The participants/authorized representatives may take the registration application home to complete and mail the completed application directly to their local election authority or bring the completed application to the LA at their next clinic visit.

b. LA staff must provide the same amount of assistance to an individual completing the voter registration application as they would to an individual completing the WIC forms.

c. Inform the participants/authorized representatives that registration approval notification will be mailed to them from their respective local election authority.

d. The participants/authorized representatives must fill in all boxes on the Missouri Voter Registration Application. The LA staff should review the application to ensure that it is complete and legible.

3. For participants/authorized representatives who respond that they do not wish to register or simply state "no" or "no, I am already registered", the LA staff will assure the participants/authorized representatives check the correct box (either "NO" or "NO, already registered at current address") on the back of the Missouri Voter Registration Application. The participants/authorized representatives must sign on the designated space on the back of the declination section of the form. If the participants/authorized representatives refuse to sign, the LA staff shall put "declined to declare", then initial and date. Keep the original signed forms in the agency's central file.

4. For participants/authorized representatives who indicate that they do not want to register to vote because they are ineligible or for any reason, the LA staff will assure the participants/authorized representatives check the "NO" box at the back of the Missouri Voter Registration Application. The participants/authorized representatives must sign on the designated space on the back of the declination section of the form. If the participants/authorized representatives refuse to sign, the LA staff shall put "declined to declare", then initial and date. Keep the original signed forms in the agency's central file.

5. For participants/authorized representatives who decline to mark any box, the LA staff will record on the declination form the date and the fact that s/he declined to declare a preference regarding voter registration services. The LA staff will sign the form.

6. The LA shall forward all completed applications with "YES" response to the proper local election authority weekly based on each participant's address. Contact person and mailing address for each local election authority can be found at the Missouri Secretary of State web page: https://www.sos.mo.gov/elections/goVoteMissouri/localelectionauthority. Mailing costs associated with transmission of the registration applications to the local election authority are allowable WIC costs. Voter registration applications may be delivered to the local election authority in person, rather than mailed. The LA does not need to make copies of the completed applications. The LA shall keep a tally on the form located here that will include: the total number of voter registration applications sent to the proper local election authority's office weekly (within 5 days), which local election authority the applications were sent to (list by county only e.g. St. Louis City or St. Louis County), the date the applications were sent to the local election authority and the initials of the sending staff. Enter zero (0) on the tally sheet for the week(s) that the LWP do not receive any completed

applications. This tally sheet shall be maintained for monitoring purposes.

7. Participants/authorized representatives must be offered Voter Registration services even when the previous certification shows they are already registered to vote. This is an opportunity to ask about and document changes in address, name, etc.

8. A flow chart detailing the steps required to comply with the NVRA and this policy is attached.

B. LAs are encouraged to continue to make voter registration applications available in public areas such as waiting rooms.

C. The LA staff must not:

1. Attempt to influence a participant's political preference or party registration;

2. Display any information or literature on political or party affiliation;

3. Attempt to discourage a participant from registering to vote; and

4. Lead the participant to believe that the decision to register or not register to vote will affect the availability of program services or benefits.

D. The terms of the policy will be integrated into the WIC clinic in a manner that minimizes burden and is least disruptive to WIC program procedures.

E. The State Agency shall provide training materials to the LA in order to ensure uniform application of the law and this policy. The LA shall assure new employees can competently perform all duties related to voter registration at the time they are required to perform them. The LA is required to provide designated new staff with NVRA training within six (6) months of the date of hire or rehire. The LA must also train designated staff annually using the provided training materials. Refer to ER# 1.01550 for LA training documentation requirements.

F. The WIC Coordinator shall act as the NVRA liaison or appoint a staff member to act as the NVRA liaison with the local election authority in their service area. The WIC NVRA liaison shall be responsible for training new employees, periodically observing clinic staff to ensure the requirements of NVRA are understood and met and ensuring an adequate (e.g., 4 month) supply of registration applications are available at all clinic sites. The LA must use the Missouri Voter Registration Application provided by the State. Additional applications can be ordered from the DHSS warehouse.

G. The LA must retain the voter registration tally sheet and the original/copies of the declaration section of the applications in the agency's central file for 24 months. The LA should file the declination sections of the application by month.

H. The State Agency shall oversee and monitor LAs for compliance with the NVRA and the provisions of this policy. For the State Agency's monitoring policy and procedures refer to ER# 1.05500 (State and Local Agency Monitoring Process).

1. The State Agency will review the tally sheets and declination forms during the on-site monitoring visit.

2. At any time, the State Agency can request a tally of the application and responses to the declination forms for any month. The LA will have 15 business days to provide the tally.

3. MOWINS will include a "Register to Vote" feature in the demographics screen, as described in A1 of this policy. LA staff may not bypass the voter registration question; the voter registration question must be answered in order to proceed with certification/recertification.

I. The National Voter Registration Act implementation guide can be found on the Secretary of State website https://www.sos.mo.gov/elections/govotemissouri/register.

Steps Required to Comply with NVRA Policy

WIC staff must perform the following steps at every certification, recertification, and address change request:

Step 1

Orally ask the WIC participant the "declination question":
"If you are not registered to vote where you live now, would you like to apply to register to vote here today?"

Step 2

Hand the WIC participant a voter registration application form with the declination question printed on back

Step 3

Update the "Register to Vote" feature in the demographics screen in MOWINS by checking one of the responses in the drop down box:

A) Selected to register;
B) Declined or ineligible to register; or
C) Already registered

If WIC participant says, "Yes, I would like to register" or reports a change of name and/or address:

A) Ensure the participant has checked the "YES" box in response to the declination question on the back of the Missouri Voter Registration Application; and

B) Make a copy of the back page of the form for the agency's central file.

If WIC participant says, "NO" or "No, I am already registered:

A) Ensure the participant has checked the correct box, ("NO" or "No, I am already registered" in response to the declination question); and

B) Keep the original signed form in the agency's central file.

Step 4

The LA shall review all "YES" Missouri Voter Registration Applications weekly to ensure that the applications are being forwarded to the proper local election authority:

A) Check the county box marked on the applications;
B) Visit the Secretary of State (SOS) website (https://www.sos.mo.gov/elections/govotemissouri/localelectionauthority) to look up the county name and mailing address for the local election authority;
C) Write each local election authority by county on the tally sheet to record where the applications were sent (e.g. Cole County, St. Louis City, St. Louis County, Kansas City or Jackson County); and
D) Mail or deliver in person the completed "YES" applications weekly (within 5 days) to the proper local authority.

Transfer of Certification and Verification of Certification (VOC) (3.02900)

ER# 3.02900

Authority 2016 7CFR 246.7(k), 7 CFR 246.26(d)(l)(ii), *WIC Policy Memorandum #2016-4 Verification of Certification*

Issued 12/89
Revised 2/17

POLICY: To ensure continuation of program benefits and to prevent dual participation, a Verification of Certification (VOC) shall be issued to a participant who is relocating to another state, or is likely to be relocating, during an active certification period. Migrant farm workers and military households are common examples of participants who may need a VOC.

The local agencies (LA) shall respond as soon as possible to a request for transfer from an active WIC participant or a WIC agency from another state. A single point of contact, WIC Help Desk 800-554-2544 or WICHelpDesk@health.mo.gov, has been established for other State or local agencies to use to obtain VOC information. Point of contact information for other states can be found at http://www.fns.usda.gov/wic/wic-contacts to request information or a VOC from another state or military facility.

A participant who arrives at an LA (the receiving agency) with a valid VOC must be transferred and allowed to continue participating through the end of his/her current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority or income criteria. If the receiving LA has a waiting list for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.

PROCEDURES:

Transfer Out (Sending Agency)

A. Local agencies shall routinely ask participants if they plan to move during the certification period, describe the VOC availability and process in the Rights and Responsibilities Statement, and post signs reminding participants to ask for a VOC if they are going to be moving before their next appointment. When a participant or guardian informs the LA of a move out of the agency service area, the agency shall inquire whether the move is within Missouri or outside of Missouri. Local agencies are required to provide a VOC to all migrant families, and any other participant who is likely to relocate during a certification period.

B. If the move is outside of Missouri, the following steps will be taken:

1. A Verification of Certification (VOC) will be printed from MOWINS, signed by the LA staff and given to the participant. The Verification of Certification shall include the following eight items:

a. Name of the participant.

b. Date the certification was performed.

c. Date income eligibility was last determined.

d. Nutritional risk condition of the participant.

e. Date the certification period expires.

f. Signature and printed or typed name of the certifying local agency official.

g. Name, address and phone number of the certifying local agency.

h. An identification number or some other means of accountability. If proof of income is "Pending" in the participant's chart, the local agency must write "Pending proof of income" on the transferring out VOC.

2. If the participant moves outside Missouri without notifying the Missouri LA, the LA shall mail or send by secure fax the VOC to the requesting participant or the receiving WIC agency. The LA shall not require the participant to sign a release of information to share VOC information with the receiving agency. The LA may request the receiving agency fax the written request on the agency's letterhead, in order to verify it is another local agency requesting the VOC information.

3. If applicable, ensure appropriate measures are taken to collect loaned breast pumps included in the agency's equipment inventory.

4. If the participant is receiving Food Package III, the medical documentation form (WIC 27) should be printed and sent with the participant.

5. The participant is automatically terminated from MOWINS.

C. If the move is within Missouri, give the participant or guardian the contact information about the LA closest to his/her new home. Include the LA name, address, and phone number (refer to http://health.mo.gov/living/families/wic/locations.php).

Transfer In (Receiving Agency)

A. When a participant or guardian contacts the LA to find out about transferring into the agency, the LA shall inquire whether the transfer is within or outside of Missouri.

1. If the transfer is from another state WIC program, the following steps will be taken:

a. If the participant is not in an active certification period, treat the participant as new.

b. If the participant has a VOC for an active certification period,

i. The LA must complete a statewide search in MOWINS prior to entering participant(s) records in the system as a VOC certification.

The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If a transferring participant presents a VOC that is missing one or more of the required components, the participant must not be penalized, nor services delayed, for the failure of a sending agency to properly

include the required components. Therefore, a VOC is considered valid if it contains the following three items: 1) the participant's name; 2) the date of certification; and 3) the date that the current certification expires. A transferring participant who presents a VOC with at least these three pieces of information must be treated as if the VOC contains all the required information.

If a nutritional risk is not recorded on the VOC or if the participant was certified based on a nutrition risk condition not used by the receiving agency, the receiving agency must use risk code 502 "Transfer of Certification" to establish nutritional risk for that participant.
When a transferring participant presents without a VOC, or with insufficient information on a VOC, the receiving agency is encouraged to contact the sending agency to retrieve missing information (USDA FNS point of contact information to request information or a VOC is http://www.fns.usda.gov/wic/wic-contacts).

The VOC end date cannot be extended.

ii. Enter the participant's records in the data system as a VOC certification, update demographics, and offer voter registration. While a VOC is considered sufficient proof of income and nutritional risk eligibility, transferring participants must provide proof of identity and current residency to the receiving agency. If proof of identity and residency are not immediately available, the local agency may accept a written statement from the participant and scan it into the participant's chart in MOWINS. Update demographics accordingly and offer voter registration.

iii. If a VOC is presented to a receiving agency and the certification will expire soon (within the next 30 days), the receiving agency may conduct recertification for the convenience of the participant. If the participant's category changes prior to the end date on the VOC, the participant should be reassessed to receive benefits. For all postpartum women and infants, the Health Information tab must be updated; this includes the participant link(s) and the amount of breastfeeding.

iv. Assign the same Food Instrument (FI) issuance cycle as stated in the VOC document (monthly, bi-monthly, tri-monthly). If the FI cycle is not stated on the VOC, the local agency should determine the food instrument cycle based on nutritional risk.

v. Scan the VOC in MOWINS and return the VOC to the participant or shred it.

vi. Refer to ER# 2.04910, Risk Factor 502 Transfer of Certification, for risk factor assignment information.

vii. If the participant has food instruments from another state WIC

program, the receiving agency must destroy the unused food instruments or EBT card from the transferring participant. The LA will need to prorate the food package based on the amount of benefits redeemed. This information should be retrieved from the sending agency or that State's point of contact. Point of Contact information for other states can be found on the USDA FNS website (http://www.fns.usda.gov/wic/wic-contacts). If there are any issues concerning lost checks or EBT cards, contact the sending agency or the State agency point of contact (http://wwwfns.usda.gov/wic/wic-contacts).

viii. If the infant is on a contract formula, the same formula will be issued.

ix. If the infant is on a non-contract formula, a comparable contract formula will be issued. WIC staff must explain the differences in supplemental food packages including differences in formula.

x. If the participant is on Food Package III and the participant has medical documentation that has been approved from the sending agency and the exempt formula/medical food is in the Food and Formula Reference Guide, the exempt formula/medical food will be issued for the length indicated on the medical documentation form up to 6 months duration.

~~**Note**:~~ If the participant states they are on an exempt formula/medical food and do not have the approved medical documentation form, the agency shall contact the sending agency or the State agency point of contact (http://www.fns.usda.gov/wic/wic-contacts) and have the approved medical documentation provided. Exempt formula/medical food can be issued for one month while the medical documentation is obtained from the sending agency. The medical documentation form shall be scanned into MOWINS.

If the medical documentation form is not obtained from the sending agency, a new WIC 27 shall be obtained from a medical provider.

2. If the transfer is from another local agency in Missouri, any LA staff can access the transfer feature of MOWINS and transfer each participant in the household to their agency.

a. Schedule an appointment for the participant to return:

i. In the same month if food instruments are due, or

ii. Next month if food instruments are not due.

b. If the participant has food instruments from the previous agency that-are not expired, the participant can keep and use the FIs. If the FIs are expired, collect the FIs and deface them.

i. For participants transferring from Labor Delivery Recovery Postpartum (LDRP – Hospital setting) refer to ER# 2.02800 & ER#3.08100.

c. The receiving LA should call/e-mail the LA that the participant transfers from to notify them that the participant has been transferred out of their agency. Include the participant's name and state WIC ID number.

Administration Volume
Certification Section

Written Notification of Ineligibility (3.03300)

ER# 3.03300

Authority	7CFR 246.7(j)(2), (5) & (6); 7 CFR 246.9(a), (g) and (j), FNS Instruction 803-9, Rev. 1
Issued	1/81
Revised	10/16

POLICY: The local WIC provider (LWP) shall give applicants and participants written notice of the reason for program ineligibility and the right to a fair hearing. Participants or their caregiver shall be notified their certification is about to expire no less than 15 days but no more than 60 days before their certification end date.

PROCEDURES:

A. When an applicant or participant is determined ineligible at a certification or recertification visit, the LWP shall complete an official Notification of Ineligibility form that includes the Right to Fair Hearing information and give or mail the notice to the applicant/participant. The notice may be printed from MOWINS, or the LWP may use the state office form. LWPs using the state office form must retain a copy in a central file.

1. Participants found to be ineligible at certification shall not receive food benefits.

B. The LWP does not need to give written notification of ineligibility to applicants whose income has been assessed over the telephone prior to initial certification or not picking up food instruments.

C. When a participant is found ineligible for Program benefits at any time during the certification period, the participant must be given a Notification of Ineligibility form that includes the Right to Fair Hearing information- not less than 15 days before termination of eligibility. Refer to ~~ER# 3.02000~~ ER# 1.06800.

1. Written Notice of Ineligibility is required for the following:

a. Participant is not at nutritional risk.

b. Participant exceeds WIC Program income guidelines and is not adjunct eligible for services.

c. Participant does not live, work or receive healthcare in Missouri.

d. Participant is not categorically eligible.

D. Notice of expiration of a certification period must be given to the participant between 15 and 60 days prior to the expiration date.

1 LWP staff member issuing checks to a participant shall check the MOWINS Show Details screen for the recertification date.

2. Notification can be accomplished by the one of the following three options:

a. The LWP writes and highlights the certification end date on the ID folder.

b. The LWP uses an appointment reminder system to call or text notice of

expiration to participants. A report of the notifications should be retained in a central file in the agency.

c. LWP staff informs participants that benefits will cease at the time after the Last Date to Use of the last set of food instruments, and the need to recertify. LWPs using verbal notice only must document in MOWINS.

Notice of Expiration of Certification Period (3.03400)

ER# 3.03400 was combined with ER# 3.03300 (Effective 10/31/16)

Schedule of Annual Certification and Mid-Certification Assessment (MCA) Periods (3.03500)

ER# 3.03500

Authority CFR 246.7(g);
Issued 1/81
Revised 10/15

POLICY: The local WIC provider (LWP) shall use the certification and MCA periods established by the MOWINS data system.

PROCEDURES:

A. The MOWINS data system will automatically calculate the certification and MCA dates according to program categories as follows:

1. Prenatal women

   a. Prenatal women are eligible for certification through the last day of the month in which the infant turns 6 weeks old or the pregnancy ends.

   b. A MCA is not required for prenatal women.

2. Breastfeeding women

   a. Breastfeeding women are eligible for certification for up to one year postpartum, or until the woman stops breastfeeding, whichever occurs first.

      i. The MCA date is set by MOWINS to be 6 months after the certification effective date.

      ii. The MCA may be completed up to 60 days prior to the MCA date.

      iii. The MCA shall be completed no later than the last day of the certification period.

      iv. A MCA is not required for breastfeeding women certified after 6 months postpartum.

3. Non-Breastfeeding women

   a. Non-Breastfeeding women are not eligible for certification beyond six months postpartum, therefore, the end certification date must be shown as the last day of the sixth month after the baby is born or the last day of the sixth month after the pregnancy ends.

   b. A MCA is not required for non-breastfeeding women.

4. Infants

   a. Infants from birth to 6 months of age are eligible for certification for a period extending up to the end of the month of the first birthday.

      i. The MCA date is set by MOWINS to be 6 months after the date of

birth.

ii. The MCA may be completed up to 60 days prior to the MCA date as long as the infant is at least 6 months of age.

iii. The MCA shall be completed no later than the last day of the infant's 11th month.

b. Infants older than 6 months of age are eligible for certification for the next six months and appropriate food package and status changes shall be made at 1 year of age.

i. A MCA is not required.

5. Children

a. Children are eligible for certification at twelve (12) month intervals. Exception: the child is terminated at the end of the month in which the child has the fifth birthday.

i. The MCA date is set by MOWINS to be 6 months after the certification effective date.

ii. The MCA may be completed up to 60 days prior to the MCA date.

iii. The MCA shall be completed no later than the last day of the certification period.

B. Extending or shortening certification periods by 30 days.

1. In cases where there is difficulty scheduling appointments, the certification time may vary plus or minus 30 days from the certification due date. The new certification due date would be calculated in the manner described in A.1 through A.5.

2. The following guidelines apply to extending or shortening certification periods:

a. Prenatal-do not shorten or extend.

b. Breastfeeding-do not shorten or extend.

c. Non-breastfeeding-do not shorten or extend.

d. Infant certified at age six (6) months or less-do not shorten, can extend.

e. Infant certified over age six (6) months-can shorten or extend. (Note: shall not shorten if would bring the infant in at less than one year of age.)

f. Children-can shorten or extend, but never beyond the end of the month of the fifth (5th) birthday.

3. Certification periods cannot be adjusted to give extra time to participants who miss scheduled certification appointments.

4. When certification periods are shortened or extended, subsequent certification dates will be based on the date when certification is entered into MOWINS.

5. A subsequent certification should be completed during the last 30 days of the

current certification period for participants on intervals of 12 months to assure proper notification. Refer to ER# 3.03300.

Administrative Volume
Certification Section

Proxies and Authorized Representatives (3.03800)

ER# 3.03800

Authority 2007 7CFR 246.12 (r)
Issued 3/83
Revised 1/12

POLICY: The local WIC provider (LWP) shall allow woman participants and parents or caretakers of infant and child participants to designate a maximum of two proxies. Proxies (alternate authorized representatives) who are age 18 or over are allowed to re-enroll an infant or child participant, pick up food instruments at the LWP, and make WIC transactions at the grocery store on behalf of the participant. Proxies age 16 and 17 are allowed to pick up food instruments at the LWP and make WIC transactions at the grocery store, but are not allowed to re-enroll children or infants on behalf of another. Persons under the age of 16 are not allowed as proxies and if designated by the participant would constitute a participant violation.

The LWP shall inform the proxy/authorized representative about the content of the food package and correct method of food instrument transaction. The LWP may provide nutrition education and related materials to the proxy as deemed appropriate by the nutritionist.

The LWP shall require proof of identity from a proxy/authorized representative, parent, or stepparent before issuance of food instruments or undertaking any certification or health screening activities. Refer to ER# 3.03850. Staff recognition is acceptable if proof of identity was previously established.

PROCEDURES:

A. Designating Proxies

1. The local WIC provider (LWP) will obtain a proxy designation, provided by the woman participant or the certifying caregiver of an infant or child participant. See ER# 2.02700 for presence at initial certification.

   a. The LWP will record the alternative representative/proxy name(s) in the demographic (additional information 2) screen in MOWINS.

   b. If the guardian wants to change his/her proxy designation, the guardian should complete and sign the proxy consent form or the alternate authorized representative form (also titled as the re-enrollment of minor in WIC form) which are available as printed forms in MOWINS or click here for an alternative form. The LWP will then update the alternative representative/proxy name(s) in MOWINS and the participant ID folder. Scan the signed form in MOWINS.

   c. If the guardian wants to change his/her proxy designation and s/he is not present at the clinic, s/he can send a note with the new proxy name(s). The LWP will update the alternative representative/proxy name(s) in MOWINS and the participant folder. Scan the signed note in MOWINS.

B. The nutritionist should determine the appropriateness of providing nutrition education to the proxy.

C. The LWP may use the WIC participant ID folder and matching signature as proof of identity when personal recognition by the staff is insufficient to provide positive identification of the proxy. The LWP may require a photo ID if the names on the folder are not easily legible.

D. The agency should verify the proxy names on the participant ID folder match the alternative representative/proxy names in MOWINS.

E. The participant may change the proxy designation at any time.

F. With authorized representative/proxy name(s) in MOWINS, a proxy may bring an infant or child to the LWP for certification and other health screenings, including anthropometric and hematological assessments. A proxy can sign the required rights and responsibilities statement for the parent or guardian.

G. Exceptions to this policy will be allowed with written permission from the state agency to address specific, extraordinary circumstances for a participant or their household. Refer to ER# 3.00500.

Proof of Identity (3.03850)

ER# 3.03850

Authority	2008 7CFR 246.7(c)(2)(i), WC-99-16-P
Issued	10/99
Revised	11/15

POLICY: The local WIC provider (LWP) shall assure applicants and participants meet Missouri WIC program identity requirements for each certification and food instrument issuance.

PROCEDURES:

A. LWP must request and verify proof of identity from each applicant, participant, guardian or proxy at each certification and food instrument issuance. (See exceptions in D)

B. LWP staff must inform the applicant, participant, or guardian of the need for all proxies to prove identity.

C. Acceptable methods of proving identity are:

1. For an infant or child - an immunization record, birth certificate, social service letter with identifying information, or hospital record (e.g. crib card, hospital band, discharge paper).

2. For an adult - a photo identity such as a driver's license, passport, employment ID card, school ID card, state ID card, military ID card, or naturalization record.

   a. When a photo identity is not available, proof could be a card or letter verifying health care, social services or voter registration from the named source or a hospital record or hospital ID bracelet when doing a hospital certification.

   b. The LWP has the option to determine other acceptable items as proof of identity. Consult the state WIC office as needed.

   c. A resource such as “Show Me Vax” or a Verification of Certification (VOC) card from out-of-state transfer participants does not prove identity.

   d. The type of document viewed to prove a participant's identity must be noted in MOWINS.

3. Once identity is proven and verified, visual personal recognition by WIC staff may constitute proof for subsequent certifications and food instrument issuance. LWP staff must be careful to avoid discriminatory actions when using visual recognition. An agency policy is recommended when this method is utilized.

4. When issuing food instruments, the WIC participant ID folder can be used as proof of identity. If the individual does not have the ID folder, s/he may be rescheduled within the month when s/he can bring the participant folder.

5. If the participant ID folder has been lost, unless otherwise known by the LWP

staff, the participant must show a picture ID or other forms of ID proof as described above before the clinic can issue a new folder. The participant is then counseled on bringing their WIC participant folder to all appointments and to the grocery store.

D. Exceptions

1. The identity documentation requirement does not apply to an individual for whom the necessary documentation is not available due to natural or personal disaster (see ER #3.00500), a homeless individual or a migrant (ER#2.05200). The LWP must require the applicant to sign a statement as proof of identity and why s/he cannot provide documentation of identity. Scan the signed statement and save in the participant folder in MOWINS.

2. If proof of identity is not provided at the time of certification and recertification, the agency shall choose either option a or b below.

   a. Inform the applicant, participant, or guardian of the required documents needed and schedule a new cert/recert appointment within the regulatory timeframes for certification processing standards. **or**

   b. If all other eligibility requirements are met, and income and residency proofs have been provided, the applicant self declares identity and signs the self-declaration statement in the Rights and Responsibilities. The agency shall then mark the pending proof box in MOWINS and print food instruments for the current month (1 – 30 days).

      i. Inform the applicant or participant of the required identity proof needed and schedule the participant to return with the proof within 30 days. No more than 30 days of food instruments may be issued until the proof of income is provided. There are no exceptions to the 30 day limit.

Participant Identification Folder (WIC-17) (3.03950)

ER# 3.03950

Authority 2008 7CFR 246.7(j)(1-4) & 246.12(r)(1-3)
Issued 11/91
Revised 10/09

POLICY: The local WIC provider (LWP) shall give a Participant Identification Folder to each participating household at the initial certification and replace the folder as needed.

The LWP shall use the Participant Identification Folder to provide the participating household with pertinent WIC information.

The LWP shall provide a current copy of the approved food list and instruct participants/guardians to keep in the Participant Identification Folder.

PROCEDURES:

A. The LWP shall give a Participant Identification Folder to each participating household. The folder is designed to be used for the following purposes:

1. To provide the authorized representative (guardian) with a listing of all active participants in the household and their next WIC appointment.
2. To provide authorized representative or proxy signatures for the vendor to use for comparison when the food instrument is redeemed.
3. To give the participant information for contacting the local WIC provider.
4. To enable participants to keep track of appointment dates and times.
   a. To inform participants of months scheduled for nutrition education.
   b. To inform participants of months in which they will be scheduled for food instrument pick-up and/or recertified for program eligibility.
5. To serve as a written notice and reminder of participant rights and responsibilities.
6. To provide the participant with a means of keeping WIC food instruments and other WIC materials secure.

B. The LWP shall explain the following when giving a Participant Identification Folder to each participating household:

1. The purposes of the folder described in A.
2. The rights and responsibilities bulleted on the Participant Identification Folder.
3. Signatures of the authorized representative and proxy(ies) are required and must match signature(s) on the food instrument when redeemed.
4. Food items on the approved WIC food list.
5. Procedures to properly use the WIC food instruments as described in the

Participant Identification Folder.

C. The Participant Identification Folder is completed as follows:

1. Authorized Representative: Enter name and the household identification number.
2. Participating Family Members Area:
   a. Name: Enter the names of all active participants in the household.
   b. Category: Enter the category (I, C, P, N, or B) of each participant in the household.
   c. Participant ID Numbers: Enter each participant's DCN and WIC state ID number.
3. Participant Appointment Schedule:
   a. At each visit, enter the date and time of next appointment.
   b. Write in the appointment type, i.e. food instrument pick-up, nutrition education, immunization, recertification, or other.
4. Authorized Signatures:
   a. Authorized representative (guardian) must sign the front of the folder.
   b. A maximum of two proxies authorized by the authorized representative must sign the front of the folder.
5. LWP Agency Name, Agency Number, Telephone Number, and Address: Affix LWP label or stamp or enter LWP information in the front of the folder.

D. Update the folder at each recertification, or as needed, for each participant.

E. Replace the folder when:

1. The participant loses it.
2. All appointment spaces are used.
3. Instructed to do so by the State WIC office.
4. Damaged or defaced.
5. The authorized representative or proxy changes during the certification period.
6. Authorized signature lines appear altered or new authorized signatures are needed.

Food Instrument Accountability and Liability (3.04000)

ER# 3.04000

Authority 2008 7CFR 246.12(p) & (q)
Issued 1/81
Revised 10/13

POLICY: The local WIC provider (LWP) shall maintain strict control and accountability of all food instruments from the time the food instruments are created to the time they are issued to participants, authorized representatives, or proxies.

The LWP must account for the disposition of all food instruments.

PROCEDURES:

A. Food instruments (checks) are printed on demand on blank check stock in numerical sequence with the numbering system facilitating detection of lost or stolen checks. Once the food instrument is created, it is issued directly to the participant or authorized representative. Absolutely no changes are to be made to the printed food instrument. Any correction needed shall be done only through the void and add/replace features in MOWINS. The authorized representative or proxy signs the electronic signature pad at the time of issuance acknowledging receipt of the checks. If an electronic signature is not captured in MOWINS, the LWP must complete the WIC Household Food Instrument Register (WIC-31) and have the authorized representative or proxy sign acknowledging receipt of checks. LWP should then scan the form into each individual participant's folder listed on the form. LWP staff must allow authorized representatives and proxies the opportunity to confirm the check numbers they will be receiving by matching the check numbers shown on the electronic signature pad or form.

B. Through MOWINS, a report is run at the end of the month to determine the disposition of all WIC food instruments either as issued and redeemed, issued and voided, issued and lost/stolen, or issued and expired. All voided food instruments must be accounted for in MOWINS. Voided food instruments must be received and destroyed as soon as they are keyed in MOWINS.

C. The printed food instrument is a negotiable instrument. The LWP shall be fiscally liable for the face value of each food instrument that does not meet all of the following criteria:

   1. Properly accounted for in the system.
   2. Issued to an eligible participant.
   3. Properly secured and destroyed after being voided.

D. When food instruments are not properly accounted for as listed above in C, the state agency reserves the right to require the LWP to pay the state agency for the face value of issued food instruments. The LWP may repay the state grant by:

   1. Submitting a check for the amount of over issuance within 45 calendar days of notification or

2. The contract will be reduced by the identified void redeemed food instrument

amount. This reduction will be withheld from the monthly invoice submitted for payment. This action reduces the amount of the contract for the year in which the infraction is billed.

E. The face value shall be considered:

1. The redeemed amount of the food instrument if redeemed.

2. The food instrument limit as recorded in the system if not redeemed.

F. When food instruments are not properly accounted for:

1. The LWP will be billed and given 45 calendar days to respond with documentation as proof that no over issuance has occurred. If the agency is unable to prove the participant was not over issued benefits, the LWP will provide payment as expressed above.

2. The LWP shall not pay for these by claiming as expenses on the WIC administrative cost report.

Administration Volume
Food Instrument Accountability Section

Food Instrument Issuance (3.04800)

ER# 3.04800

Authority	2008 7CFR 246.4(a)(25)(26), 2007 7CFR 246.12(r)
Issued	1/92
Revised	04/15

POLICY The local WIC provider (LWP) shall issue food instruments for appropriate food packages on the same day a participant is declared eligible for program benefits. Exceptions are breastfeeding women and breastfed infants eligible for the program but not receiving food instruments or supplemental foods. LWPs shall ensure certification and food instrument issuance procedures consist of at least two (2) separate and distinct functions performed by two (2) different staff members.

PROCEDURES:

A. An individual must be determined eligible for the program before any food instrument is issued.

B. All eligible participants must have a current certification record entered in the MOWINS system before the LWP issues food instruments for the eligibility period.

C. The food instruments shall provide a food package for a full month if the food instruments are printed on or before the "first date to use" in MOWINS. If the participant's food instrument pick-up appointment date is after the "first date to use", the system will automatically prorate the food package for the current month accordingly. Note that the "last date to use" for each food instrument in MOWINS will never change. For participant on multi-monthly food instrument cycle, full food package will be issued for future month(s).

D. When MOWINS is inoperable, LWP must verify the mailing address with the participant/guardian. Mail the food instruments to the participant on the next business day that the system is available. The participant or guardian may choose to return to the nearest clinic site to pick-up the food instruments in person rather than receive the food instruments by mail.

E. Preventing Conflict of Interest – A separation of duties related to the accountability and control of food instruments must occur among WIC staff. Refer to ER# 1.07000 Program Integrity.

Food Instrument Issuance - Mailing (3.05500)

ER# 3.05500

Authority 2008 7CFR 246.12(r)(4)
Issued 6/93
Revised 10/12

POLICY: The local WIC provider (LWP) may mail food instruments and cash value vouchers under circumstances allowed in this policy. However, LWPs shall not mail food instruments and cash value vouchers if the participant is scheduled for nutrition education, breastfeeding counseling or recertification.

PROCEDURES:

A. The local WIC provider shall mail food instruments to participants in a valid certification period under the following circumstances:

1. During on-site food instrument printing when the automated system is down, or the printer is not working.
2. When a clinic must be canceled due to inclement weather, power outage, no heat, fire, flooding, and the LWP is unable to reschedule participants in the same month due to full clinic schedules. With food instruments mailed under these circumstances, the LWP shall send one of the following:
   a. A message to call to get a new appointment.
   b. An appointment with an option to change if not convenient.
3. To individuals with hardships if a proxy is not available.
   a. Document the reason in general note in MOWINS.
   b. When the hardship is resolved, mailing shall be discontinued.
   c. Examples of reasons include, but are not limited to severe illness, bed rest or temporary difficulty of access to the LWP.
4. For food instrument replacement when the situation warrants. This includes infant formula replacement and damaged FI replacement. Refer to ER# 3.06100. Replacement for lost/stolen FIs shall not be mailed. Refer to ER# 3.06200.

B. When the system or computer equipment fails during certification/recertification clinic, perform the screening procedures to determine program eligibility.

1. If participant is found to be ineligible for benefits, inform the participant of his/her ineligibility following standard procedures. Refer to ER# 3.03300.
2. If the participant is found to be eligible for benefits, review the Rights and Responsibilities and obtain the participant/guardian signature on the WIC-10. Scan the signed WIC-10 in MOWINS. Inform the participant that the food instruments will be mailed to them as soon as the system and computer equipment is working.

3. When the automated system capability is restored, key all the certification data into MOWINS. The LWP staff should write "WIC-10 scanned by ____ (staff initial)" below the "Rights and Responsibilities" acknowledgement statement on the signature pad.

C. Continue to provide the scheduled nutrition education when the system or computer equipment fails during clinics. Inform the participants that their FIs will be mailed as soon as system access is restored.

D. When printing FIs to be mailed, the LWP shall:

1. Select the check boxes "mailing check" and "generate address label" in the Issue Check screen in MOWINS.

2. After the FIs are printed, the issuer should write "mailed by _____ (staff initial)" on the signature pad acknowledging printing and mailing of the food instruments.

3. Enclose with the food instruments instructions for the participant:

a. A reminder to place food instruments in participant identification folder before going to the store.

b. Information regarding the next appointment (as appropriate).

c. A request to notify the agency when the food instruments are received (if food instruments are not sent by certified mail).

4. Verify the correct address of participant or send by certified mail, with a return receipt requested.

5. For mailings to participants on tri-monthly FI issuance cycle, the LWP should consider mailing FIs by certified mail due to the high value of 3-month FIs.

E. The LWP shall do follow-up documentation for mailed food instruments as follows:

1. When the return receipt is delivered to the agency or the participant notifies the agency of receipt, the agency shall file the return receipts in a central file or document the date and name of the caller in the general note in MOWINS.

2. If food instruments are returned from the post office as undeliverable, the local WIC provider shall:

a. Immediately deface the FIs as "voided".

b. Key the food instruments as voided in MOWINS and select void reason "mail undelivered"

c. Add an "Alert" in MOWINS for the household to obtain the current address when the family calls or returns to the clinic.

F. At the end of the month, the LWP shall generate a list of those to whom food instruments were mailed for review by the state WIC office.

G. Exceptions to this policy must be approved by the state WIC office.

Explaining the Food Instrument Redemption Process (3.05600)

ER# 3.05600

Authority CFR 246.12(r)(3)
Issued 1/81
Revised 10/13

POLICY: The local WIC provider (LWP) shall give the participant a complete explanation of how to redeem the food instrument.

PROCEDURES:

A. The local WIC provider shall assure that the participant or proxy understands the proper care and use of food instruments.

1. Food instruments are negotiable instruments and must be handled with care. Food instruments:

a. Are the responsibility of the participant, guardian or proxy and must be properly redeemed.

b. should be safely stored at home in the participant identification folder for future use.

c. Lost or stolen food instruments can only be replaced in accordance with policies. Refer to ER# 3.06200.

2. Food instruments may be redeemed only at WIC authorized retailers.

3. Foods that may be purchased with the food instrument are those that are:

a. WIC approved.

b. Issued on the food instrument, in the quantities, sizes and brands shown on the food instrument, and the "Approved Missouri WIC Food List."

B. The local WIC provider should assure the participant knows when the next food instrument pick-up will be, whether monthly, bi-monthly or tri-monthly.

C. Local WIC provider instructions to each participant regarding food instrument redemption must include the following:

1. Do:

a. Take the food instrument and the participant identification folder to the store on or after "first date to use."

b. Use food instruments by the "last date to use." The store cannot accept the food instruments after that date.

i. Return unused expired food instruments to the local WIC provider.

ii. Unused food instruments cannot be reissued after the last date to use.

c. Use the food instrument, the Missouri WIC Approved Food List and the participant identification folder as a shopping guide. Purchase:

   i. Only the food items in the quantities and sizes issued on the food instrument being redeemed.

   ii. Less food than issued if desired, but do not request any other item in exchange.

   iii. Only the brands and flavors of foods specified on the Missouri WIC Approved Food List.

   iv. Only non-nationally advertised brands where so specified.

d. Place the fresh fruits and vegetables on the check-out counter before the frozen fruits and vegetables. Refer to ER# 2.06950 for use of the Cash Value Benefit (CVB).

e. Separate the foods for each food instrument being redeemed at the same time, since each must be rung up separately by the cashier.

f. Separate non-WIC foods or other items also being purchased. The food instrument cannot be used to pay for them.

g. Present the food instrument to the cashier before the items are rung up.

h. Sign the food instrument when the cashier requests it, but not until:

   i. The items have been rung up on the cash register and the register receipt is totaled.

   ii. The correct date and total purchase price without sales tax have been entered on the food instrument.

i. Show the participant identification folder for signature verification. Other identification may be requested by the cashier.

j. Inform the local WIC provider of all questions or problems with the vendor or the food instrument.

2. Do not:

   a. Make any changes on the food instrument, instead return to the local WIC provider for changes.

   b. Use before the "first date to use." Doing this can lead to the loss of bi-monthly and tri-monthly pick-up privileges.

   c. Sign the food instrument before entering the store.

   d. Send anyone to the store with the food instrument except a proxy. The store cannot accept the food instrument if:

      i. The participant or proxy does not present the participant identification folder at the time of purchases.

      ii. The signature does not match an authorized signature on the participant identification folder.

iii. The participant or proxy signs the food instrument in advance of the purchase.

a. Accept or request change back from the food instrument.

e. Pay money for food issued on the food instrument if it exceeds the limit.

f. Accept rainchecks from the store for items not in stock. Instead, do one of the following:

i. Take nothing and go to another store where all items are available.

ii. Take nothing and return to the store when all items are available.

iii. Substitute another WIC approved brand and/or flavor when possible, except for infant formula.

iv. Only in the case of hardship regarding formula, ask the store to complete a Partial Formula Redemption Form to take to the local WIC provider to get another food instrument for the rest of the formula. Refer to ER# 3.08500.

g. Request cash, refund or exchange for foods purchased with the WIC food instrument from:

i. The store where purchased.

ii. Any other store.

h. Exchange food instruments for money, credit or other food.

D. The local WIC provider shall inform the participant of the local WIC provider policy on making changes to the food instrument at future visits. See F below.

E. The local WIC provider shall inform the participant that failure to comply with correct redemption procedures may be considered participant violations and subjects the participant to sanctions.

F. On future visits the local WIC provider shall:

1. Question participant acceptance of WIC foods. Refer to the CPA to tailor the food package, if necessary.

2. Ask if all food was consumed. Refer to the CPA to tailor the food package, if necessary.

3. Ask if participant wants changes on food instruments or food package. Adjust if requested, according to local WIC provider policy.

4. Ask if participant had problems at the store. If the answer is yes, report problems according to instructions in ER# 3.08400.

Administration Volume
Food Instrument Accountability Section

Food Instrument (FI) Replacement-Returned FI, Returned Infant Formula and Custody Change (3.06100)

ER# 3.06100

Authority	2008 7CFR 246.12(q)
Issued	2/89
Revised	08/16

POLICY: The local agency (LA) shall replace food instruments returned by the participant, formulas returned by or not received by the participant or returned food instruments due to custody change according to policy guidelines.

PROCEDURES:

A. When a participant requests a replacement food instrument, the LA:

1. Should deal with the participant's request the same day when possible.
2. Must give the participant an appointment to return, if cannot be worked in on the day of the request. The appointment must be before the food instruments being replaced will expire.
3. May mail the food instruments if the situation indicates it is the most reasonable action to take.

B. The LA shall use the following procedures for replacing returned food instruments:

1. The participant must return the actual food instrument.
2. The food instrument must not be expired.
3. If damaged, the returned food instrument must have enough information to be able to verify the FI number and the last date to use.
4. Void the food instrument to be replaced and document reason for void in MOWINS.
5. Food instruments returned by the participant shall be re-issued as a prorated package. Refer to ER# 2.08500.

C. The LA shall use the following procedures for food instrument replacement when the participant returns with a "Partial Infant Formula Food Instrument Redemption" form (WIC-21) issued by a contracted vendor. Refer to ER# 3.08500.

1. Replace from stock at the agency, if available, or issue a new food instrument for the same formula originally issued and the exact number of cans marked on the form as not redeemed.
2. Send the original WIC-21 to the state office within 10 days of receipt. For documentation purpose, either keeps copy of the WIC-21 in a central file or document in the general note in MOWINS.

D. The LA shall use the following procedures for food instrument replacement when the

participant returns with infant formula and needs it replaced with a different formula.

1. The number of cans of the new formula to be issued shall be prorated, based on the number of days left in the current month (not the number of cans that was returned). Refer to ER#2.08500.
2. Send the participant to the CPA for counseling on the use of the new formula.
3. Replace the returned formula with formula on hand at the agency. If formula is not on hand, issue replacement food instrument(s) for the new formula using the add/replace feature in MOWINS.

E. The LA shall use the following procedures for food instrument replacement due to custody change.

1. If the food instruments have already been redeemed, the food instruments cannot be replaced.
2. If the food instruments have not been redeemed, replace and reprint the food instruments using the "custody change" FI replacement reason in MOWINS.
3. Food instruments shall be re-issued as a prorated package. Refer to ER# 2.08500.

F. The LA shall document all food instrument replacement or denial of replacement in the general note in MOWINS, indicating the reason for the replacement.

G. Replacement of a food instrument shall not affect the next scheduled WIC appointment.

H. The LA shall request authorization from the state agency (SA) if special circumstances warrant food instrument replacement outside the procedures in this policy.

Food Instrument (FI) Replacement - Lost or Stolen Reported by Participant (3.06200)

ER# 3.06200

Authority: 2008 7CFR 246.12(q)
Issued: 02/89
Revised: 10/09

POLICY: FIs reported lost/stolen due to natural disaster or personal misfortune may be replaced for up to three months without a waiting period. Third party documentation is required.

FIs reported lost/stolen for other reasons or without documentation, shall not be replaced for the current month (except on a case-by case basis as explained below). The LWP shall wait seven (7) calendar days after the participant reports a lost or stolen check before replacing the current month's FIs. Schedule new appointment for participant to return to pick-up full sets of FIs for future month(s).

Exception to replace the current month's full or partial set of FIs can only be made on a case-by-case basis and approved by the WIC Coordinator or Nutrition Coordinator. Reason(s) for granting the exception must be documented.

When any FIs are reported lost or stolen, the participant must sign the Lost/Stolen Food Instrument Report form. The signed form must be scanned and saved in the participant folder in MOWINS.

Participants must be sanctioned if any reported lost/stolen FIs that have been replaced are redeemed by the participant, guardian or authorized proxy.

Replacement FIs must be issued in person and only to the guardian or adult participant. A proxy cannot pick up replacement FIs.

PROCEDURES:

A. Third party documentation:

1. Examples of acceptable documentation are a police report or report number, fire department report, a statement from homeless shelter or crisis center on the organization's letterhead, or a newspaper article documenting the natural disaster.
2. Documentation must be verified. If a copy of third party documentation is not available from the participant, the LWP may contact the organization to verify the reason for the incident. If the LWP cannot establish verification, the FI reported as lost/stolen can only be replaced under the exception rule.
3. Documentation from friends and relatives is not acceptable.

B. Check the food instrument screens in MOWINS to determine if the reported FIs have been redeemed.

1. Any reported FIs that show as redeemed, cannot be replaced until a copy of the FI has been requested and received from the state agency. The validity of the signature must be determined once the copy is received. If the FI image is not available, inform the

participant that the decision to replace must wait until the copy of the redeemed FI is available for verification. Refer guardian to local area food banks, churches, human service agencies, etc. for assistance during the waiting period.

2. To replace reported lost/stolen FIs that do not show as redeemed, refer to the MOWINS training manual for void and replacement procedures.

C. Participants must be instructed of the importance of returning the lost FIs if found. Written warning must be provided to the participant that if any of the lost or stolen FIs are redeemed after being replaced, the participant may have to repay the WIC Program for the additional foods they received and may be disqualified from the WIC Program. Refer to ER# 1.06200. Counsel the participant/guardian about safe guarding their WIC FIs, which should be treated as cash. Document in the general notes in the participant folder in MOWINS.

D. Any FIs replaced under the exception rule must be well documented in the general notes in the participant folder in MOWINS for state agency monitoring. The LWP has the discretion to place the participant on a monthly FI issuance cycle.

Administration Volume
Food Instrument Accountability Section

Keying Food Instrument Disposition (3.06400)

ER# 3.06400

Authority	2008 7CFR 246.12(q)
Issued	1/90
Revised	10/11

POLICY: The local WIC provider (LWP) shall void in MOWINS all printed food instruments that are not issued to participants, or are returned unused by participants. The LWP shall mark lost or stolen in MOWINS when food instruments are reported as lost/stolen by participants. All printed food instruments must be reconciled monthly.

PROCEDURES:

A. The LWP shall use the "Identify Checks to Void" screen in MOWINS to void all printed food instruments (with errors, that are damaged, or that have food package changes) that cannot be issued to a participant or are returned unused by a participant. This shall be done immediately.

B. The LWP shall use the "Identify Lost/Stolen Checks" screen in MOWINS to identify all food instruments reported by a participant as lost or stolen.

C. For food instruments in the LWP possession, *immediately* upon being voided in MOWINS, the LWP shall verify in the participant folder in MOWINS, under check history tab, that the food instrument has been voided. The LWP shall deface the food instruments as "void" and shred immediately.

D. The state WIC office reserves the right to sanction a LWP that does not key unused printed food instruments as void, or fails to handle properly and destroy food instruments that cannot be used in a timely manner.

Contracted Caseload Participation (3.06800)

ER# 3.06800

Authority 2008 7CFR 246.16 (d)(2)
Issued 3/89
Revised 10/09

POLICY: The local WIC provider (LWP) shall contract to serve the state agency projected annual caseload budgeted in the Local Agency Plan.

The local WIC provider shall provide a written request to the state agency prior to a planned reduction in service for any purposes deemed necessary by the LWP. Such request must be submitted sixty (60) days prior to the implementation and must include a plan for achieving the caseload reduction.

PROCEDURES:

A. The State WIC office projects an annualized caseload of participants to be served for each local WIC provider based upon:

   1. Current rate of increase or decrease of local WIC provider participants served.

   2. Local WIC provider's share of statewide caseload based on state agency percent of historical LWP performance projections, including projected growth or decline based on anticipated funding.

B. The LWP shall develop a Local Agency Plan (LAP) that describes how the agency will provide efficient, quality service to the allocated caseload.

C. Each month the participant data system counts all of the following participants who receive program benefits.

   1. Women, Infants, and Children for whom a full or pro-rated food package is issued.

   2. Breastfed infants who did not receive a food package because their mothers requested no supplemental formula.

   3. Partially breastfeeding women, who requests after 6 months postpartum, more than the maximum of formula allowed for a partially breastfed infant will no longer receive a food package but continues to be counted as a WIC participant.

D. The state agency reserves the right to reallocate funds based on cumulative caseload of participants served documented in the WIC Program data system and projected caseload of participants served. Caseload participation is defined as the number of program participants served during the contract year.

   1. The state agency may adjust the annualized contract caseload participation with either an increase or decrease based on a review of participants served at the end of each quarter or more frequently.

      a. Any increase or decrease in caseload participation shall be communicated in writing.

b. The LWP will be allocated an annualized caseload and reimbursed based on actual expenditures during the month, not to exceed the per participant rate for each participant receiving service as stated in the contract.

c. Reviews of the caseload served and projected may result in contract caseload funding adjustments.

2. The LWP shall provide a written request to the state agency prior to a planned reduction in service for any purposes deemed necessary by the LWP. Refer to ER# 3.01500.

a. Such request must be submitted sixty (60) days prior to the implementation and must include a plan for achieving the caseload reduction.

b. Upon written approval by the state agency, the LWP is responsible for notifying current WIC participants and other affected local WIC providers of the proposed caseload reduction and completing the work to transfer participants.

Administration Volume
Caseload Management Section

No Shows: Follow Up (3.07000)

ER# 3.07000

Authority 2008 7CFR246.6 (b)
Issued 2/91
Revised 01/11

POLICY: The local WIC provider (LWP) shall attempt, at least monthly, to follow up on no-show applicants and participants to reschedule missed appointments.

The local WIC provider (LWP) shall attempt to contact each prenatal applicant who misses her initial appointment to apply for participation in the WIC program within five calendar days of the original appointment in order to reschedule the appointment and shall document such contacts or attempted contacts.

PROCEDURES:

A. The LWP shall send appointment reminders with information of the required documentation at the discretion of the Agency.

B. Failure to Keep Appointment

1. Responsibility for follow up lies with the LWP staff at each agency. Follow up with phone calls/appointment notices will be conducted for all appointments as much as possible. The following steps will be taken for those failing to keep appointments for food instrument pick-up, certification or recertification.

   a. LWP shall attempt to contact all prenatals who miss their appointment within five days to reschedule their appointment at the earliest possible date.

   b. LWP will contact as many other participants as possible to reschedule their missed appointment. Missed appointment notices (letters or postcards) will be mailed to those who cannot be reached or do not have phones.

   c. Follow up activity will be documented in MOWINS in either the Appointment Follow-up screen after the appointment is missed or in the general notes of the participant folder to prove timeframes were met and follow-up was attempted. Refer to ER# 3.01700 for timeframes.

   d. When using the MOWINS scheduler, a list of missed appointments can be printed from the Missed Appointment Follow Up selection under the activities menu in the participant list. Categories can be selected to assure timeframes are met.

C. End of Month Follow Up

1. By the end of each month, the follow up report should be reviewed by the LWP to identify further action needed. Appropriate contact will be made to those remaining clients who have failed to keep their appointments.

   a. Participants who do not pick up food instruments for two consecutive months or have failed to recertify for 31 days past their certification due date who are not in

a new certification will be changed to inactive status from the active MOWINS files.

b. If the participant returns for an appointment and is still within certification timeframe, the inactive status will be updated on the computer to reflect "reinstated" status and food instruments will be issued.

Waiting Lists (3.07100)

ER# 3.07100

Authority 2008 7CFR 246.7(f) (1) & FNS Instr. 803-6
Issued 3/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall establish waiting lists only when/if the contracted year-to-date (YTD) caseload percentage equivalent is exceeded and when no contract amendment to increase the caseload allocation can be authorized by the state WIC office.

The LWP shall establish and maintain waiting lists in accordance with the priority ranking system.

The LWP shall explain to applicants why placement on a waiting list is necessary and shall explain the realistic possibilities of receiving future benefits. This must be done within 20 days of the applicant's visit to the LWP to request program benefits. LWP may not refuse to place any applicant on a waiting list if the applicant requests to be placed on such a list.

For participants due for recertification, the LWP shall reassess and determine eligibility status for current priority or sub-priority being served.

The LWP shall not place on a waiting list any transfer requests whether they come from another state with a valid verification of certification (VOC) or from another LWP in Missouri.

When caseload opening occurs at the LWP, the agency shall contact applicants on the waiting list to schedule certification appointments or food instrument issuance/nutrition education appointments.

PROCEDURES:

A. Waiting lists are not needed for any priority or sub-priority closed statewide unless placement on one is requested by a participant or applicant.

B. Prior to requesting to establish a waiting list, the LWP must:

1. Track the contracted year-to-date (YTD) caseload percentage equivalent on the Participant Totals Report.
2. Determine the projected caseload for the remainder of the fiscal year.
3. Consult with the state technical assistance (TA) team regarding available funds to reallocate caseload to the LWP.
4. Determine which priorities and/or sub-priorities the LWP can continue to serve, based on factors including, but not limited to:
   a. Current caseload characteristics such as:
      i. Percentage in each priority and sub-priority.

ii. Percentage of women, infants and children served.

iii. Size of age groups served for children.

b. Agency no-show rates.

c. New and recertification appointments scheduled for the next thirty to ninety days.

C. If funds for reallocation are not available, the state TA team will provide the LWP written approval to establish a waiting list. Such approval will include which priorities and sub-priorities will go on the waiting list.

D. When approved to establish a waiting list, the LWP shall:

1. Screen the applicant for residency and income eligibility.

2. Screen the applicant for anthropometric, biochemical, and physical/medical problems.

a. If medical data (height, weight, and hemoglobin/hematocrit values) are available, the presence of an anthropometric, biochemical, or physical/medical risk can be assessed, which would place the applicant in a higher priority category than if only a dietary inadequacy were present.

b. If the applicant applies for program benefits without the medical information necessary to determine an anthropometric, biochemical, or physical/medical risk, s/he will be placed on the appropriate lower priority waiting list for those persons having dietary risks only. Self-reported information on past or current medical problems may be accepted by the LWP for purposes of assessing the applicant's potential priority.

c. A dietary assessment may be performed, but is not required to determine the individual's potential priority.

3. Place the applicant on a waiting list according to his/her potential priority in chronological order of application. For priority assignment, refer to the WIC priority ranking system in the federal regulations CFR 246.7(e) (4).

4. Inform the applicant, either verbally or in writing, that s/he has been placed on a waiting list. This must be done within 20 days of the applicant's visit to the LWP to request program benefits.

5. For participants due for recertification, the LWP shall reassess and determine eligibility status for current priority or sub-priority being served.

a. If determined eligible for a priority or sub-priority being served, will continue to be served.

b. If determined eligible for a priority or sub-priority not being served, will be placed next in line on waiting list.

6. The LWP shall not place on a waiting list any transfer requests with a valid verification of certification (VOC). Whether they come from another state or another LWP in Missouri, the LWP shall serve these persons regardless of priority or sub-priority.

E. The following waiting lists may be established if authorized in the following order:

1. Priority seven recertified participants. A health assessment is required to determine

placement in this priority. Sub-prioritization shall be done in the following order (lowest to highest), as needed:

a. Non-breastfeeding postpartum women with nutritional status regression.

b. Children with nutritional status regression.

c. Breastfeeding women with nutritional status regression.

d. Homeless or migrant status.

2. Priority six applicants and participants potentially eligible in this priority.

3. Priority five certified or recertified applicants and participants. (A health assessment is required to determine placement in this priority). Sub-prioritization shall be done in the following order (lowest to highest), as needed:

a. Children who have reached their fourth, but not their fifth birthday.

b. Children who have reached their third, but not their fourth birthday.

c. Children who have reached their second, but not their third birthday.

d. Children who have reached their first, but not their second birthday.

4. Priority four (4) applicants and certified or recertified applicants and participants. (A health assessment is required to determine placement of all except prenatal certified with risk factor 503 (presumptive eligible) in this priority.) Sub-prioritization shall be done in the following order (lowest to highest), as needed.

a. Breastfeeding women.

b. Infants.

c. Prenatal.

5. Priority three applicants and participants. Sub-prioritization shall be done in the following order (lowest to highest), as needed.

a. Children who have reached their fourth, but not their fifth birthday.

b. Children who have reached their third, but not their fourth birthday.

c. Children who have reached their second, but not their third birthday.

d. Children who have reach their first, but not their second birthday.

F. The waiting list shall include, at a minimum, the following information:

1. Name of applicant or participant.

2. Name of guardian for infant or child.

3. Mailing address.

4. Phone number, message phone, or other method by which agency can contact applicant.

5. Date(s) applied and/or placed on the waiting list.

6. Category (i.e. woman & condition, infant, child).

7. Date of birth.

8. Expected date of confinement (EDC) for prenatal.

9. Delivery date for postpartum.

10. Potential priority.

G. When caseload opening occurs at the LWP, the agency shall contact applicants on the waiting list to schedule certification appointments or food instrument issuance/nutrition education appointments if prior health assessment already established eligibility.

1. Contact applicants by telephone or letter, starting with those individuals on the highest priority waiting list.

   a. Telephone call must:

      i. Be received directly by the adult applicant, the participant or guardian of an infant or child.

      ii. Schedule an appointment.

      iii. Inform of removal from the waiting list if the appointment is not kept.

      iv. If a message must be left for the responsible party, the LWP shall follow-up with a second telephone call or with written notification.

   b. Written notification must:

      i. Include the LWP return address and telephone number.

      ii. Inform of the opportunity to schedule an appointment.

      iii. Request a response either in writing or by phone within two (2) weeks of the date the notification is postmarked.

      iv. Inform of removal from the waiting list if no response is received.

2. After all applicants on the highest priority waiting list have been contacted, proceed to other lists in order of priority.

   Example: A LWP which has been maintaining waiting lists for priorities six and seven now has 25 spaces available for enrollment. The LWP would begin contacting applicants from the priority seven waiting list. After all priority seven applicants had been contacted for a certification appointment, the LWP would proceed to priority six (6) waiting list.

3. If a LWP does not have sufficient caseload available to enroll all applicants within a priority, the LWP may enroll applicants on a first-come, first served basis or on the basis of the severity of the risk factors, as determined by the local agency nutritionist/CPA.

4. If an applicant fails to keep the scheduled certification appointment, s/he shall be removed from the waiting list.

H. A current participant whose priority is lower than applicants on the waiting list shall be disqualified at the end of the current certification period in order to make space available for higher priority applicants. The participant shall then be placed on the appropriate waiting list for his/her priority ranking if the agency reasonably expects to serve that priority in the future.

Administration Volume
Caseload Management Section

Clinic Access (3.07800)

ER# 3.07800

Authority	2008 7CFR 246.4(a)(22), 246.7(b)(4)
Issued	11/93
Revised	10/09

POLICY: The local WIC provider (LWP) shall assure that employed applicants, participants or guardians have access to clinics which require minimal time expenditures.

The LWP shall assure that applicants, participants or guardians who live in areas with little or no public transportation have access to clinics which require minimal travel distance.

The LWP shall have in place one or more of the practices detailed in the procedures below to minimize time and distance.

The LWP shall evaluate and address clinic access annually in the Local Agency Plan (LAP) outlining options utilized to meet the requirements in this policy.

PROCEDURES:

A. The LWP shall assure that employed applicants, participants or guardians have access to clinics which require minimal time expenditures.

1. When making appointments, the LWP shall ask if the applicants, participants or guardians are employed.
2. The LWP shall inform all employed individuals of scheduling option(s) that allow for no loss of employment time.
3. The individuals must be scheduled to meet the processing timeframes discussed in ER# 3.01700.

B. The LWP shall assure that applicants, participants or guardians who live in areas with little or no public transportation have access to clinics which require minimal travel distance.

1. When making appointments, the LWP shall ask if the applicants, participants or guardians have difficulty with access to the normal agency clinic site(s).
2. When individuals have travel access problems, the LWP shall schedule and/or offer options to minimize distance needed to travel. (See D. below.)

C. The LWP should periodically survey:

1. Participants to see how the agency could change clinic access to meet their needs more effectively.
2. Public sites, population sites, and public transportation to see what is available to meet the needs of applicants and participants.
3. City/county census data and/or the general public to see if areas of need exist that should be considered for clinic access for the future.

D. The LWP shall have in place one or more of the following practices to minimize time and distance:

1. Give appointments to applicants, participants or guardians who are employed or who have clinic access difficulties, even if the agency normally doesn't give appointments.
2. Schedule and serve individuals by appointment. This does not prohibit serving those without appointments (walk-ins), but places scheduled appointments ahead of walk-ins.
3. Allow participants who are not high risk to receive food instruments on a bi-monthly or tri-monthly basis.
4. Provide clinic opportunities outside of normal business hours, such as:
   a. Before 8:00 am.
   b. Between noon and 1:00 pm (i.e. coverage over lunchtime).
   c. After 5:00 pm.
5. Provide one or more Saturday clinic per month.
6. Have clinics no more than 30 miles from any part of the service area.
7. Have clinics near/on public transportation lines, if applicable/available.
8. Allow an on-going proxy(s) for food instrument pick-up. Refer to ER# 3.03800.
9. Allow the parent or guardian to send a proxy for certification of an infant or child. Refer to ER# 3.03800.
10. Certify participants in the agency of residence; provide on-going food instrument issuance and nutrition education in the agency of employment.
11. Provide WIC services at places such as, but not limited to:
    a. Major employers.
    b. Day care centers.
    c. Schools
12. Other options as approved by the state technical assistance (TA) team.

Administration Volume
Clinic Administrative Procedures Section

Food Instrument Issuance Cycles (3.08100)

ER# 3.08100

Authority 2008 7CFR 246.12 (r)
Issued 10/09
Revised 04/15

POLICY: The Competent Professional Authority (CPA) or Nutritionist shall assign the food instrument (FI) issuance cycle for each participant at the certification, recertification or during their benefit period. The cycle will be continued for the certification period as outlined in the policy.

Only the CPA can change the FI issuance cycle with proper documentation. All staff can cycle adjust the FI issuance cycle to accommodate appointment scheduling.

The maximum FI issuance cycle is three months. Participants with multi-month FI issuance cycle shall be placed on monthly cycle until the minimum requirements of two (2) nutrition education contacts are met.

PROCEDURES

A. Determine Issuance Cycles:

1. Participants certified in the following categories or with the following conditions shall be placed on either a monthly, bi-monthly or tri-monthly FI issuance cycle for their certification period.

   a. Monthly cycle:

      i. All newborns (birth-1 month)

      ii. All postpartum women certified after delivery (need blood work collected at 4-6 weeks)

      iii. Participants who refuse nutrition education

      iv. Breastfeeding women with complications (risk factor 602)

      v. Homeless or migrant participants

      vi. Participants who have difficulty managing FIs, examples: frequently report lost/stolen FIs or frequently redeemed FIs early

      vii Participants certified in the Labor Delivery Recovery Postpartum (LDRP) (hospital) setting.

      viii High-risk women, infants and children without a care plan.

   b. Bi-monthly cycle:

      i. Infant 1 to 6 months of age

      ii. Pregnant women certified with risk factor 503 (presumptive eligibility). Refer to ER# 2.04950.

iii. Breastfeeding and non-breastfeeding post partum women certified at or after 1-month postpartum

iv. Non-breastfeeding women, 1-month post partum (cycle matches the infant)

v. Foster children in short term care

vi. Families that are new to the Missouri WIC Program except out-of-state transfers. Refer to ER# 3.02900.

vii. High-risk women, infants and children with a care plan.

c. Tri-monthly cycle:

i. Breastfeeding women (certified at or after 6-months postpartum (except those with risk factor 602)

ii. Infants 6-12 months of age

iii. Non-high risk women, infants and children (no active care plans)

d. Exceptions must be documented in the participant's chart.

B. CPA, Nutritionist or WIC Certifier must assign the FI issuance cycle for each participant at the initial certification, recertification or during their benefit period. Only CPA and Nutritionist can change the FI issuance cycle. All staff can cycle adjust the FI issuance cycle to accommodate appointment scheduling. Reason(s) for cycle change other than those listed in this policy must be documented in the general notes in MOWINS.

C. Multi-month issuance:

1. Certifications shall be planned in advance since recertification must occur before the last date to use of the current FI of the certification expiration date.

a. Family members should be scheduled into the same FI issuance cycle.

b. New participants should be placed in the interval that best coincides with their recertification dates. If other members of the family are currently on the program, consider their issuance cycle.

c. Reschedule missed recertification appointments as quickly as possible, to prevent proration of the food package.

d. Reschedule missed infant follow-up appointments and issue one month's FIs.

e. Participants on multi-month issuance cycle who miss two month's FIs will be automatically terminated by MOWINS.

f. Local staff should separate each month's FIs and place in separate slot in the Participant's ID folder. Provide additional suggestions to participants and guardians on ways to keep FIs separate and not redeemed early.

g. Inform participants who are on multi-month FI issuance cycle that early redemption of FIs is a violation of state policy. Frequent early redemption of FIs will lead to a change of their FI pick-up schedule from multi-month to monthly.

D. Out-of-state transfer for cycle assignment. Refer to ER# 3.02900.

Monthly	Bi-monthly	Tri-monthly
• All newborns • All postpartum women certified after delivery (need their blood work collected at 4-6 weeks) • Participants who refuse nutrition education • High-risk women, infants and children without a care plan • Breastfeeding women with complications (RF 602) • Homeless or migrancy participants • Participants who have difficulty managing FIs • Participants certified on the LDRP (hospital)	• Pregnant women certified with risk factor 503 • All infants 1 – 6 months of age • Non-breastfeeding women 1-month postpartum (cycle matches the infant) • Breastfeeding and non-breastfeeding postpartum women (certified at or after 1-month postpartum). • Foster children in short term care • Families that are new to the Missouri WIC Program (except out-of-state-transfers) • High-risk women, infants and children with a care plan.	• Breastfeeding woman who has an infant 6-12 months of age (except those with risk factor 602) • Infants 6-12 months of age • Non-high risk participants (no active care plan)

Administration Volume
Vendor Responsibilities Section

Food Instrument Redemption at Authorized Stores (3.08300)

ER# 3.08300

Authority	2008 7CFR 246.12(a)(1) & 246.12(r)(6)
Issued	10/90
Revised	10/09

POLICY: The local WIC provider (LWP) shall instruct WIC participants to redeem their food instruments only at WIC authorized retail vendors.

The LWP must report to the State WIC office any relationship to management of authorized retail vendors or employment with authorized retail vendors and must not show partiality or favoritism to the retailer when this relationship exists.

PROCEDURES:

A. The LWP will retain a current fiscal year WIC vendor directory for their service area. The LWP must make this list available to participants and instruct them to redeem their food instruments at WIC authorized retail vendors only.

B. The LWP is responsible for relaying information only on authorized retail vendors in the service area. If requested, the LWP must provide participants with information on authorized retail vendors outside the service area. The LWP can access vendor information from the state WIC web site or request this information from the State WIC office.

C. The LWP may not recommend one vendor over another, except under special circumstances, such as the need for special formulas available through specific vendors.

D. The LWP may contact vendors regarding availability of special formula and special milk.

Administration Volume
Vendor Responsibilities Section

Local WIC Provider/WIC Authorized Retailer Role (3.08400)

ER# 3.08400

Authority 2008 7CFR 246.12(g) & (j)
Issued 1/81
Revised 10/09

POLICY: The local WIC provider (LWP) shall designate at least one WIC staff person to collaborate with the state vendor staff to assure adequate numbers of stores are available for their participants and that authorized retail vendors have a local contact person for questions regarding food instrument issuance.

The LWP vendor contact person shall use the WIC Vendor Manual to provide assistance to authorized retail vendors.

PROCEDURES:

A. In the annual Local Agency Plan (LAP), the LWP will provide the state agency with the name of an individual to serve as vendor contact person.

1. The LWP should notify the state agency when this individual changes.
2. The state agency may ask for updates as needed.

B. The state agency will solicit input from the LWP prior to contracting with any retail vendors in their service area regarding any issues with participation access.

1. The final decision regarding contracting with any new or existing retail vendors in each service area will be the responsibility of the state agency.
2. The state agency's decision will be based on the "Vendor Selection and Limitation Criteria" as listed in the WIC Vendor Manual.

C. The LWP vendor contact person will:

1. Be the LWP representative for authorized retail vendors to contact when there are problems related to food instrument issuance by the LWP or with concerns or complaints about participants.
2. Make recommendations to the State WIC office regarding local vendor selection during the application process.
3. Locate stores for potential contracts when an emergency situation occurs in which participants could be denied access to WIC foods.
4. Will serve as an information resource, helping to disseminate important information to vendors in a timely fashion.
5. Document all contacts with stores regarding program related issues and complaints, then send the original report to the Vendor Compliance Coordinator in the State WIC office and keep copy of the report in the LWP vendor file.

   a. Documentation will identify type of contact, the issue discussed, persons

involved, and what was done to resolve the issue.

b. Documentation of a complaint must be sent to the State Vendor Compliance Coordinator within ten (10) days of receipt by the LWP.

c. Depending on the severity of the complaint, the state agency may investigate or initiate an investigation through:

i. LWP monitoring.

ii. Retail Vendor monitoring.

iii. Local, state or federal law enforcement officials.

iv. USDA, FNS Food Stamp investigators.

v. State WIC office personnel.

vi. Compliance investigators.

vii. Other sources as appropriate.

d. The LWP will be notified of the results of routine complaints and the resolution.

e. If investigations of a complaint lead to further investigations, which may result in sanctions, suspensions or fines, the LWP may not receive information until due process of law has been exhausted.

6. The LWP vendor contact person will maintain a file of all contacts and complaints received relating to the vendors within the LWP's service area.

a. The reports are to be identified by vendor name, complete address and vendor number.

b. All complaints and problems related to food instruments and participants shall be maintained by the LWP, in a file for a period of three (3) years.

7. Provide State WIC office staff access to all documentation of vendor-related activities as requested.

D. The LWP vendor contact person will be informed of the annual vendor trainings and will be encouraged to attend these trainings. LWP will be sent the same materials that the authorized retail vendors receive for training or information.

E. The vendor contact person shall use the WIC Vendor Manual to provide assistance to authorized retail vendors:

1. Provide vendors with information on current policies and procedures.

2. Assist vendors in maintaining effective working relationships with program participants.

3. Provide feedback to vendors from participants and assist vendors with problem resolution regarding participants.

Partial Infant Formula Food Instrument Redemption Form (WIC-21) (3.08500)

ER# 3.08500

Authority	7CFR 246.12(g)(3)
Issued	10/09
Revised	05/17

POLICY:

- When a participant brings in a properly completed "Partial WIC Formula Redemption" form (WIC-21), the Local Agency (LA) shall issue a new WIC food instrument for the remaining cans of formula that were not redeemed as indicated on the form. The replacement WIC food instrument should have the same "last date to use" as the original WIC food instrument.
- The LA shall sign and note the replacement WIC food instrument (check) number on the form.
- The LA shall scan the completed form in the participant folder in MOWINS and send the form to the State Agency Retailer Group within ten (10) days.

PROCEDURES:

A. When a participant brings a "Partial WIC Formula Redemption" form (WIC-21) to the LA, the agency shall:

   1. Verify in MOWINS the original WIC food instrument issued and compare it to the information entered on the form.

   2. Assure that the form has been properly completed by the store.

B. If the information on the form is incomplete or incorrect, the LA shall call the store that issued the form for the information or correction.

C. When the LA has assured that all information is complete and correct, the LA shall do ONE of the following:

   1. Issue a replacement WIC food instrument for the number of cans that were not redeemed by the WIC authorized retailer.

   OR

   2. Issue the participant the number of cans that were not redeemed by the WIC authorized retailer from the same formula on hand at the LA. Follow procedures for issuing the formula as a direct shipment through MOWINS. (Refer to ER# 2.07400.)

   OR

   3. Give the participant a date to return to receive a replacement WIC food instrument.

      a. The date shall be within the clinic month, before the WIC food instrument expires or the "last date to use" stated on the Partial WIC Formula Redemption" form, but before the participant will be out of the formula.

b. When participant returns, follow procedure C.1. above.

D. The LA shall sign and note the replacement WIC food instrument (check) number on the form.

E. The LA shall scan the form into the participant folder in MOWINS and send the form to the State Agency Retailer Group within ten (10) days.

F. The WIC authorized retailers have access to the form that is located in the WIC Retailer Manual, Appendix G. The LA may keep a supply of this form to provide to WIC authorized retailers when requested. The LA shall assure that the supply of forms is stored in a secure place, to prevent a potential participant violation.

Conflict of Interest (3.08800)

ER# 3.08800

Authority	7CFR 246.12(h)(3)(xix) & (q)
Issued	3/93
Revised	05/17

POLICY:

- Any member of a governing council who makes decisions regarding the Local Agency (LA), who is also a WIC authorized retailer or is interested in becoming an authorized WIC retailer, shall not vote on any WIC retailer-related issue.
- The LA shall inform the state Vendor Coordinator which store(s) in their service area are owned or co-owned by a member of their own governing council.

PROCEDURES:

A. Voting on any WIC retailer-related issues may not be done by any member of a LA Board of Trustees, County Court Commission or City Council, if that individual is either of the following:

   1. A WIC authorized retailer.
   2. Interested in becoming an authorized WIC retailer.

B. Failure of a LA to provide information to the State Agency regarding a governing council member, who is interested in becoming an authorized retailer or is the owner or co-owner of an authorized retailer, will result in sanctions as deemed appropriate by the State Agency.

C. The State Agency will terminate the WIC Retailer Agreement if the State Agency identifies a conflict of interest, as defined by applicable State laws, regulations, and policies, between the authorized retailer and the LA.

Breastfeeding Volume
Peer Counseling Section

Local Agency Personnel: Senior Breastfeeding Peer Counselor Job Description (6.00050)

ER# 6.00050

Authority	WC-04-19-I; WC-05-17-I
Issued	06/07
Revised	12/16

POLICY: The local agency (LA) may use a Senior Breastfeeding Peer Counselor (BFPC) as a paraprofessional to provide both basic and more advanced breastfeeding information, support and encouragement to pregnant women and breastfeeding mothers, serves as a role model for breastfeeding women and may maintain a supervisory role over other peer counselors.

PROCEDURES:

A. Specific duties may vary based on the LA's plan.

1. Completes required breastfeeding trainings to become a peer counselor.
2. Counsels pregnant women and breastfeeding mothers by telephone, home visits, hospital visits, and in the WIC clinic at scheduled intervals determined by the LA. This contact does not count as one of the two required nutrition education contacts. Refer to Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation Policy, ER# 2.06400.
3. May teach prenatal and breastfeeding classes with approved lesson plan by BFPC Coordinator and /or organize mother support groups. Refer to Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation Policy, ER# 2.06400.
4. Receives a caseload of WIC participants and makes contacts with participants based on local agency's contact schedule. Refer to How Often To Contact Mothers in the BFPC Training Manual.
5. Provides information and support for women in managing common maternal and infant breastfeeding problems that occur.
6. Contacts Breastfeeding Peer Counselor Coordinator or LA lactation expert when a situation occurs that is out of her scope of practice or anytime guidance is needed. Refer to Referral of Breastfeeding Participants Policy, ER# 6.01500.
7. May be available to new mothers who are having breastfeeding problems and need assistance outside the usual 8:00 am to 5:00 pm working hours.
8. Respects each participant by keeping her information strictly confidential. Refer to Participant Confidentiality Policy, ER# 1.01700. Peer Counselors must sign the LA confidentiality statement at the time of hire and annually thereafter.
9. Keeps accurate records of all contacts made with WIC participants using MOWINS.

When making contacts outside of the clinic, peer counselors will document on contact logs provided by the state and transfer to the MOWINS system as soon as possible (no later than the end of the month). Peer counselors must protect the logs and keep them confidential when working outside the clinic.

10. May attend and assist with prenatal classes and breastfeeding support groups.
11. May attend monthly staff meetings and breastfeeding conferences and/or workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist LA staff in promoting breastfeeding through special projects and duties as assigned.

B. Supervisory duties may vary based on LA's plan. Senior Breastfeeding Peer Counselor may:

1. Recruit and interview potential peer counselors in alignment with program policies and standards.
2. Train and mentor new and less experienced peer counselors while operating within their scope of practice.
3. Provide ongoing supervision to other peer counselors.
4. Complete and submit the Monthly Program Activity Report.

C. Qualifications

1. Has breastfed at least one baby (does not have to be currently breastfeeding).
2. Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and expertise.
3. Demonstrates leadership and supervisory skills.
4. Has one of the following credentials: International Board Certified Lactation Consultant (I.B.C.L.C), Certified Lactation Consultant (C.L.C.), Certified Breastfeeding Educator (C.B.E.) or has completed an advanced course in lactation management.
5. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
6. Comes from a similar background, age group and language of WIC participants served in the clinic.
7. Current or previous WIC participation preferred, but not mandatory.
8. Can work the number of hours required to meet the LA plan for peer counseling.
9. Has a telephone and willing to make phone calls from home, if required by LA.
10. Has a high school diploma or GED.
11. May currently work in the LA in another paraprofessional role.*

*Peer Counselors cannot be a WIC Certifier or a member of the WIC professional staff, such as a nutritionist, WIC Coordinator or BFPC Coordinator.

D. Training Requirements

1. Participates in state approved training programs for peer counselors.
2. May attend additional educational opportunities, such as informal training sessions, observing other peer counselors or lactation consultants helping mothers.
3. May attend conferences or workshops on breastfeeding as determined by local agency.

Breastfeeding Volume
Peer Counseling Section

Local Agency Personnel: Breastfeeding Peer Counseling Program Coordinator Job Description (6.00100)

ER# 6.00100

Authority	WC-04-19-I, WC-05-17-I
Issued	10/05
Revised	07/09

POLICY: The local agency shall have a BFPC Program Coordinator to manage the WIC BFPC Program at the local level. She/he must have leadership skills and be able to teach and support peer counselors.

PROCEDURES:

A. Roles and Duties of the BFPC Program Coordinator:

1. Develop goals and objectives for the local agency's peer counseling program.
2. Implement policies and procedures designated by the State for the BFPC Program.
3. Determine the peer counseling staffing needs.
4. Recruit and interview potential peer counselors in alignment with program policies and standards
5. Ensure Peer Counselors receive the required training.
    a. Provide orientation to new peer counselors immediately upon hiring and address local WIC provider's policies and procedures.
    b. Ensure that Peer Counselor attends regional peer counselor training.
    c. Provide local training and in-services as needed.
6. Shall provide orientation and follow up training to local WIC staff using the Loving Support training curriculum provided by the State agency.
7. Approves or provides lesson plans for peer counselors that teach classes specific to breastfeeding and ensures that peer counselors present on information that is allowed within their scope of work.
8. Provide ongoing supervision.
9. Shall ensure that peer counselors keep all information confidential obtained from WIC pregnant women and breastfeeding mothers. Refer to ER# 1.01700, Participant Confidentiality.
    a. Provide instructions on handling information obtained from WIC pregnant and breastfeeding mothers
    b. Ensure that Peer Counselors sign the local WIC provider confidentiality statement at the time of hire and annually thereafter (see handout #12A).
    c. Keep the signed confidentiality statements for monitoring purposes.

10. Hold meetings with peer counselors regularly and include them in WIC staff meetings as applicable.

11. Collect and review documentation of records and data from peer counselors to prepare the monthly Program Activity Report.

12. Monitor the program, including conducting spot checks.

13. Submit two monthly reports: Breastfeeding Peer Counselor Contact Summary and Expenditure Report to the WIC State office.

14. Consult with State Agency staff to assess for ongoing improvements to the program that may be needed.

B. Qualifications

1. Has one of the following credentials: Registered Dietitian (R.D.), Registered Nurse (R.N.), Nutritionist, International Board Certified Lactation Consult (I.B.C.L.C.) or has other certification in lactation management: Certified Lactation Consultant (C.L.C.), Certified Breastfeeding Educator (C.B.E.) or other State-approved training in lactation management.

2. Has an understanding of breastfeeding program management and promotion.

C. Training

1. Attends all required training sessions provided by the State Agency.

2. Annually participates in continuing education on breastfeeding.

Breastfeeding Volume
Peer Counseling Section

Local Agency Personnel: Breastfeeding Peer Counselor Job Description (6.00200)

ER# 6.00200

Authority	WC-04-19-I; WC-05-17-I
Issued	10/05
Revised	12/16

POLICY: The local agency (LA) may use a Breastfeeding Peer Counselor (BFPC) as a paraprofessional to give basic breastfeeding information, support and encouragement to pregnant women and breastfeeding mothers, and serves as a role model for breastfeeding women.

PROCEDURES:

A. Specific duties may vary based on the LA's plan.

1. Completes required breastfeeding trainings to become a peer counselor.
2. Counsels pregnant women and breastfeeding mothers by telephone, home visits, hospital visits, and in the WIC clinic at scheduled intervals determined by the LA. This contact does not count as one of the two required nutrition education contacts. Refer to Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation Policy, ER# 2.06400.
3. May teach prenatal and breastfeeding classes with approved lesson plan by BFPC Coordinator and/or organize mother support groups. Refer to Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation Policy, ER# 2.06400.
4. Receives a caseload of WIC participants and makes contacts with participants based on local agency's contact schedule. Refer to How Often To Contact Mothers in the BFPC Training Manual.
5. Provides information and support for women in managing common maternal and infant breastfeeding problems that occur.
6. Contacts Breastfeeding Peer Counselor Coordinator or LA lactation expert when a situation occurs that is out of her scope of practice or anytime guidance is needed. Refer to Referral of Breastfeeding Participants Policy, ER# 6.01500.
7. May be available to new mothers who are having breastfeeding problems and need assistance outside the usual 8:00 am to 5:00 pm working hours.
8. Respects each participant by keeping her information strictly confidential. Refer to Participant Confidentiality Policy, ER# 1.01700. Peer Counselors must sign the LA confidentiality statement at the time of hire and annually thereafter.
9. Keeps accurate records of all contacts made with WIC participants using MOWINS. When making contacts outside of the clinic, peer counselors will document on contact logs provided by the state and transfer to MOWINS system as soon as possible (no later than the end of the month). Peer counselors must protect the logs and keep them

confidential when working outside the clinic.

10. May attend and assist with prenatal classes and breastfeeding support groups.
11. May attend monthly staff meetings and breastfeeding conferences and/or workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding through special projects and duties as assigned.

B. Qualifications

1. Has breastfed at least one baby (does not have to be currently breastfeeding).
2. Has basic communications skills.
3. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
4. Comes from a similar background, age group and language of WIC participants served in the clinic.
5. Current or previous WIC participation preferred, but not mandatory.
6. Can work the number of hours required to meet the LA plan for peer counseling.
7. Has a telephone and willing to make phone calls from home, if required by the LA.
8. Has a high school diploma or GED.
9. May currently work in the LA in another paraprofessional role.*

*Peer Counselors cannot be a WIC Certifier or a member of the WIC professional staff, such as a nutritionist, WIC Coordinator or BFPC Coordinator.

C. Training Requirements

1. Participates in state approved training programs for peer counselors.
2. May attend additional educational opportunities, such as informal training sessions, observing other peer counselors or lactation consultants helping mothers.
3. May attend conferences or workshops on breastfeeding as determined by the LA.

Breastfeeding Volume
Peer Counseling Section

Compensation of Peer Counselors (6.00300)

ER# 6.00300

Authority	WC-04-19-I, WC-05-17-I
Issued	10/05
Revised	07/09

POLICY: Local WIC providers may hire peer counselors as salaried employees or on a contractual basis (hourly or part-time contracts) and shall pay the peer counselor for their services and costs incurred while providing services as suggested by the State agency.

PROCEDURES:

A. Local WIC providers may hire peer counselors as salaried employees or contractual basis (hourly or part-time contracts) based upon the agency's policies.

   1. Contractual employees are paid based on the jobs they complete. When hiring peer counselors as part-time contractors, the following are to be considered:

      a. Assign duties within clear parameters of the job assignment.

      b. Document performance.

      c. Monitor performance frequently.

      d. Provide a standard time-keeping system.

B. Local WIC provider shall pay peer counselors to compensate for their services and costs used for providing services. All compensation must be monetary. No gift certificates, as a form of compensation, are allowed. The following are guidelines:

   1. Use the same general hourly part-time rate typical of other entry level positions such as WIC clerical positions or pay more based on experience and credentials to aid with retention is recommended.

   2. Reimburse mileage for home and hospital visits and long-distance telephone charges while peer counselors are providing services as requested by peer counselors.

   3. Reimburse costs for conducting group education sessions in the WIC clinic.

   4. Provide office supplies or reimburse cost for office supplies.

   5. Reimburse for registration and travel expenses for breastfeeding workshops and conferences as appropriate.

Breastfeeding Volume
Peer Counseling Section

Documentation of Participant Contacts (6.01000)

ER# 6.01000

Authority WC-04-19-01, WC-05-17-I
Issued 10/05
Revised 04/15

POLICY: The local Breastfeeding Peer Counseling (BFPC) Program Coordinator shall instruct peer counselors to document contacts in MOWINS.

PROCEDURES:

A. The local BFPC Program Coordinator shall:

1. Explain the purpose of documentation to Peer Counselors during the orientation.
2. Instruct Peer Counselors to:
   a. Use MOWINS to document all contacts with prenatal and breastfeeding women including the type of contact, education provided and referrals made.
   b. Require Peer Counselors to document contacts in MOWINS using one of the following methods:
      i. Create a breastfeeding note OR
      ii. Complete the 'Breastfeeding Peer Counseling Contacts' function
   c. When making contacts outside of the clinic, Peer Counselors may document on the **Prenatal** or **Postpartum** contact logs provided by the state office and transfer the information to MOWINS as soon as possible (no later than the end of the month). Peer Counselors using notes documentation shall include "later entry for (date)" in a breastfeeding note to indicate notes entered after the day of contact.
3. Submit the **Missouri WIC BFPC Program Monthly Activity Report** by the 11th of each month. The report shall be submitted to the Missouri BFPC Program Coordinator via email as an Excel document or PDF file and shall include activity for the previous calendar month. Agencies may use the **Peer Counselor Weekly Activity Worksheet** to assist in tracking activities contained in the monthly report.

B. The local BFPC Program Coordinator shall review Peer Counselor contact documentation on a regular basis to ensure the notes are complete, accurate, contain appropriate content and wording, and include only abbreviates listed in the Health and Nutrition Assessment Handbook (HNAH).

C. The State BFPC Program Coordinator or State monitoring staff shall monitor randomly selected participant contact information in MOWINS.

Breastfeeding Volume
Peer Counseling Section

Referrals of Breastfeeding Participants (6.01500)

ER# 6.01500

Authority	WC-04-19-I; WC-05-17-I
Issued	10/05
Revised	07/09

POLICY: The local WIC provider shall instruct peer counselors about the limitations of their services, circumstances for referrals, and documentation procedures.

PROCEDURES:

A. Local Breastfeeding Peer Counseling (BFPC) Program Coordinator shall:

1. Assist peer counselors in referring a mother to a health care professional or community lactation expert when they express concerns about their infant's health or when the peer counselor suspects illness or unusual behavior.
2. Provide materials on available referrals and information on hotline numbers for a variety of social service needs.
3. Instruct on documentation procedures using MOWINS.

B. Local BFPC Program Coordinator shall ensure that the peer counselor will contact them, the agency nutritionist or lactation expert in the following circumstances. (Refer How to Help Mothers with Breastfeeding Concerns in the Breastfeeding Peer Counselor Manual):

1. The mother has delivered a premature or sick infant and is unable to begin breastfeeding following delivery.
2. The infant is having difficulty latching on to the breast after several attempts and the mother has begun bottle-feeding.
3. Infant has a nursing strike that lasts longer than 24 hours.
4. The mother has decided to breastfeed, but her infant has been bottle-feeding since birth.
5. The mother wants to breastfeed, but has been advised to discontinue or delay initiation in the hospital or after discharge by her health care provider.
6. The mother wants to breastfeed and has a history of substance abuse or has a partner who is abusing drugs.
7. The mother is breast and bottle-feeding her infant who is less than one month old.
8. The mother is experiencing engorgement and comfort measures do not relieve the engorgement after 24 hours.
9. Mother has been discharged from the hospital and reports fever or flu-like symptoms.
10. The mother has breast tenderness or redness on one breast.
11. The infant is having less than six wet diapers within a 24-hour period and the mother is nursing her infant at least eight times within a 24-hour period.

12. The mother has sore nipples, which have not been resolved within 24 hours by following common comfort measures.
13. The mother has cracked, bleeding or blistered nipples.
14. The mother has a chronic disease such as diabetes or epilepsy or any illness or condition requiring medications.
15. Mother is concerned about milk supply after simple measures have been tried.
16. Mother is concerned about excessive crying of her baby after calming techniques do not help.
17. Whenever the counselor is unsure about any situation and needs information and/or feedback about an interaction with a participant.

Breastfeeding Volume
Peer Counseling Section

Breastfeeding Peer Counseling Social Media (6.01600)

ER# 6.01600

Authority:
Issued: 10/13
Revised:

POLICY: Local WIC agencies may use social media (Facebook, Twitter, MySpace, YouTube, etc.) to provide evidence based breastfeeding information and to promote WIC services and Breastfeeding Peer Counseling. Social media sites facilitated by peer counselors must be monitored by the Breastfeeding Peer Counselor Coordinator or other designated professional staff to ensure all content is appropriate and evidenced based. Peer counselors shall not use their personal social media accounts to represent their local WIC agency or Breastfeeding Peer Counseling Program.

PROCEDURES:

A. Social media networks shall be used for:

1. Promoting WIC services.
2. Inviting participants to prenatal breastfeeding classes or support groups.
3. Advertising breastfeeding promotion events.
4. Promoting the fully breastfeeding food package.
5. Providing evidence-based breastfeeding information and resources.
6. Helping new mothers connect with peer counselors.

B. Breastfeeding peer counselors shall be responsible for what they write and the messages conveyed to WIC participants.

1. Local WIC provider staff, including peer counselors, must follow the Participant Confidentiality Policy ER# 1.01700 and shall not post any WIC participant information.
2. Only local WIC provider address or phone numbers shall be provided through social media. Peer counselors shall not provide personal information, such as home address or phone number.
3. Local WIC provider social media sites shall only be used for WIC-related business.
4. All breastfeeding information and website links posted on a social media site shall be evidenced-based and in line with information provided by the state WIC Program and provided in the Breastfeeding Peer Counseling training.
5. The BFPC Coordinator or another other designated professional staff member must monitor all information posted through social media and have full access to the account.
6. All information posted on social media shall be culturally sensitive and professional. Items or information related to religion or politics shall not be posted.

7. Disparaging remarks about an individual or healthcare provider will not be tolerated and can result in termination of a peer counselor or loss of Breastfeeding Peer Counseling funding.
8. Social media sites must include "This institution is an equal opportunity provider and employer" statement.
9. The local WIC provider Facebook page must include a disclaimer that advice from other moms should never replace the advice from medical experts. If they have questions or concerns about their health or the baby's well-being they should always contact their physician or a lactation consultant.
10. Social media shall not be used to advertise or promote specific product brands.
11. Peer counselors shall not counsel moms or answer detailed breastfeeding questions through social media. Peer counselors should ask when they can contact the participant by phone or invite the participant into the WIC clinic to discuss in more detail.
12. Peer counselors shall not use their personal social media accounts to represent their local WIC agency or Breastfeeding Peer Counseling Program.
13. It is the responsibility of the BFPC Program Coordinator that peer counselors who are representing their local agency through social media have read and understands the social media policy and consequences for not following the policy.

GUIDELINES:

A. Considerations when using Facebook

1. A "Facebook Page" can be set up for anyone to "like" to provide information to a large number of people. If this page cannot be monitored frequently throughout the day, it is not recommended to allow the public to make posts.
2. A "Facebook Group" can be set up for a small number of people which will allow for more interaction and discussion. Groups are not recommended if local WIC agency personnel are not available to monitor discussions. Participation should be by invitation and a participant should not be made a member without their knowledge.

B. Peer counselors should be encouraged to not "Friend" participants on their personal Facebook page. In small communities it may be difficult to prevent, but peer counselors should be cautious in becoming a Facebook "Friend" with a participant.

C. When posting messages consider the following:

1. Experts suggest that posts are viewed more during the week than on weekends. Fridays have the least number of views.
2. Post often to keep audience engaged, but not too often. It is recommended to not post more than 1 to 2 times per day. Quality of posts is more important than quantity.
3. Keep messages short and simple.
4. Use acronyms that everyone understands or spell out acronyms that could cause confusion.

D. Promote your social media sites

1. Provide links through your local WIC agency web page.
2. Provide information on referral lists and other handouts.
3. Promote in your clinic with signs and word of mouth.

Breastfeeding Volume
Peer Counseling Section

Local Agency Cell Phone Usage

ER# 6.01700

Authority Loving Support Model for Successful Peer Counseling Programs
Issued 1/15
Revised

POLICY: A local WIC provider (LWP) may provide a cell phone to their peer counselor(s) for use in making participant contacts for the Breastfeeding Peer Counseling (BFPC) Program. The LWP shall ensure that the peer counselor is aware of expectations associated with the phone and shall provide monitoring and oversight to ensure appropriate use and participant confidentiality.

PROCEDURES:

A. Providing a cell phone enhances breastfeeding services to participants by making peer counselors available outside of normal clinic hours and will give them the flexibility to provide breastfeeding support from locations other than the WIC clinic.

1. If a LWP allows the peer counselor to provide breastfeeding support beyond normal clinic hours, it is recommended she be provided a cell phone instead of using her personal phone for the following reasons:

   a. Prevents participant contact information from being stored in personal cell phone. If the peer counselor leaves her position, the agency would still have access to the information.

   b. Prevents participants from contacting a peer counselor that is no longer employed and prevents having to provide a new phone number to participants.

   c. If the peer counselor is not available to take after hours breastfeeding support calls, the phone can be given to another peer counselor or WIC staff member.

2. The LWP shall be responsible for all costs associated with the cell phone and will be reimbursed by invoicing appropriate charges on either BFPC Special Funding 1 or 2. Prior approval either through the Local Agency Plan (LAP) or directly from the BFPC Program Coordinator is required.

3. The LWP shall ensure that a peer counselor using an LWP owned cell phone understands the expectations associated with using it. LWPs may request the peer counselor(s) to sign a usage agreement (see sample).

B. The LWP shall ensure that a cell phone issued to a peer counselor is used appropriately by monitoring usage on a regular basis. The following information shall be discussed with the peer counselor:

1. The device and any accessories provided shall remain the property of the LWP.

2. The peer counselor shall have no expectations of privacy in the use of an LWP issued cell phone.

3. The peer counselor shall only allow authorized personnel to use the cell phone issued by the WIC agency.

4. The cell phone shall be used only to contact WIC participants and to conduct business related to WIC.

5. The peer counselor shall not use the phone for any reason while operating a motor vehicle.

6. Reasonable precautions, including a device/screen lock and secure passwords, shall be used to prevent theft, vandalism, or unauthorized access to client information.

    a. In the event that a device is lost, stolen, or vandalized due to the peer counselor's failure to use reasonable precautions, the LWP may require the peer counselor responsible for the cell phone to reimburse them for reasonable costs to replace the device.

    b. Failure to maintain and use a secure password for the phone may result in breach of confidentiality and corresponding disciplinary action may be taken against the employee.

    c. The LWP shall notify the district technical assistance team and the BFPC Program Coordinator of a possible breach of confidentiality, if the phone is lost or stolen.

7. If contacts are maintained on the device, the peer counselor shall review the contacts list, at least monthly, to purge information for participants who are no longer breastfeeding, who have transferred out of the agency, or those whose contact information is no longer valid.

8. If a peer counselor anticipates she will be unable to respond to participants outside normal WIC clinic hours as expected, she must notify her supervisor as soon as possible so that alternate arrangements can be made.

9. Peer counselors must document contacts made by a cell phone in the "Peer Counselor Contacts" function of MOWINS.

C. The LWP should purchase a phone that is compatible with the activities and needs of the BFPC program.

1. When purchasing a phone for peer counselors, the LWP should consider the service area and signal range as well as the location the peer counselor will be making calls from.

2. It is recommended that the LWP consider expected use of the phone, including texting and social media when determining the type of phone and services to purchase.

Breastfeeding Volume
WIC Breastfeeding Section

LWP Nutrition Personnel: Breastfeeding Coordinator (6.05000)

ER# 6.05000

Authority	PSF-1: WC-90-06-P, CFR 246.11 (c)(7)
Issued	4/95
Revised	08/12

POLICY: Each local WIC provider (LWP) shall have on staff a person designated as the breastfeeding coordinator. The Breastfeeding Coordinator is responsible for the development and implementation of all breastfeeding services provided to participants at the Local WIC provider (LWP).

PURPOSE: To assure that appropriate breastfeeding education and support is provided to all participants.

PROCEDURES:

A. Coordinates all breastfeeding services and education provided to WIC participants.

1. Provides assistance to breastfeeding women with advanced lactation concerns and monitors other professional staff providing this level of support.
2. Provides technical assistance to LWP staff and other professionals in the community educating on evidenced-based breastfeeding practices.
3. Maintains an inventory of current breastfeeding resources and educational materials.
4. Works with LWP staff to ensure the agency is a supportive breastfeeding environment per Local WIC provider Responsibility: Supportive Breastfeeding Environment Policy ER# 6.05050.
5. Ensures that all LWP staff have completed required breastfeeding trainings within required timeframes.
6. Ensures all local WIC staff are aware of their role in breastfeeding support (Refer to Breastfeeding Roles Chart.)
7. Provides and/or reviews lesson plans for group and individual nutrition education sessions pertaining to breastfeeding.
8. Evaluates appropriateness of breastfeeding-related pamphlets/fact sheets and audiovisuals for use in the Missouri WIC Program, according to established criteria.
9. Plans and evaluates breastfeeding interventions implemented by the LWP using various health/nutrition data available from the state agency and other reputable sources.
10. Manages the LWP's breast pump program.
    a. Maintains the LWP inventory of manual, hospital grade multi-user and single user electric breast pumps and double pumping kits; purchasing additional inventory as budget allows.
    b. Ensures that the LWP has breast pump guidelines and a hospital grade multi-user

electric breast pump loan agreement, per Breast Pump Policy ER# 6.05100.

c. Ensures there is proper tracking of hospital grade multi-user electric breast pumps and that there is proper follow up with women that they have been loaned to.

d. Ensures all LWP staff that provides pumps are trained on when to issue, proper use, proper cleaning and storage of breast milk.

B. Required Knowledge, Skills, and Abilities:

1. Working knowledge of the principles and management of lactation.
2. Knowledge of the social, cultural and economic problems and their impact on breastfeeding promotion and education.
3. Ability to evaluate breastfeeding education materials for use with individuals and groups.
4. Ability to collect, interpret, evaluate and use statistical data related to breastfeeding.
5. Good communication and organization skills.
6. Ability to establish and maintain effective working relations hips with WIC participants, WIC team members, and other community partners.

C. Qualifications

1. Education:

a. Must be a healthcare professional, i.e. Registered Nurse, Registered Dietitian or nutritionist.

b. Must have completed a state approved course in lactation management or is an International Board Certified Lactation Consultant (IBCLC).

c. Must stay current on breastfeeding information by attending state approved lactation courses, conferences and by reading current breastfeeding resources and research.

Breastfeeding Volume
WIC Breastfeeding Section

Local WIC Provider Responsibility: Supportive Breastfeeding Environment (6.05050)

ER# 6.05050

Authority	2005 CFR 246.11 (c)(7)(i)
Issued	6/93
Revised	08/12

POLICY: All local WIC provider (LWP) WIC clinics shall establish and maintain an environment that supports and encourages women to initiate and continue breastfeeding.

PURPOSE: To promote breastfeeding as the preferred method of infant feeding and to optimize the health of all WIC children by increasing the percentage of women who breastfeed.

PROCEDURES:

A. The local agencies are responsible for ensuring that a positive clinic environment is created which clearly endorses and supports breastfeeding for all WIC participants.

B. Educational materials must be made available to participants, which portray breastfeeding as the preferred infant feeding method in a manner that is culturally and aesthetically appropriate.

C. Breastfeeding promotional materials must be displayed in all rooms in which participants receive nutrition/breastfeeding education and the WIC waiting room. Breastfeeding promotional materials include posters, pictures, signs and literature that promote breastfeeding.

D. Local WIC provider staff shall exhibit a positive attitude toward breastfeeding and are to incorporate positive breastfeeding messages in all relevant education materials, outreach efforts and education activities for program participants and potential participants.

E. The visibility of infant formula and formula coupons shall be minimized by insuring that cans of formula and coupons are stored out of view of the participants. Formula coupons are given to participants at the discretion of the nutritionist.

F. An area for women to breastfeed their infants that is reasonably private and is away from entrances should be provided. Chairs with arms should be available when possible.

G. Breastfeeding should be encouraged throughout the WIC clinic, including the WIC waiting room, but an area that is private should be provided for women who request it.

Breastfeeding Volume
WIC Breastfeeding Section

Breast Pump Policy (6.05100)

ER# 6.05100

Authority: PL 101-147, WC-95-37-P, WC-99-36-P
Issued: 1/96
Revised 12/16

Policy: Local agencies (LAs) may provide manual breast pumps, single-user electric breast pumps or loan multi-user hospital grade electric breast pumps to breastfeeding WIC participants for a minimal fee or at no charge. Breast pumps shall not be distributed to participants prenatally and WIC benefits shall not be terminated or suspended for un-reimbursed loss or damage to loaned pumps.

Prior to loaning or providing pumps, each agency shall:

Develop breast pump guidelines that are specific to their agency and a loan agreement, which fully states the participant's rights and responsibilities.

Have trained designated staff to implement and manage the program, which includes staff that can provide proper education, documentation and appropriate required follow up.

Track, clean and maintain multi-user electric breast pumps in good working order and maintain an inventory in MOWINS.

Not reuse manual breast pumps, double pumping kits and single-user electric breast pumps.

Ensure that the serial number of multi-user electric breast pumps is recorded in MOWINS and that the appropriate WIC tag is placed on the breast pump.

Make a reasonable effort to retrieve loaned electric breast pumps that are not returned when requested, and refer to the State Agency (SA) for collection efforts if unsuccessful.

Fees charged for manual breast pumps or double pumping kits cannot be more than the cost of the product and money collected must be used to purchase additional product or to repair multi-user electric breast pumps.

LAs that charge a refundable deposit for loaned breast pumps must ensure that their fees are reasonable (no greater than $50) and do not create a barrier to the participant. The fee must be waived for participants that state they do not have the money to pay the refundable deposit.

Procedure:

A. Developing LA breast pump guidelines and loan agreement

1. Prior to providing manual breast pumps, single-user electric breast pumps or loaning of hospital grade electric breast pumps develop written guidelines, specific to your agency. (See Sample Agency Breast Pump Loan Guidelines.)

2. Prior to loaning hospital grade electric breast pumps develop a loan agreement that includes sufficient information to attempt to recover the pump. (See Sample Loan Agreement)

B. Maintaining a breast pump inventory.

1. Ensure that the serial number of multi-user electric breast pumps is recorded in MOWINS and that the appropriate WIC tag is placed on the breast pump.

2. Track in MOWINS all manual breast pumps, single-user electric breast pumps, double pumping kits and multi-user electric breast pumps and keep the inventory up-to-date at all times.

3. Store all breast pumps in a secure location and in an area that is not easily accessible to WIC participants.

C. Determining Need and Type of Breast Pump

1. Decide which type of breast pump should be given, manual or electric, by completing a proper assessment of the participant's need, which would include evaluating the reason for the pump, how often she may need to pump and where the pump will be used. (See Breast Pump Decision Tree.)

2. Verify that the mother did not receive a collection kit in the hospital or received one that is not designed to work with type of breast pump being provided and then provide a double pump kit, if necessary.

D. Issuing Breast Pumps

1. Provide appropriate training on assembly, use, and cleaning of the breast pump, and storage of human milk prior to providing a pump.

2. When providing manual pumps, single user electric pumps or loaning multi-user electric breast pumps document in the participant file in MOWINS what item was given or loaned to the participant and the reason the pump is needed.

3. When loaning a hospital grade electric breast pump, have the participant read, initial each statement and sign the breast pump loan agreement and keep all loan agreements in a central file.

4. Determine the food issuance cycle after assessing the need for follow-up of the participant.

E. Follow-up/Support

1. Have an appropriate staff member (i.e. IBCLC, nutritionist, CPA, Breastfeeding Coordinator or peer counselor) contact participants who have been loaned an electric breast pump.

2. Document follow-up in the breastfeeding notes of MOWINS.

F. Retrieving of multi-user electric breast pumps

1. Contact participant by phone to attempt to recover pump and if unsuccessful, mail a certified letter to participant.

2. If participant is unable to be contacted by phone or mail, a lost/stolen report may be filed

with the local authorities.

3. If all attempts to retrieve the pump have failed, complete the Missing or Damaged Multi-User Electric Breast Pump Report and submit to the SA.

4. Notify the SA if the pump is returned to the LA after collection efforts have begun.

G. Cleaning and Maintaining Multi-user Electric Breast Pumps

1. Immediately upon receipt of a returned pump, visually check for return of all parts and assess the pump for damage.

2. Clean the pump motor casing and carrying case with sanitizing solution according to manufacturer recommendations and check for pest infestation.

H. If single-user electric breast pumps are provided to breastfeeding mothers the following criteria must be used for distribution:

1. Participant must demonstrate a need for the pump.

2. Mother must be separated from her infant at least 32 hours per week.

3. Mother must be planning to offer breast milk exclusively to her infant and committed to continued long-term exclusive breastfeeding.

4. Infant must be receiving no formula from WIC.

5. Pump cannot be provided to the mother before 4 weeks post partum. If a mother needs a pump before then, she may be loaned a multi-user electric breast pump.

Guidelines:

A. It is the LA's decision as to how pumps are issued. The following options are available:

1. Manual and single-user electric breast pumps and double pumping kits may be provided to WIC participants at no charge or a fee may be charged for the cost or a portion of the cost, but the money collected must be used to purchase additional product or to repair multi-user electric breast pumps.

2. LAs may charge a refundable deposit for electric breast pumps that are loaned as long as the money collected is used to maintain and replace breast pumps. LAs need to ensure that their fees are reasonable (no greater than $50) and do not create a barrier to the participant. The fee must be waived for participants that state they do not have the money to pay the refundable deposit.

3. Manual breast pumps, single-user pumps and double pumping kits shall not be returned to the agency or reused.

B. LAs should verify if the participant has already received an appropriate breast pump through MO HealthNet (Medicaid) or private insurance. If the participant already has an appropriate pump, education can be provided to ensure the pump is being used correctly and no pump will need to be provided through WIC.

C. Before loaning multi-user electric breast pumps each LA must have a loan agreement that outlines the responsibility of the participant and the following may be included:

1. Be subject to a financial penalty if the pump is not returned.

2. Maintain monthly contact with the local agency.
3. Notify the LA immediately if there is a change to their name, address, and/or telephone number.
4. Use the electric breast pump and kit according to instructions for assembly, use and cleaning.
5. Keep the electric breast pump in their possession.
6. Should include a release of liability of the LA, Missouri Department of Health and Senior Services, health department, etc.
7. Return the electric breast pump in clean condition by the due date, or earlier if requested, or immediately under any of the following circumstances:
    a. The pump becomes damaged or ineffective.
    b. They are no longer in need of the pump.
    c. They are no longer receiving WIC services.
    d. They transfer to another agency.

D. Consider the following staff competencies when assessing the appropriate staff to distribute breast pumps and educate mothers:
1. The ability to assess a woman's need for a breast pump and select the appropriate pump that meets her need.
2. The ability to teach a woman how to use, clean and care for a pump.
3. The ability to teach hand expression.
4. The ability to provide appropriate breastfeeding assistance, counseling, and follow-up services.
5. The ability to develop a pumping plan (frequency, location, length of pumping sessions etc.) with the mother.
6. Examples of appropriate staff are an IBCLC, nutritionist, CPA, Breastfeeding Coordinator or peer counselor.

E. LAs should consider a triage system for distribution of electric breast pumps, if need exceeds supply. The nutritionist or appropriate trained staff person shall determine the need for an electric breast pump, which may include and is not limited to (in order of priority):
1. Premature or hospitalized infant or mother
2. Infants with feeding or latching problems
3. Low milk supply
4. Mother of multiple infants
5. Temporary breastfeeding problems such as engorgement and medication contraindicated for breastfeeding.
6. Mother returning to work or school

F. Appropriate trained staff members shall contact participants who have been provided an electric breast pump to give appropriate follow-up and education.

1. Participants should be contacted by phone:

   a. Within 24-48 hours to ensure that the pump is operating correctly and that the mother is using it properly.

   b. Every 2-3 days until an adequate milk supply is achieved or participant indicates assistance is no longer needed.

   c. Every 2-3 weeks for a sick or hospitalized infant to support mothers in maintaining an adequate milk supply.

2. Agencies may consider placing participants who have been loaned an electric breast pump on a food issuance cycle of 1 to insure the mother is receiving proper follow-up.

G. Documenting the provision of a pump to a participant facilitates communication with other WIC staff and protects the LA from liability issues. Appropriate documentation would include:

1. The reason for issuing the pump and the type of pump provided.

2. The mother's commitment to continue breastfeeding.

3. A summary of the counseling and education provided, including the pumping plan (frequency, location, length of pumping sessions etc.)

4. Plans to follow up with the participant.

H. The following guidelines are recommended for the storage of breast milk.

1. Store in a refrigerator at a temperature of 40 degrees F or below and use within 4 days.

2. Store in the freezer (freezer door separate from refrigerator) with a temperature of 0 degrees F or below and use within 6 months.

3. Thaw (from frozen) in a refrigerator with a temperature of 40 degrees or below and use within 24 hours.

4. Storage recommendations may differ for mothers collecting milk for hospitalized infants. LA staff should defer to the hospital's storage protocols.