I. Retailer Management

1.1.010 Local Agency and Authorized WIC Retailer Roles

Authority 2019 7 CFR 246.3(e)(5), 246.12(r)(3)
Issued 01/1981
Revised 02/2020

POLICY: The local agency (LA) shall designate at least one (1) WIC employee to collaborate with the state agency (SA) retailer unit to ensure authorized WIC retailers have a local contact person for questions regarding food benefit redemptions.

The LA authorized WIC retailer contact shall use the eWIC Retailer Manual to provide assistance to authorized WIC retailers.

PROCEDURES:

A. In the annual local agency plan (LAP), the LA shall provide the SA with the name of an employee who will serve as the authorized WIC retailer contact person. The LA must notify the SA when this individual changes.

B. The LA authorized WIC retailer contact person will:

1. Resolve problems related to food benefit redemptions.
2. Address an authorized WIC retailer's concerns or complaints about a WIC participant.
3. Serve as an information resource to assist the SA with disseminating important information to authorized WIC retailers in a timely fashion.

C. Upon receipt of a WIC participant complaint against an authorized WIC retailer, the LA may choose to address the complaint or submit the complaint to the SA.

1. The LA contact person may contact the authorized WIC retailer to resolve a participant complaint. The LA will submit a completed WIC Participant Redemption Complaint (WIC-40) form when the complaint is resolved.
2. If the LA feels that the complaint is outside of their scope, they may notify the SA retailer unit to resolve the issue with the retailer by submitting a WIC Participant Redemption Complaint (WIC-40) form.

D. The LA authorized WIC retailer contact person will be informed of the annual retailer training and will be encouraged to attend the training. The LA will be provided the training materials from the annual retailer training for their files.

E. The LA authorized WIC retailer contact person shall use the eWIC Retailer Manual to provide assistance to authorized WIC retailers to:

1. Assist retailers in maintaining effective working relationships with WIC participants.
2. Provide feedback to retailers from participants and assist retailers with problem resolution regarding participants.

Retailer Management

1.1.020 Conflict of Interest

Authority	2019 7 CFR 246.12(h)(3)(xx) & (t)
Issued	03/1993
Revised	02/2020

POLICY: Any member of a governing council who makes decisions regarding the local agency (LA), who is also an authorized WIC 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 agency (SA) retailer manager 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. Authorized WIC retailer.

   2. Interested in becoming an authorized WIC retailer.

B. Failure of a LA to provide information to the SA regarding a governing council member, who is interested in becoming an authorized WIC retailer or is the owner or co-owner of an authorized WIC retailer, will result in sanctions as deemed appropriate by the SA.

C. The SA will terminate the WIC Retailer Agreement if the SA identifies a conflict of interest, as defined by applicable state laws, regulations, and policies, between the authorized WIC retailer and the LA.

II. Nutrition Services
1. Breastfeeding

2.1.010 LA Nutrition Personnel: Breastfeeding Coordinator

Authority PSF-1: WC-90-06-P, CFR 246.11 (c)(7)
Issued 04/1995
Revised 08/2012

POLICY: Each local agency (LA) 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 LA.

PURPOSE: To assure that appropriate breastfeeding education and support is provided to all participants.

PROCEDURES:

A. Coordinates all breastfeeding services and education provided to 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 LA 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 LA staff to ensure the agency is a supportive breastfeeding environment per LA Responsibility: Supportive Breastfeeding Environment Policy 2.1.020.
5. Ensures that all LA 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 LA using various health/nutrition data available from the SA and other reputable sources.
10. Manages the LA's breast pump program.
    a. Maintains the LA 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 LA has breast pump guidelines and a hospital grade

multi-user electric breast pump loan agreement, per Breast Pump Policy 2.1.030.

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 LA 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.

II. Nutrition Services
1. Breastfeeding

2.1.020 LA Responsibility: Supportive Breastfeeding Environment

Authority	2005 CFR 246.11 (c)(7)(i)
Issued	06/1993
Revised	08/2012

POLICY: All local agencies (LAs) 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 LAs 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. LA 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.

II. Nutrition Services
1. Breastfeeding

2.1.030 Breast Pump Policy

Authority: PL 101-147, WC-95-37-P, WC-99-36-P
Issued: 01/1996
Revised 12/2016

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 the Missouri WIC Information Network System (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 SA (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 postpartum. 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 LA.
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.

II. Nutrition Services
2. Breastfeeding Peer Counseling
2.2.010 Local Agency Personnel: Breastfeeding Peer Counselor Job Description

Authority WC-04-19-I; WC-05-17-I
Issued 10/2005
Revised 12/2016

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 policy 2.4.110.
3. May teach prenatal and breastfeeding classes with approved lesson plan by BFPC Coordinator and/or organize mother support groups. Refer to policy 2.4.110.
4. Receives a caseload of WIC participants and makes contacts with participants based on LA'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 policy 2.2.060.
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 policy 8.1.010. 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 participants using the Missouri WIC Information System (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.

II. Nutrition Services
2. Breastfeeding Peer Counseling

2.2.020 Local Agency Personnel: Breastfeeding Peer Counseling Program Coordinator Job Description

Authority WC-04-19-I, WC-05-17-I
Issued 10/2005
Revised 07/2009

POLICY: The local agency shall have a Breastfeeding Peer Counselor (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 LA's peer counseling program.
2. Implement policies and procedures designated by the state agency (SA) 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 LA'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 SA.
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 policy 8.1.010.
    a. Provide instructions on handling information obtained from WIC pregnant and breastfeeding mothers
    b. Ensure that Peer Counselors sign the LA 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 SA 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 SA.

2. Annually participates in continuing education on breastfeeding.

II. Nutrition Services
2. Breastfeeding Peer Counseling

2.2.030 Local Agency Personnel: Senior Breastfeeding Peer Counselor Job Description

Authority	WC-04-19-I; WC-05-17-I
Issued	06/2007
Revised	12/2016

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 policy 2.4.110.
3. May teach prenatal and breastfeeding classes with approved lesson plan by BFPC Coordinator and /or organize mother support groups. Refer to policy 2.4.110.
4. Receives a caseload of WIC participants and makes contacts with participants based on LA'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 policy 2.2.060.
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 policy 8.1.010. 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 the Missouri WIC Information System (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 LA.

II. Nutrition Services
2. Breastfeeding Peer Counseling
2.2.040 Compensation of Peer Counselors

Authority WC-04-19-I, WC-05-17-I
Issued 10/2005
Revised 07/2009

POLICY: LAs 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 SA.

PROCEDURES:

A. LAs 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. LA 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.

II. Nutrition Services
2. Breastfeeding Peer Counseling
2.2.050 Documentation of Participant Contacts

Authority WC-04-19-01, WC-05-17-I
Issued 10/2005
Revised 04/2015

POLICY: The local agency (LA) Breastfeeding Peer Counseling (BFPC) Program Coordinator shall instruct peer counselors to document contacts in the Missouri WIC Information Network System (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.

II. Nutrition Services
2. Breastfeeding Peer Counseling
2.2.060 Referrals of Breastfeeding Participants

Authority WC-04-19-I; WC-05-17-I
Issued 10/2005
Revised 07/2009

POLICY: The local agency (LA) shall instruct peer counselors about the limitations of their services, circumstances for referrals, and documentation procedures.

PROCEDURES:

A. The LA 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 the Missouri WIC Information Network System (MOWINS.)

B. The LA 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.

II. Nutrition Services
2. Breastfeeding Peer Counseling
2.2.070 Breastfeeding Peer Counseling Social Media

Authority:
Issued: 10/2013
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. LA staff, including peer counselors, must follow policy 8.1.010 and shall not post any WIC participant information.
2. Only LA 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. LA 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 LA 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 LA 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.

II. Nutrition Services

2. Breastfeeding Peer Counseling

2.2.080 Local Agency Cell Phone Usage

Authority Loving Support Model for Successful Peer Counseling Programs
Issued 01/2015
Revised

POLICY: A local agency (LA) may provide a cell phone to their peer counselor(s) for use in making participant contacts for the Breastfeeding Peer Counseling (BFPC) Program. The LA 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 LA 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 LA 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 LA Plan (LAP) or directly from the BFPC Program Coordinator is required.

3. The LA shall ensure that a peer counselor using an LA owned cell phone understands the expectations associated with using it. LAs may request the peer counselor(s) to sign a usage agreement (see sample).

B. The LA 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 LA.

2. The peer counselor shall have no expectation~~s~~ of privacy in the use of an LA 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 LA 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 LA 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 LA 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 LA 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 LA consider expected use of the phone, including texting and social media when determining the type of phone and services to purchase.

II. Nutrition
3. Food Package

2.3.010 WIC Approved Food List

Authority Federal Register/Vol. 79, No. 42/Tuesday, March 4, 2014/Rules and Regulations 2015; 7 CFR246.10(b)(1)(2)

Issued 01/1981
Revised 08/2015

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 2.3.110 is used to develop the Missouri WIC Approved Food List.

II. Nutrition
3. Food Package

2.3.020 Guidelines for Issuance of Food Package I & II to Infants

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.

II. Nutrition Services
3. Food Package

2.3.030 Guidelines for Issuance of Formulas, WIC-Eligible Nutritionals, and Other Supplemental Foods under Food Package III

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	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 $\geq$ 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.

II. Nutrition
3. Food Package
2.3.040 Guidelines for Issuance of Food Package IV to Children

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.

II. Nutrition
3. Food Package

2.3.050 Guidelines for Issuance Food Packages V, VI and VII to Women

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

II. Nutrition
3. Food Package

2.3.060 Guidelines for Food Issuance: Homeless Women, Infants and Children

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.

II. Nutrition
3. Food Package

2.3.070 Prorated Food Packages

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.

2.3.080 Return and Replacement of Standard Formula, Exempt Formula or WIC Eligible Nutritionals

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.

2.3.090 Primary Contract Infant Formula

Authority CFR 246.16
Issued 10/2002
Revised 10/2005

POLICY: The state agency (SA) 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 SA uses a single-supplier competitive system with the single solicitation system to award a winning bidder.

B. The SA solicits sealed bids no later than 6 months prior to the expiration date of the existing contract.

C. The SA 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 SA's bid solicitation will require the winning bidder to supply and provide a rebate on all infant formulas it produces that the SA chooses to issue:

   1. The SA 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 SA.

E. The SA'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 SA will use the procedures published in the invitation for bid to award the contract to the winning bidder.

2.3.100 Exempt Infant Formula and Medical Food Selection

Authority CFR 246.10
Issued 10/2002
Revised 04/2004

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.

2.3.110 Food Selection Criteria

Authority 7 CFR 246.10 Supplemental Foods, 7 CFR 246.10 Table #4
Issued 01/1991
Revised 12/2016

POLICY: The SA 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 SA 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 SA 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. Fluid skim, low fat milk (1%) or reduced fat milk (2%)

(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 $\leq$ 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 iron per 100 g dry cereal.

(b) Must contain ≤ 21.2 g sucrose and other sugars per 100 g dry cereal (≤ 6 g per dry oz.).

(c) At least half of the cereals authorized on a SA'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 ($\leq$ 1 g saturated fat per RACC) and "low cholesterol" ($\leq$ 20 mg cholesterol per RACC).

(iii) Bear quantitative trans fat labeling.

(iv) Contain $\leq$ 6.5 g total fat per RACC and $\leq$ 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 <u>only</u> 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 <u>primary</u> 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 <u>only</u> 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 (d) Garbanzo beans (chickpeas) (e) Great Northern beans (f) Kidney beans (g) Lentils	(h) Mature Lima beans (Butter beans) (i) Pinto beans (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
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] <u>Added Sugars:</u>

Added sugars include corn syrup, high-fructose corn syrup, maltose, dextrose, sucrose, honey, and maple syrup.

[WIC Food Packages SA 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

[7 CFR 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 SA 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 SA Frequently Asked Questions – March 2016 issued]

2.3.120 Food Package: State and LA Responsibility

Authority CFR 246.10(b)(1)(2)(i)(ii)(iii)

Issued 01/1981
Revised 12/2016

POLICY: The state agency (SA) 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 SA:

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.

2.4.010 Training Local WIC Providers

Authority 2016 7 CFR 246.11; Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued 01/1981
Revised 12/2016

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 competent professional authorities (CPA)/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 3.1.040.

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.

2.4.020 State Agency Responsibility: Nutrition Education

Authority CFR 246.11(a)(b)(c)
Issued 1/81
Revised 07/09

POLICY: The state agency shall assure that appropriate nutrition education shall be made available to all participants at no cost.

PROCEDURES:

A. Develop and coordinate the nutrition education component with consideration of local WIC provider plans, needs and available nutrition education resources.

B. Provide in-service training and technical assistance for local WIC provider staff involved in providing nutrition education to participants.

C. Identify or develop resources and educational materials for use, taking into consideration the need for resources in languages other than English.

D. Develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents or guardians of infant or child participants, as well as child participants whenever possible.

E. Assure an evaluation is conducted annually of nutrition education activities as perceived by the local WIC provider.

F. Monitor local WIC provider activities to assure nutrition education is provided as required.

G. Establish procedures to ensure participant contacts for nutrition education is provided and documented.

2.4.030 Local Agency Nutrition Personnel: Nutritionist

Authority 2016 7 CFR 246.11 (d); 246.2; 246.4(a); 2004 Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued 01/1981
Revised 12/2016

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 (SA).

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 policy 8.1.030 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).

2.4.040 Local Agency Nutrition Personnel: Nutrition Coordinator

Authority 2012 7 CFR 246.11 (d); 246.2; 246.4(a); 2004 Missouri Senate Bill 1122, sections 324.200 to 324.225
Issued 07/2009
Revised 11/2015

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 agency (SA).

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 LA.
2. Overseeing the health and nutrition education services provided by all LA 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 LA staff and professionals in the community.
6. Planning and evaluating the nutrition and breastfeeding component using various health/nutrition data available from the SA 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 LA.

13. Conducts train-the-trainer sessions on subjects determined by the SA.

B. Program Integrity

1. The WIC staff shall adhere to policy 8.1.030 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 LA 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 are completed/attended per Federal Fiscal Year (FFY).

2.4.050 Local Agency Nutrition Personnel: Competent Professional Authority (CPA)

Authority 2008 7 CFR 246.2 & CFR 246.6 (b) (2); 2007 CFR 246.4(a) (25)
Issued 04/1995
Revised 11/2015

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 agency (SA) approved training must occur within the time designated by the SA. Refer to policy 2.4.010.

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 policy 2.1.030.

    c. May act as the breastfeeding coordinator (2.1.010) if assigned by the local agency (LA).

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 LA 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 policy 8.1.030 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 LA 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).

2.4.060 Local Agency Personnel: WIC Certifier

Authority 2011 7 CFR 246
Issued 10/2004
Revised 08/2015

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 LA 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 2.3.040, 2.3.050, and 2.3.030.

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.

CI. Program Integrity

1. The WIC certifier shall adhere to policy 8.1.030 to ensure program integrity.

CII. 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.

CIII. Appropriate WIC positions to supervise: none.

CIV. 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.

2.4.070 Local WIC Provider Personnel: Health Professional Assistant (HPA)

Authority 2010 7 CFR 246
Issued 11/1988
Revised 10/2010

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 agency (SA).

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 LA 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 policy 8.1.030.

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.

2.4.080 Care Plans and High-Risk Risk Factors

Authority 2008 CFR 246.11(e)(5)
Issued 01/1981
Revised 10/2012

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 2.4.030, 2.4.050, and 2.4.060.

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.

2.4.090 Serving Homeless Persons

Authority 2008 CFR 246.4(a)(6); 246.7(n)(1); 246.7(m); 246.12(o)
Issued 05/1989
Revised 07/2009

POLICY: The local agency (LA) shall ensure accessibility of WIC services to the homeless population. The LA may choose to not serve homeless persons who are institutionalized. If the LA provides WIC benefits to homeless or institutionalized individuals, the LA shall have a Memorandum of Understanding (MOU) between the LA and the homeless facility or institution.

PROCEDURES:

A. The LA shall assure that:

1. The potential participant resides within the specific geographic area in which LA 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 LA 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 LA if it ceases to meet any of the above conditions.

C. The LA 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 LA and the homeless facility or other institution shall sign the MOU.

3. The MOU shall be kept on file at the LA and be available for the State WIC Office monitor.

2.4.100 Guidelines for Nutrition Education: Approved Resources

Authority 2005 CFR 246.11(c) (1&3)
Issued 01/1981
Revised 04/2015

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.

2.4.110 Effective Nutrition Education

Authority CFR 246.11(e), MPSF: WC-06-17-P
Issued 10/2012
Revised 10/2014

POLICY: The local agency 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 LA 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 LA 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 policy 2.4.100.

6. All participants will be provided the "initial nutrition education contact" at each certification visit. Refer to policy 8.1.080.

7. A final nutrition education (Exit Counseling) must be offered to all women who are about to be terminated from the program. Refer to policy 8.1.100.

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 policy 2.1.010.

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 SA must be reviewed and updated by the Nutrition Coordinator at least every two years. Refer to policy 2.4.100.

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 LA 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 LA must assure that all of the requirements of the Participant Confidentiality policy 8.1.010 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 LA must assure that all of the requirements of the Participant Confidentiality policy 8.1.010 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 LA 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 policy 9.1.020. 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.

III. Information Systems

3.1.010 Equipment Inventory

Authority 2019 7 CFR 246.24(d), 246.25(a), 2 CFR 200.313
Issued 01/1981
Revised 10/2019

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 2.1.030.)

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. (Refer to policy 5.1.070.) 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.

III. Information Systems

3.1.020 WIC Equipment: Temporary Loan, Repair and Replacement

Authority 2008 7 CFR 246.6(b)(1) and 246.16(d)(2)
Issued 01/1993
Revised 10/2009

POLICY: The local agency (LA) shall be responsible for assuring equipment purchased with WIC funds or purchased by the state agency (SA) and placed for use in a LA's facility, are available to conduct WIC program services.

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

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

PROCEDURES:

State-owned Equipment:

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

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

1. The SA 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 LA's control.

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

LA-owned Equipment:

A. When dealing with WIC-purchased equipment, the LA will report problems and proposed steps to correct the problems to the SA.

B. The SA 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 policy 5.1.090.

2. Equipment costs are billed on the line item appropriate to the purchase. Refer to policies 5.1.070 and 5.1.110.

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

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

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

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

III. Information Systems

3.1.030 Income Guidelines

Authority 2008 7CFR 246.7(d)
Issued 10/1990
Revised 10/2009

POLICY: The state agency (SA) 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 agency (LA) shall use the income calculator in the Missouri WIC Information Network System (MOWINS) to determine income eligibility for the program at certification and recertification.

PROCEDURES:

A. The SA will assure that MOWINS is kept current with income guidelines changes each year.

B. The SA 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 SA 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 LA can determine income eligibility at their initial inquiries using the income calculator in MOWINS.

E. The LA may publish the specific income guidelines as part of their outreach efforts.

III. Information Systems

3.1.040 WIC Applications Access, User Names, Passwords and Security

Authority 2008 7 CFR 246.26 (d)
Issued 01/1993
Revised 01/2011

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 agency (LA) 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 LA administrator or WIC coordinator shall submit an ASAP form to delete WIC access as soon as possible.

The LA shall ensure that WIC staff do not share individual user names and passwords.

The LA 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 (LA) staff members need to access the WIC data, the Missouri WIC Information Network 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 agency (SA) staff, LA 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 SA 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 LA will be notified in the letter that if the violation continues, the SA will impose a fine to the LA. The LA must respond with a corrective action plan within 15 calendar days.
3. Third offense: If the LA staff is found in violation a third time, the LA will be sanctioned and receive a $100 fine. The LA 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 LA staff is found in violation a fourth time, the SA will revoke the individual's access to MOWINS. The SA will recommend to the LA that the violator be disciplined according to LA policy.

III. Information Systems

3.1.050 Certification and Appointment Backup Forms

Authority 2019 7 CFR 246.7(i)
Issued 10/2009
Revised 02/2020

POLICY: When the Missouri WIC Information Network System (MOWINS) or computer equipment fails, the local agency (LA) shall use the backup forms provided by the state agency (SA) to collect the minimum required demographic, income assessment, nutrition assessment, nutrition education, food prescription information, and signatures.

PROCEDURES:

A. When MOWINS or computer equipment fails during certification, the LA shall:

1. Perform the screening procedures to determine program eligibility by completing the WIC Proof of Eligibility (WIC-30) form.

   a. If the participant is found to be ineligible, notify the participant of ineligibility. Refer to 8.1.170.

   b. If the participant is found to be eligible, review the WIC Participant's Rights and Responsibilities (WIC-10) form and obtain the appropriate signature.

2. Complete the certification using the WIC Certification – Women (WIC-1) or WIC Certification – Infants and Children (WIC-2) forms according to program category.

3. Provide the program explanation. Refer to 0.0000

B. When MOWINS or computer equipment fails during food benefit issuance or nutrition education, the LA shall:

1. Provide the nutrition education contact, as scheduled.

2. Document the nutrition education topic(s) provided and complete the address portion of the WIC Nutrition Education backup form.

C. Advise the authorized representative or proxy the LA will contact them when benefits may be issued.

D. When MOWINS or the computer equipment is restored:

1. Enter the data collected on the backup forms in MOWINS. Observe separation of duties requirements. Refer to 8.1.030.

2. Scan the signed WIC Participant's Rights and Responsibilities (WIC-10) form in MOWINS.

3. Make an appointment for the participant to return to receive benefits.

IV. Organization and Management

4.1.010 Local Agency (LA) Personnel: WIC Coordinator

Authority 2018 7 CFR 246.3(f) & 246.6(b), PL 111-296
Issued 08/1997
Revised 10/2018

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.

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.

IV. Organization and Management

4.1.020 Appropriate Tasks: Administrative/Clerical

Authority 7 CFR 246.3(f) & 246.4(a)(26)
Issued 03/1989
Revised 05/2015

POLICY: Each local agency (LA) 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 policy 8.1.030.
2. 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. Issues food instruments and food benefits.
6. Explains the program and how to use the food instruments with policy 8.1.080.
7.
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. Retains and destroys records.
19. Reviews and uses clinic and management reports.

20. Participates in continuing education activities.

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

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

23. Reviews all policies and policy updates.

24. 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 agency.

IV. Organization and Management

4.1.030 Using Volunteers

Authority 2008 7 CFR 246.26(d)(1) & MPSF-1:WC-93-15-P
Issued 08/1997
Revised 10/2009

POLICY: The local agency (LA) 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 LA 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 4.1.020, 2.4.050, 2.4.060, and 2.4.070.

C. The LA shall assure volunteers are familiar with confidentiality requirements and capable of complying. Volunteers are required to sign the same confidentiality agreement signed by LA paid staff. Refer to 8.1.020.

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.

IV. Organization and Management

4.1.040 No-Smoking Policy

Authority 2008 7 CFR 246.6(b)(4), MPSF-1:WC-94-12-P
Issued 09/1994
Revised 10/2009

POLICY: The local agency (LA) shall prohibit smoking on any premises used to carry out the WIC program during the time any aspects of WIC services are performed. LA 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 LA must post the service and waiting areas as non-smoking.

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

PROCEDURES:

A. The LA 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 LA 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. LA staff serving participants
3. Volunteers and visitors

D. For LA 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.

IV. Organization and Management

4.1.050 Local Agency Plan

Authority	2018 7 CFR 246.5(b) & (f), 246.6(b), 246.11(c)(1) & (7), (d) & (e)(1)
Issued	03/1989
Revised	10/2018

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 policies 5.1.010 through 5.1.150.

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.

IV. Organization and Management

4.1.060 Emergency and Disaster Preparedness for Local Agencies

Authority	2019 7 CFR 246.7(c)(2)(i); 246.7(g)(3); WIC Policy Memo 95-9A Revision of WIC Disaster Policy and Coordination; 95-9B Clarification of WIC PM 95-9A; 2017 Guide to Coordinating WIC Services During Disasters
Issued	10/2007
Revised	06/2020

POLICY: The local agency (LA) shall make every reasonable effort to maintain or re-establish WIC services during periods of emergency or disaster, to continue issuance of benefits to participants. When adverse circumstances persist, the state agency (SA) will assist the LA with coordination efforts.

The LA will be guided by the plan or procedures developed by their parent agency for emergency response and disaster preparedness.

PROCEDURES:

A. If an emergency prevents or limits the LA's ability to carry out normal clinic operations, the LA should contact their SA technical assistance staff for guidance on how to minimize interruptions to WIC services.

1. If an emergency or disaster has occurred, the LA shall contact the SA as soon as possible and provide the SA with a LA contact person and phone number. If the LA is unable to contact the SA, the LA should contact the Department of Health and Senior Services, Emergency Response Center (ERC) at 1-800-392-0272.
2. If the emergency or disaster is localized, the affected LA has primary responsibility to coordinate emergency response efforts. If SA technical assistance is needed, the LA shall contact the SA.
3. If a situation occurs and the LA must make changes to WIC operations due to the emergency or disaster, the LA must provide the SA with information regarding impact to the surrounding area or community.
4. If SA services are interrupted or there is a state office closure in Jefferson City due to an emergency situation, the SA will notify the LA by email or telephone. The specific affected services and the approximate length of time for the closure will be noted.
5. Dependent upon the extent of the emergency or disaster, the SA will contact affected authorized WIC retailers. If the LA is aware of authorized WIC retailers that are affected, LA staff can report the information to the SA.
6. If a power outage affects the LA site for more than twenty-four hours, the LA should utilize other sites or make arrangements with neighboring agencies to assist with certification of participants and issuing food benefits for the affected local site(s).

B. Certification and Issuance of Food Benefits

1. If an applicant or participant does not have access to proof of eligibility due to the disaster, refer to policies 8.1.120, 8.1.130, and 8.1.210.

2. If the LA is experiencing a shortage of competent professional authorities (CPA) to perform certification functions due to the disaster, the LA may be approved to modify the food benefit issuance or certification process.

3. If the participant has foods that were spoiled or lost due to the emergency or disaster, the LA may issue food benefits to replace foods. Issuance of the replacement food benefits shall be documented in the participant's folder in the Missouri WIC Information Network System (MOWINS).

4. If a participant has lost their food instrument, refer to policy 9.1.030.

5. If retailers are affected by the disaster and infant formula is not readily available, the LA shall assess the need for infant formula and contact the SA for guidance.

    a. If services are disrupted and formula is not available through the normal retailers or pharmacies, the SA will contact the rebate formula manufacturer to have infant formula direct shipped to the LA.

    b. Storage and security of infant formula will be the responsibility of the LA. The LA 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 when retailers are unavailable.

C. Breastfeeding

1. LA staff will encourage mothers to continue breastfeeding their infants during emergency situations.

2. In the event that formula is unavailable or limited, or cannot be safely prepared, LA staff will encourage and offer assistance to WIC women who had previously weaned to re-lactate or to induce lactation if they have never breastfed.

3. Basic strategies for re-lactation and induced lactation education should be a cooperative effort by the State WIC Breastfeeding Coordinator, the LA Breastfeeding Coordinator, and the community/area International Board Certified Lactation Consultant (IBCLC).

D. WIC Service Delivery during an Emergency or Disaster

1. The USDA may grant waiver authority to allow the SA and the LA to continue providing services during an emergency situation.

2. Flexibilities which are currently authorized in regulation and may be exercised at the discretion of the SA to ensure WIC participants are provided services include the following:

    a. Remote nutrition education may be done on any currently certified participant.

    b. Bloodwork may be deferred for up to 90 days after the date of certification or mid-certification assessment (MCA) if the participant has another

qualifying risk factor.

c. Certification periods may be extended for up to 30 days.

d. Physical presence requirements (anthropometric data and proof of eligibility must be available) may be waived in the following situations:

   i. Infants under 8 weeks of age for whom all necessary data from birth is provided.

   ii. 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.

   iii. Infants or children present for initial WIC certification and receiving ongoing healthcare.

   iiii. Applicants, participants, parents, or guardians who have a disability that makes it difficult to come to a clinic for certification/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. Healthcare provider documentation is required for this exemption.

e. Electronic proof of income and health data may be accepted by the LA. The means used to transmit data must be secure to protect participant confidentiality.

f. EWIC cards may be mailed if in-person pick up is not possible.

The SA will inform the LAs in writing if any of the flexibilities above may be implemented. Designation of an emergency or disaster does not automatically put these flexibilities into effect.

3. Waivers

   a. Waiver authority for any regulatory or policy provision for WIC may be provided by congressional order. States may request individual waivers that are relevant and responsive to their current situation when waiver authority is provided to the USDA.

   b. The SA will provide process documentation to all LAs, retailers, and interested parties to describe implementation of approved waivers.

IV. Organization and Management

4.1.070 Social Media Communications and Outreach

Authority:
Issued: 10/2015
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 agency staff must be monitored by designated professional staff in the agency to ensure all content is appropriate. Local agency (LA) 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 LA 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 agency staff shall be responsible for what they write and the messages conveyed to WIC participants.

1. Local agency staff, including peer counselors, and LA volunteers must follow the Participant Confidentiality Policy 1.01700 and shall not post any WIC participant information.
2. Only local agency address or phone numbers and agency social media contacts shall be provided through social media.
3. Local agency 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 agency 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 agency 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 agency 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 agency 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.

V. Nutrition Services and Administration

5.1.010 Monthly Administrative Cost Invoice

Authority 2008 7 CFR 246.13(j); 246.16(d); 246.25(a)
Issued 10/1990
Revised 10/2009

POLICY: The local agency (LA) shall use the online WIC invoicing application to complete the Monthly Administrative Cost Invoice to request for reimbursement.

The LA 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 agency (SA) reserves the right to deny reimbursements on costs submitted more than 60 days after the due date.

The LA 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 LA 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 LA 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 LA'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 LA is requesting reimbursement.
2. Allowable in-kind costs as authorized by the current fiscal year contract.

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

1. The LA 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 LA.
4. Adjust the invoice to comply with the contract.
5. Reject the invoice or process the document for payment.

D. The LA 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 LA cannot bill more than 100% of the original allocation in any line item without prior approval from the SA.

1. When LA wants to bill more than 100% of the original allocation in a line item, the LA 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.

5.1.020 Line Item: Personnel Compensation

Authority 2008 7 CFR 246.14(c)
Issued 01/1981
Revised 10/2009

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

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

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

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

PROCEDURES:

A. When billing for personnel compensation each month, the LA 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 4.1.050.
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.

V. Nutrition Services and Administration

5.1.030 Line Item: Personnel Benefits

Authority 2008 7 CFR 246.14(c)
Issued 01/1981
Revised 10/2009

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

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

The LA 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 LA 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.

V. Nutrition Services and Administration

5.1.040 Line Item: Contract Services

Authority 2008 7 CFR 246.14(c)
Issued 02/1989
Revised 10/2009

POLICY: The local agency (LA) 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 agency 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 LA and the subcontractor shall determine the amount of fees and the services to be provided. The state agency should be consulted if necessary.

C. The LA 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 LA 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.

V. Nutrition Services and Administration

5.1.050 Line Item: Conference and Training

Authority 2008 7 CFR 246.14(c)
Issued 01/1981
Revised 10/2009

POLICY: The local agency (LA) 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 LA 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 LA'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.

V. Nutrition Services and Administration

5.1.060 Line Item: Travel

Authority 2008 7 CFR 246.14(c)
Issued 01/1981
Revised 10/2009

POLICY: The local agency (LA) 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 LA 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 LA'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.

V. Nutrition Services and Administration

5.1.070 Line Item: Equipment Purchases

Authority 2008 7 CFR 246.14(c), FNS Instr. 808-1, 815-1, & MPSF-1: WC-94-33-P
Issued 02/1989
Revised 10/2009

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

The LA 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 LA must obtain prior written approval from the state agency.

PROCEDURES:

A. A local agency must request written authorization from the state agency 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 agency 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 agency budget.
   4. Current state agency 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 LA 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 LA intends to share costs, a cost allocation plan must be included in the request. Refer to 5.1.090 and 5.1.120.

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

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

1. Purchase invoice and/or receipt.
2. Authorization letter from the state agency.
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 agency. Electric breast pumps are included in this category.

V. Nutrition Services and Administration

5.1.080 Line Item: Nutrition and Breastfeeding Materials

Authority	2019 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	01/1981
Revised	08/2019

POLICY: The local 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 2.4.100, Guidelines for Nutrition Education: Approved Resources.

      c. Audio-visual materials, (such as videos, DVDs, PowerPoint presentations). Refer to policy 2.4.100, 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 agency plan (LAP) process; OR

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

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

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

F. 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.

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

V. Nutrition Services and Administration

5.1.090 Line Item: Administrative Office Costs

Authority 2008 7 CFR 246.14(c)(4) & MPSF-1:WC-94-33-P
Issued 01/1981
Revised 10/2009

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

PROCEDURES:

A. The local agency 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 agency has other costs that seem to be applicable to this line item, it should consult with the state agency for verification before budgeting or billing.

C. The local agency shall bill for administrative office costs according to one of the following methods. The method the local agency chooses to use shall be described in the budget portion of the local agency 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 agency hours.
   b. Documented by a verifiable time accounting system.
3. An alternative method submitted with the local agency 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 agency).

5.1.100 Line Item: Medical Materials

Authority 2008 7 CFR 246.14(c)(2)(ii)

Issued 02/1989
Revised 10/2009

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

PROCEDURES:

A. The local agency 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 agency shall not budget or bill the cost of medical materials supplied directly from the state agency.

C. The local agency 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 agency 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.

5.1.110 Line Item: Computer Hardware/Software

Authority 2008 7 CFR 246.14(d) & FNS Instr. 808-1, 815-1
Issued 11/1991
Revised 10/2009

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

PROCEDURES:

A. The local agency 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 agency shall follow local purchasing guidelines and specifications necessary in the purchase authorization.

C. After purchase, the local agency will bill for reimbursement on the Computer Hardware/Software line item. The state agency will reimburse the local agency 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 agency will send the WIC inventory tag to the local agency. 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.

V. Nutrition Services and Administration

5.1.120 Line Item: Facilities Costs

Authority 2008 7 CFR 246.14(a)(1) & FNS Instr. 808-1
Issued 01/1981
Revised 10/2009

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

PROCEDURES:

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

   1. Costs must be approved by the state agency.

   2. Costs must be equitably shared by all programs utilizing the local agency'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 agency.

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 agency.

      d. An alternate method agreed to by the state agency and the local agency.

   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 agency.

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.

V. Nutrition Services and Administration

5.1.130 Line Item: Indirect Costs

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	01/1981
Revised	10/2015

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 agency (LA) 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 LA.

   2. The LA 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 LA must budget and bill indirect costs to all other federal programs operated by the business entity associated with the LA 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 LA exceed the statewide allowable unit cost, the LA 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 to 10% de minimis in accordance with the original budget.

5.1.140 Line Item: Special Funds

Authority 2008 7 CFR 246.11(c)(1)&(2), MPSF-1: WC-91-16-P, Loving Support Breastfeeding Peer Counseling Grant Guidance
Issued 10/1990
Revised 10/2009

POLICY: The local agency (LA) 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 LA may receive special project funds through an application submitted to and approved by the state agency.

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 agency and the LA, and detailed instructions from the state agency.

E. The LA 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 5.1.020 and 5.1.030.
2. Other source documentation as applicable to the specific project line item. Refer to 5.1.040 and 5.1.090.
3. The LA 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.

V. Nutrition Services and Administration

5.1.150 In-Kind Costs

Authority 2008 7 CFR 246.16(d)(2)
Issued 11/1991
Revised 10/2009

POLICY: The local agency (LA) shall show in-kind costs not reimbursable through available funding in the WIC contract on both the WIC budget and billings. Refer to 4.1.050.

PROCEDURES:

A. A local agency 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 agency 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.

V. Nutrition Services and Administration

5.1.160 Local agency Outside Contracting

Authority 2008 7 CFR 246.4(a)(25), 246.6(d)&(f)
Issued 10/1990
Revised 10/2009

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

PROCEDURES:

A. The LA 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 agency 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 agency and reimbursed at the local agency rate.

B. The LA 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 agency(s) within the contract period, if needed.

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

1. When this is done, the LA 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 LA.

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

e. Other items considered necessary.

D. The LA may contract for interpretive services. The LA 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 8.1.030.

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.

V. Nutrition Services and Administration

5.1.170 WIC Program Income

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 agency directly generated by a grant-supported activity during the grant period 7 CFR3016.25(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.

VII. Caseload Management

7.1.010 Outreach

Authority 2008 7 CFR 246.4(a)(7,18,20, & 21), CFR 246.14(c)(3)
Issued 1/81
Revised 10/09

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

The LA 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 LA will provide these community partners with information about WIC and contact information to facilitate referrals to WIC.

The LA 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 11.1.020.

PROCEDURES:

A. Creating the LA 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 agency, such as local physicians, schools, religious organizations, etc.
4. The LA may request the WIC state agency (SA) 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 LA.
2. Nondiscrimination statement is required for all outreach materials. Refer to 11.1.020.

C. Targeting Outreach:

1. Target outreach to those at potentially high risk.
2. The LA may use US Census, WIC management reports, WIC MICA data,

community resources, geo-maps, and other data bases.

3. The LA may consult with the state agency to ensure an appropriate target population and adequate methods.

D. Funding:

1. The LA should request funding in the local agency plan (LAP).

2. The LA should charge the costs of doing outreach on line items appropriate to the activities done. Refer to 5.1.020 through 5.1.140.

3. Additional funding, when available, may be used for special outreach initiatives as appropriate and approved in the LAP.

E. Documenting Outreach:

1. The LA 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 LA for monitoring and compliance verification.

VII. Caseload Management

7.1.020 Contracted Caseload Participation

Authority 2008 7 CFR 246.16 (d)(2)
Issued 3/89
Revised 10/09

POLICY: The local agency (LA) shall contract to serve the state agency (SA) projected annual caseload budgeted in the local agency plan (LAP).

The LA shall provide a written request to the SA prior to a planned reduction in service for any purposes deemed necessary by the LA. 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 SA projects an annualized caseload of participants to be served for each LA based upon:

1. Current rate of increase or decrease of LA participants served.
2. LA's share of statewide caseload based on SA percent of historical LA performance projections, including projected growth or decline based on anticipated funding.

B. The LA shall develop a 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 SA 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 SA 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 LA 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 LA shall provide a written request to the SA prior to a planned reduction in service for any purposes deemed necessary by the LA. Refer to 11.1.040.

   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 SA, the LA is responsible for notifying current WIC participants and other affected LAs of the proposed caseload reduction and completing the work to transfer participants.

VII. Caseload Management

7.1.030 No Shows: Follow Up

Authority 2008 7 CFR246.6 (b)
Issued 2/91
Revised 01/11

POLICY: The local agency (LA) shall attempt, at least monthly, to follow up on no-show applicants and participants to reschedule missed appointments.

The LA 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 LA 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 LA 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. LA shall attempt to contact all prenatals who miss their appointment within five days to reschedule their appointment at the earliest possible date.

   b. LA 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 8.1.110 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 LA 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.

VII. Caseload Management

7.1.040 Waiting Lists

Authority 2008 7 CFR 246.7(f) (1) & FNS Instr. 803-6
Issued 3/81
Revised 10/09

POLICY: The local agency (LA) shall establish waiting lists only when/if the contracted year-to-date caseload percentage equivalent is exceeded and when no contract amendment to increase the caseload allocation can be authorized by the SA.

The LA shall establish and maintain waiting lists in accordance with the priority ranking system.

The LA 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 LA to request program benefits. LA 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 LA shall reassess and determine eligibility status for current priority or sub-priority being served.

The LA 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 LA in Missouri.

When caseload opening occurs at the LA, 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 LA must:

1. Track the contracted year-to-date 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 LA.
4. Determine which priorities and/or sub-priorities the LA 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 LA 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 LA 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 LA 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 LA to request program benefits.

5. For participants due for recertification, the LA 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 LA shall not place on a waiting list any transfer requests with a valid VOC. Whether they come from another state or another LA in Missouri, the LA 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 LA, 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 LA shall follow-up with a second telephone call or with written notification.

b. Written notification must:

i. Include the LA 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 LA which has been maintaining waiting lists for priorities six and seven now has 25 spaces available for enrollment. The LA would begin contacting applicants from the priority seven waiting list. After all priority seven applicants had been contacted for a certification appointment, the LA would proceed to priority six (6) waiting list.

3. If a LA does not have sufficient caseload available to enroll all applicants within a priority, the LA 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 LA 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.

VII. Caseload Management

7.1.050 Clinic Access

Authority 2008 7 CFR 246.4(a)(22), 246.7(b)(4)
Issued 11/93
Revised 10/09

POLICY: The LA (LA) shall assure that employed applicants, participants or guardians have access to clinics which require minimal time expenditures.

The LA 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 LA shall have in place one or more of the practices detailed in the procedures below to minimize time and distance.

The LA shall evaluate and address clinic access annually in the LA Plan (LAP) outlining options utilized to meet the requirements in this policy.

PROCEDURES:

A. The LA shall assure that employed applicants, participants or guardians have access to clinics which require minimal time expenditures.

1. When making appointments, the LA shall ask if the applicants, participants or guardians are employed.
2. The LA 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 8.1.110.

B. The LA 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 LA 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 LA shall schedule and/or offer options to minimize distance needed to travel. (See D. below.)

C. The LA 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 LA 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 8.1.200.
9. Allow the parent or guardian to send a proxy for certification of an infant or child. Refer to 8.1.190 and 8.1.200.
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.

VIII. Certification and Eligibility and Coordination of Services

8.1.010 Participant Confidentiality

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

Issued 05/91

Revised 06/14

POLICY: The local agency (LA) 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 LA shall not disclose individual information to anyone except as provided in this policy.

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

The LA 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 LA shall assure the security is equal to or exceeds that provided by the state agency.

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

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

The LA 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 LA 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 LA 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, LA 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. LA 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 LA may only release confidential information to persons directly connected with the WIC program. This would include service providers, management and administrators from the LA or state agency.

2. When presented with appropriate documentation and identification, the LA 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 LA 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 LA is issued a subpoena for a participant record, the LA shall immediately notify the state agency’s WIC Director or designee, then follow these procedures:

a. The LA consults with their legal counsel.

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

c. If the LA and their legal counsel decide not to release the information, the LA 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 LA 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 LA releases the information requested by the subpoena, legal counsel, acting on behalf of the LA, 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 LA 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 LA 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 LA 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 LA 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 LA. LA 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. LA 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.

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8.1.020 Participant Referrals

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
Issued 01/1981
Revised 10/2018

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 the Missouri WIC Information Network System (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 policy 2.4.010 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 8.1.220. 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.

CI. 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.

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8.1.030 Conflict of Interest and Separation of Duties

Authority	2019 7 CFR 246.4(a)(27); WIC Policy Memo 2016-5, Separation of Duties at WIC Local Agencies
Issued	12/1996
Revised	02/2020

POLICY: The local agency (LA) shall ensure that conflict of interest is avoided and that LA staff are not providing WIC services to themselves, relatives, or close friends.

The LA shall ensure a separation of duties for the LA staff to safeguard against fraud when determining participant income and nutritional risk.

The LA shall ensure that the LA staff who determines income eligibility and nutritional risk are not the same person. Either LA staff may issue food benefits.

The LA shall ensure that food instrument accountability functions are appropriately assigned and performed.

PROCEDURES:

A. Conflict of interest:

1. LA staff shall not perform the following functions for themselves, their relative(s), or their close friend(s):
    a. Determination of eligibility for the program based on identity, residency, or income.
    b. Any portion of the health assessment including obtaining health or medical history and anthropometric measurements.
    c. Nutrition education and counseling.
    d. Food instrument issuance.
    e. Re-evaluation of food packages or food benefit issuance.
2. LA staff must not serve as a proxy unless a signed note from the participant or guardian naming the staff as a proxy is on file for the current certification period.
3. LA staff shall notify their WIC Coordinator if they have a relative or close friend applying for or receiving WIC benefits.
4. Relatives and close friends of LA staff must receive services during regular clinic hours.
5. The LA may use their own discretion in determining whether services may be provided during the staff’s working hours for LA staff who receive WIC benefits.
6. The LA shall schedule WIC appointments for LA staff, their relative(s), or their close friend(s) at the time when other LA staff can perform the participating staff’s function.

7. Participant records of LA staff and relative or close friends of LA staff must be made available to the state agency (SA) for review in conjunction with a monitoring or technical assistance visit.

B. Separation of duties:

1. The LA shall ensure that a minimum of two (2) LA staff are available to perform certification duties to ensure that one (1) staff isn't determining eligibility for income and also determining nutritional risk. Either staff may issue food benefits to that same participant.

2. The LA shall indicate on the Local Agency Plan (LAP) if compliance with this policy cannot be achieved and provide an alternate process to address separation of duties.

3. The LA shall use the Separation of Duties report to select records for the post review. The report has a comments box and signature box for the reviewing supervisor to sign. Reports must be maintained on file at the LA for review during monitoring. Refer to 10.1.070 for LA record retention requirements.

4. If the LA does not have staff who can conduct the supervisory review of records within three (3) business days of the occurrence of one (1) staff doing both income determination and nutritional risk determination, the LA shall send an email to WICMonitoring@health.mo.gov to notify the SA that the SA will need to conduct the record review. The LA must include the day(s) that require the review.

5. Clinics with fewer than two (2) LA staff available to fulfill the separation of duties requirement shall, within two (2) weeks of the certification:

   a. Complete a review of all nonbreastfeeding infant certification records.

   b. Complete a review of at least 20 percent of a random sample of the remaining certification records.

   c. Ensure the review is completed by a supervisor with the authority to change an eligibility determination.

   d. Notify the SA by sending an email with the applicable details to WICMonitoring@health.mo.gov when the review is complete.

6. Clinics with multiple LA staff that allow one (1) staff 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, within two (2) weeks of the certification:

   a. Complete a review of all nonbreastfeeding infant certification records.

   b. Complete a review of at least 20 percent of a random sample of the remaining certification records.

   c. Ensure an additional file review of 10 percent of each clinic's

certification files is conducted every six (6) months by the SA.

7. The LA must notify the SA immediately if it appears that fraud or abuse may have occurred.

8.1.040 Value of WIC Benefits

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 agency (LA) 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 agency.

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8.1.050 Proof of Pregnancy

Authority 2007 7 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 agency (LA) shall assure all WIC clients are eligible for the Missouri WIC program. The LA 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, refer to policy 8.1.070.
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 LA may contact the SA 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 LA that WIC participant is not pregnant.

8.1.060 Physical Presence at Certification or Mid-certification Assessment

Authority 2016 7 CFR 246.7 (o)(1)(2), MPSF-1: WC-01-07-P

Issued 10/89

Revised 2/17

POLICY: The LA (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 SA, and the documentation must be maintained in the participant's file.

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8.1.070 Guidelines for Annual Certifications and Mid-Certification Assessment (MCA) Data Collection and Risk Factor Assignment

Authority 2016 7 CFR 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 2.4.110 for more information on nutrition education requirements
** Refer to 8.1.020 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 LA (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 LA 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 bloodwork 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 between 12 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.

   c. 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 8.1.220 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 LA 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 2.4.110 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 8.1.020.

VIII. Certification and Eligibility and Coordination of Services

8.1.080 Participant Explanation

Authority 2019 7 CFR 246.7(a), (i), and (j); 246.12(r)(3); WIC Policy Memo 2008-1 WIC Program Explanation for Participants
Issued 01/1981
Revised 02/2020

POLICY: The local agency (LA) shall provide an explanation of the purpose of the WIC program to each applicant, participant, authorized representative, or alternate representative/proxy at certification.

The LA shall provide an explanation of the participant's rights and responsibilities and shall require an electronic signature acknowledging that the participant understands his or her rights and responsibilities. The LA shall provide an interpretation of the participant's rights and responsibilities, when needed.

PROCEDURES:

A. At every certification, the LA shall explain:

1. Dual participation is illegal. Refer to policy 10.1.080.
2. Continuity of health care is important. The LA shall provide appropriate referrals for Missouri Department of Health and Senior Services programs, community resources, and substance abuse counseling and treatment. Refer to policy 8.1.020.
3. The WIC Participant's Rights and Responsibilities (WIC-10) is a partnership between the participant, the WIC program, and the LA. If the applicant, participant, authorized representative, or alternate representative/proxy is unable to read the WIC Participant's Rights and Responsibilities, the LA shall read the statement aloud prior to obtaining the signature. If a participant refuses to sign the WIC Participant's Rights and Responsibilities, explain that benefits cannot be provided.
4. Applicants and participants are required to be present at all certifications, with limited exceptions. Refer to policy 8.1.060.

B. At the initial certification, the LA shall explain:

1. The nutrition assessment process is necessary to identify nutrition needs and interests so WIC can provide benefits that are responsive to the participants.
2. The relationship between WIC staff and the participant is a partnership with open dialogue and two-way communication.
3. Participants must reapply at the end of the certification period and be reassessed for program eligibility.
4. Missouri currently serves all priorities of women, infants, and children. If the LA is not servicing all priorities, explain the WIC priority system and designation. Refer to the Risk Factor Summary and Priority Sheet.

5. The food package may be tailored to meet participant preference.

6. WIC food benefits are prescribed for the individual to support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients and foods. WIC foods are to be consumed by the participant, and not by other members of the household.

7. The food provided by WIC is supplemental and is not intended to provide all of the participant's daily food requirements.

8. The participant will be on a food benefit issuance cycle: monthly, bi-monthly, or tri-monthly.

C. First time applicants must receive instruction regarding proper use of the food instrument and redemption of food benefits to include transaction procedures at the authorized WIC retailer, food benefit periods, how to read a receipt, and how to receive a balance inquiry. The LA must review these instructions at subsequent certifications to ensure the participant's or authorized representative's understanding.

1. Food benefits may only be redeemed at authorized WIC retailers.

2. A food instrument is the responsibility of the participant or authorized representative and must be safely stored.

3. The participant or authorized representative must keep the personal identification number (PIN) private and only share with someone they trust.

4. The participant or authorized representative will be held responsible for any program violation(s) committed by the person to whom they have shared their PIN.

5. A food instrument that has been lost or stolen can be replaced in accordance with policy 9.1.020.

6. Food benefits expire at midnight on the last day of the month.

7. Participants can access the WIC retailer directory for their service area using the WIC retailer directory on the state agency (SA) website or through the WICShopper application, if available.

8. It is a participant violation to request a refund or to exchange WIC food for other items at the retailer.

9. Participants have the right to be treated fairly at authorized WIC retailers and may submit a complaint to the SA via LA staff using the WIC Participant Redemption Complaint (WIC-40). Refer to policy 1.1.010.

CI. At all future appointments, the participant shall be asked if changes are needed to their food package. Refer the participant, authorized representative, or alternate representative/proxy to the competent professional authority (CPA) or nutritionist if a change is requested.

8.1.090 Weight Standards for Women and Adolescent Females

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.

8.1.100 Exit Counseling

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.

8.1.110 Timelines for Applicant Processing

Authority 2008 7 CFR 246.7(b)(5) & 246.7(f)(2)
Issued 1/81
Revised 10/09

POLICY: The LA (LA) shall process all requests for program benefits, within time frames required by federal regulations. The LA shall attempt to contact all prenatal applicants who miss the first eligibility determination appointment within five calendar days of the original appointment.

The LA shall provide WIC certification services and benefits without charge or expense to the applicant or participant.

The LA 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 LA for program benefits during regular LA office hours.
2. If the applicant cannot be assessed for program eligibility on the day initial contact is made, the LA 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 LA shall inform the applicant and make no appointment.
3. If the applicant meets the income eligibility guidelines, the LA 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 LA 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 8.1.190, 8.1.200 and 8.1.060.

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 8.1.170.

C. Neither the LA 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 LA cannot schedule an appointment within the appropriate time frames as defined in A.3., the LA should contact the SA immediately to determine steps necessary to correct the situation.

E. If the LA 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

VIII. Certification and Eligibility and Coordination of Services

8.1.130 Income Assessment and Documentation

Authority 2019 7 CFR 246.4(a)(6); 246.7(d) & (h); WIC Policy Memo 2013-3; WIC Policy Memo 2003-3; WIC Policy Memo 99-4

Issued 01/1981
Revised 02/2020

DEFINITIONS:

Income: Current income is defined as income received by the household during the 30-day period prior to the date of the application for WIC benefits.

Household: For the purpose of determining household income, household refers to a person or number of persons who usually live together (although not necessarily) and share economic resources and consumption of goods or services.

POLICY: The local agency (LA) shall assess income or adjunct eligibility of all applicants at each certification based on household size and income. For household size determination, refer to 8.1.140.

A temporary certification may be issued for up to 30 days and up to 30 days' worth of benefits may be provided if income documentation is not available. There are no exceptions to the 30-day limit. Temporary certification is not permitted if either proof of residency or identity is also missing, except as authorized due to disaster or emergency situations. Refer to policy 4.1.060.

The LA shall reassess and verify WIC participant income eligibility during the current certification period if the LA receives information indicating that the household income has changed.

At the time of reassessment, if one (1) household member is determined to be ineligible based on income 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. Proof of Eligibility

1. The LA must inform the applicant or participant of the need for proof of income for the household when scheduling a certification appointment.
2. The type of document viewed to provide proof of eligibility must be identified in the income calculator screen of the Missouri WIC Information Network System (MOWINS).
3. The LA may require verification of information which it determines necessary to confirm income eligibility for WIC benefits. Verification involves the LA actively obtaining proof from a reliable third party that the documentation presented by the applicant is correct.

4. If an applicant, participant, parent, or guardian (not adjunctively eligible) fails to present proof of income at the certification appointment, the agency shall choose one option below:

   a. Inform the applicant, participant, parent, or guardian of the required documents needed and schedule a new certification appointment within regulatory time frames, or

   b. If all other eligibility requirements are met, and identity and residency proofs have been provided:

      i. The applicant, participant, parent, or guardian must self-declare income.

      ii. The applicant must be notified of the self-declaration statement in the WIC Participant's Rights and Responsibilities.

      iii. The LA shall mark the pending proof of income box in MOWINS and provide food benefits for only the current month's food package.

      iv. The LA shall schedule the participant to return with the required proof of income within 30 days or at the next available clinic day.

      v. The LA shall issue no more than 30 days' worth of food benefits with pending proof.

B. Adjunct Eligibility

1. Adjunct eligibility may be proven with the following:

   a. HDFS screen showing current eligibility in MO HealthNet, Food Stamps, or TANF.

   b. Letter of current eligibility for MO HealthNet showing name of applicant or participating family member(s). A MO HealthNet card is not acceptable proof of current eligibility.

      Note: MO HealthNet co-pay programs for persons over 185% of poverty or Show-Me Healthy Babies (SMHB) do not qualify for adjunct eligibility.

   c. Temporary Assistance letter showing current eligibility.

   d. Food Stamp Program letter showing current eligibility. Note: A Food Stamp EBT card is not acceptable proof of current eligibility.

2. An adjunctively eligible individual shall self-declare their household income. Adjunct eligibility overrides the actual income. Select "Self Declaration" in the drop-down box in MOWINS.

3. An adjunctively eligible foster child does not confer eligibility to other household members since a foster child is considered a household of one.

4. An individual providing valid proof of adjunct eligibility is not subject to further income assessment.

C. Determining Income

1. Income is gross monetary 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. The following shall be used to determine if current or annual income is the best indicator of eligibility for each applicant or participant:

   a. Current income is income received in the 30-day period prior to the application.

   b. If income is being assessed 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 (6) months), current income refers to income that will be available to the family in the next 30 days.

   c. Annual income is income received in the most recent 12 months prior to the date of application. Some examples of when annual income might be more appropriate include:

      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 individuals.

      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 (except participants that are adjunctively eligible) must be asked for information as to how they obtain food, shelter, clothing, and medical care. The participant or guardian must complete and sign the Affidavit of Zero Income.

      i. Select 'Affidavit' from the income drop-down menu in MOWINS.

      ii. Scan and save the signed Affidavit of Zero Income in the participant folder in MOWINS.

5. The type of document viewed to provide proof of income must be noted electronically in MOWINS. Examples of acceptable documentation may include:

   a. Current pay stub noting the pay time frame (e.g., weekly, bi-weekly, monthly).

   b. Signed statement from employer indicating gross earnings for a specified pay period.

   c. Commissions, fees, and tip records.

d. W-2 forms or income tax returns for the most recent calendar year.

e. Unemployment letter or notice.

f. Check stub or award letter from Social Security stating current amount of income.

g. Recent Leave and Earnings Statement (LES) for military personnel.

h. Recent bank statement.

i. Foster child placement letter or foster parent award letter.

j. Divorce decree which states alimony and/or child support.

k. Scholarship letter.

l. Accounting records for the self-employed.

m. Other source of income not listed above must be documented in the general notes in the participant folder in MOWINS.

D. Reassessing Income Eligibility

1. Do not reassess income within a certification period unless the LA 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 LA shall provide a 15-day advance written notice of termination of certification and appeal rights. Participation of any other household members on WIC must be terminated as well.

2. If the LA receives a documented complaint regarding the income reported at the time of assessment, follow-up should occur to determine if the participant gave accurate information at the assessment. The LA 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 an infant or child is found to be no longer income eligible, the LA shall provide a 15-day advance written notice of termination of certification and appeal rights. Participation of any other members in the same household 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.

E. Income Inclusions - The LA shall count the following as income:

1. Monetary compensation for services, including wages or salary, commissions, fees, tips, and training stipends.
2. Net income (gross receipts less operating expenses) from farming self-employment, non-farming self-employment, rental property, and royalties.
3. Social Security benefits.
4. Public assistance, private assistance, or financial support payments.
5. Unemployment compensation.
6. Strike benefits.
7. Worker's compensation.
8. Pensions, retirement pay, or annuities from government, military, or veteran's agencies, and private companies.
9. Alimony received.
10. Child support received.
11. Dividends or interest received.
12. Income received or withdrawn from estates or trust accounts.
13. Regular contributions from persons not living in the household, such as parental assistance to students.
14. Monetary prizes.
15. Withdrawal from savings or investments.
16. Student financial assistance (except those listed in section F.7.).
17. Loans that do not need to be repaid.
18. Capital gains.
19. Lump sum payments that are not reimbursements for lost assets or injuries (e.g., gifts, inheritance, lottery winnings, winnings and proceeds from gaming, gambling, bingo, and severance pay). Count these as annual income, not current monthly income.
20. Income from work as a census worker or election official.

F. Income Exclusions - The LA shall not count as income the following:

1. The value of in-kind housing or other non-monetary benefits and bartered service.
2. Federal and state tax refunds, Earned Income Tax Credit (EITC), and rebates.
3. Gifts periodically given.
4. Loans, not including amounts to which the applicant has constant or unlimited access.
5. Reimbursements for expenses incurred (e.g., business expenses and medical bills).

6. Lump sum payments or large cash settlements received by the household as reimbursements for lost assets or injuries.

7. Student financial assistance that meets all of the following criteria:

    a. 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.

    b. 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.

8. Volunteer payments through:

    a. Title I (Volunteers in Service to America (VISTA) and others) and Title II (Retired Senior Volunteer Program (RSVP), foster grandparents, and others) of the Domestic Volunteer Service Act of 1973.

    b. Section 8(b)(1)(B) of the Small Business Act (Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE)).

9. Payments through:

    a. Migrant and seasonal farm workers program.

    b. Veterans employment programs.

    c. Job Corps.

    d. Housing and Urban Development (HUD) rent subsidies.

    e. 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.

    f. The Civil Liberties Act of 1988 (Japanese internment camps).

    g. Dislocated worker programs.

    h. The prescription drug discount card program.

    i. Payments received by property owners under the National Flood Insurance Program (NFIP) for flood mitigation activities.

    j. Filipino Veterans Equity Compensation Fund payments.

10. Cash stipend from the Division of Developmental Disabilities for purchasing goods and services for a family member with a developmental disability.

11. The value of assistance to children or their families under the:

    a. National School Lunch Act.

    b. Child Nutrition Act of 1966.

    c. Food and Nutrition Act of 2008.

12. Benefits received through childcare grant programs under:

    a. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act.

    b. Child Care and Development Block Grant Act.

G. Military

1. Income inclusions for military:

    a. 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).

    b. Basic Allowance for Subsistence (BAS) pay for military families.

    c. Income for military members from Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP) is included when the service member is serving at their home station in the United States. See 2.d.

    d. Combat pay received by the service member prior to his or her deployment to or service in the designated combat zone.

2. Income exclusions for military:

    a. 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.

    b. 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.

iii. 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) while the service member is deployed overseas is to be excluded from the income assessment.

e. Family Subsistence Supplemental Allowance (FSSA) payments provided by Department of Defense to low-income members of the Armed Forces.

H. Special circumstances:

1. Foster child: If the Children's Division 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.

2. In-stream migrant farm workers:

a. Must have eligibility determined at least once every 12 months.

b. 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.

3. Self-employed applicants showing no profit, or showing a loss, are treated as zero income.

I. Exception: The proof of income documentation requirement does not apply to individuals for whom the necessary documentation is not available and the requirement presents an unreasonable barrier to participation (e.g., homeless woman or child, migrant farmworker) and for whom the agency determines the income documentation requirement could not be obtained. Refer to 2.4.090 and 4.1.060. The LA must require the applicant to sign a statement specifying the income received the 30 days prior to the certification and why he or she cannot provide proof of income. Scan the signed statement and save in the participant folder in MOWINS.

VIII. Certification and Eligibility and Coordination of Services

8.1.140 Determining Household Size

Authority 2019 7 CFR 246.2, 246.7(d) & (h), WIC Policy Memo 99-4, FNS Instruction 803-3, WIC Policy Memo 2013-3

Issued 07/19

Revised

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:

i. Count the deployed parent(s) and the children as one household as would have been the case prior to the deployment.

ii. Count the children as a separate household.

iii. Consider the children to be part of the household of the person(s) with whom they reside.

3. Students

   a. Students temporarily away at school are counted as members of the household if the family provides support.

   b. A student who is temporarily away at school receiving no support from parents is considered to be living as a separate household.

8.1.150 Voter Registration

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 LA 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 SA 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 2.4.010 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 SA shall oversee and monitor LAs for compliance with the NVRA and the provisions of this policy. For the SA's monitoring policy and procedures refer to 10.1.030.

1. The SA will review the tally sheets and declination forms during the on-site monitoring visit.

2. At any time, the SA 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.

VIII. Certification and Eligibility and Coordination of Services

8.1.160 Transfer of Certification and Verification of Certification (VOC)

Authority 2016 7 CFR 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 LA official.

g. Name, address and phone number of the certifying LA.

h. An identification number or some other means of accountability. If proof of income is "Pending" in the participant's chart, the LA 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 LA 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 LA 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 LA 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 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 SA 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 SA 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 LA 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 8.1.070 and 9.1.020.

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.

VIII. Certification and Eligibility and Coordination of Services

8.1.170 Notification of Ineligibility, Termination, or Expiration of Certification

Authority	2019 7 CFR 246.7(h)(1), (j)(2), (5), (6), and (8); 7 CFR 246.9(a) and (g), FNS Instruction 803-9, Rev. 1
Issued	01/1981
Revised	02/2020

POLICY: The local agency (LA) shall give an applicant, participant, authorized representative, or proxy a written notice of the reason for program ineligibility and the right to a fair hearing.

The LA shall give notice to a participant, authorized representative, or proxy when their certification is about to expire.

PROCEDURES:

A. A written notice of ineligibility is required for the following:

1. The applicant or participant is not at a nutritional risk.
2. The applicant or participant exceeds WIC program income guidelines and is not adjunctively eligible for services.
3. The applicant or participant does not live, work, or receive health care in Missouri.
4. The applicant or participant is not categorically eligible.

B. When an applicant or participant is determined ineligible at a certification, the LA shall:

1. Complete and provide the WIC Notification of Ineligibility or Termination form (WIC 19) or provide the notification generated from the Missouri WIC Information Network System (MOWINS). The LA must scan a copy into MOWINS. Refer to policy 11.1.030.
2. Inform the applicant or participant food benefits will not be provided due to ineligibility.

C. When a participant is determined ineligible during a certification period, the participant must be advised at least 15 days prior to termination. The LA shall complete and provide the WIC Notification of Ineligibility or Termination form (WIC 19). Refer to policy 11.1.030.

D. When a participant is nearing the expiration of a certification period, the participant must be advised at least 15 days, but no more than 60 days, prior to expiration. The LA must provide notification of expiration by providing the participant the notice printed on the eWIC Shopping List or Account Balance.

8.1.180 Schedule Certification Periods

Authority 7 CFR 246.7(g);
Issued 1/81
Revised 10/15

POLICY: The local agency (LA) shall use the certification and mid-certification assessment (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 8.1.170.

VIII. Certification Eligibility and Coordination of Services

8.1.190 Authorized Representatives and Alternate Representatives

Authority 2019 7 CFR 246.7(c)(2)(i), 246.12(r)
Issued 03/1983
Revised 02/2020

POLICY: An authorized representative is a participant or the parent, legal guardian, or caretaker of a participant. The authorized representative is responsible for providing proof of identity, residency, and income; attending appointments; completing paperwork; participating in nutrition education; and redeeming benefits at the retailer.

The parent, legal guardian, or caretaker who brings in an infant or child for their first appointment is the authorized representative and can designate up to two (2) alternate representatives, or two (2) proxies, or one of each.

The authorized representative signs the WIC Participant's Rights and Responsibilities (WIC-10). Refer to policy 8.1.080.

The alternate representative is a parent or caretaker for an infant or child participant and may attend certification appointments when the authorized representative is not available.

Regardless of age, a parent of a participant may be designated as the authorized representative or alternate representative for their infant or child.

PROCEDURES:

A. Assigning an authorized representative:

1. The following person(s) may apply for benefits on behalf of an infant or child under five years of age:

   a. Natural mothers or fathers, if the child is living with them.

   b. Guardians or foster parents who are legally responsible for the care and management of the infant or child. Legal documents should be used to verify the guardianship status of the child.

   c. Relative or other caretaker with whom the child is living if they have written verification. This verification can be a letter from a natural parent or documentation from the Department of Social Services (DSS) granting kinship and identifying that the infant or child is living with this person.

B. The LA shall not change the authorized representative unless one of the following conditions apply:

1. The current authorized representative sends a signed and dated statement requesting the authorized representative be changed. The local agency (LA) may then change the authorized representative with accompanying proof of identification. Proof of residence and income must be shown if the participant has moved and/or the household size has changed. Refer to policy 8.1.140.

2. Change in custody: If at any time a caretaker arrives at the clinic with legal proof of full (100%) custody of an infant or child participant, staff may change the authorized representative with accompanying proof of identity, residency, and income information.

   a. It is the responsibility of the caretakers who share 50 percent custody to determine who will be the authorized representative.

   b. Clinic staff will not be involved in making decisions as to who will be the participant's authorized representative.

3. Foster care: When a child is placed in foster care, the foster parent becomes the authorized representative with proof of custody from the DSS. If the foster parent changes, the new foster parent becomes the authorized representative with legal proof of custody.

C. The authorized representative may change the alternate representative at certification. If the change needs to occur during the certification period, the authorized representative shall complete the Proxy/Alternative Authorized Representative Form (WIC-33).

D. An authorized representative may receive copies of participant information for themselves or the participant for whom they are caring. Refer to policy 8.1.010.

VIII. Certification Eligibility and Coordination of Services

8.1.200 Proxies

Authority 2019 7 CFR 246.2, 246.7(c)(2)(i), 246.12(r)
Issued 03/1983
Revised 02/2020

POLICY: The local agency (LA) shall allow the authorized representative to designate a proxy. An authorized representative is a woman participant or a parent, legal guardian, or caretaker who is applying for benefits on behalf of a child or infant. Refer to policy 8.1.190.

A proxy is a person designated by the authorized representative to obtain and transact food benefits on behalf of a participant.

The LA shall require proof of identity from the proxy before the issuance of food benefits. Refer to policy 8.1.210.

Authorized representatives should be advised to designate only a responsible and trustworthy person to be a proxy.

The authorized representative may change the proxy at any time.

PROCEDURES:

A. Designating proxies:

1. The LA shall ask the authorized representative for a proxy designation at certification. The LA shall document the name and choose the proxy designation in the relationship dropdown.

2. If the authorized representative chooses to add or make a change to the proxy designation during the certification period, the authorized representative must make the request in person or in writing. The new proxy must provide proof of identity prior to receiving food benefits on behalf of the authorized representative or participant.

   a. If the authorized representative is not able to be present, he or she may send a signed note with the new proxy's name. The LA will scan the note into MOWINS and enter the new proxy's name in MOWINS.

   b. If a change of proxy is requested by phone, LA staff shall verify they are speaking to the authorized representative by asking for date of birth or address. LA staff must enter a general note regarding the change and update MOWINS with the name of the new proxy.

   c. If LA staff are unable to verify they are speaking to the authorized representative, they should request a signed note from the authorized representative be sent with the new proxy.

B. A proxy must comply with program regulations.

1. The authorized representative will be held responsible to educate the proxy on how to use the food instrument and how to select allowable WIC foods.

2. Any program violation by a proxy may result in the authorized representative or participant's ineligibility or removal from the program. The participant or authorized representative and the proxy may be subject to civil or criminal prosecution.

C. LA staff must ensure that proxies are notified that they have a right to submit complaints about improper retailer practices.

D. An authorized representative may give the food instrument and personal identification number (PIN) to someone that is not listed as a proxy in MOWINS. This individual is not authorized to attend appointments at the LA but may go to the retailer to purchase the WIC foods for the participant. The authorized representative must be aware that any individual given the PIN must comply with program regulations the same as an authorized representative. Any program violation by anyone who has been given the PIN may result in participant ineligibility or removal from the program. The participant or authorized representative of an infant or child, and the person who was given the PIN, may be subject to civil or criminal prosecution.

E. LA staff must not serve as a proxy unless a signed note from the authorized representative naming the staff as a proxy is on file for the current certification period. Refer to policy 8.1.030.

8.1.210 Proof of Identity

Authority 2019 7 CFR 246.7(c)(2)(i); WC-99-16-P
Issued 10/1999
Revised 02/2020

POLICY: The local agency (LA) must verify identity of each applicant, participant, authorized representative, and proxy for certification and food benefit issuance. Documents must be provided by the authorized representative or proxy.

PROCEDURES:

A. The following documentation shall be accepted as proof of identity:
   1. Birth certificate
   2. Driver license
   3. Employee identification card
   4. eWIC card with PIN
   5. Foster care placement letter
   6. Health insurance or Medicaid card
   7. Hospital record
   8. Immunization record
   9. Military identification card
   10. Naturalization papers
   11. Passport
   12. School identification card
   13. Social security card
   14. Social services benefit letter
   15. State identification with picture
   16. Voter registration card
   17. Exception - signed statement

B. An immunization record generated by WIC staff cannot be used as proof of identity.

C. A Verification of Certification (VOC) card cannot be used as proof of identity.

D. Pending Proof:

   2. If an applicant or participant fails to bring in proof of identity at the certification appointment, the agency shall choose one option below:

      a. Inform the applicant, participant, parent, or guardian of the required documents needed and schedule a new certification appointment within regulatory time frames, or

      b. If all other eligibility requirements are met and income and residency proofs have been provided, the applicant may self-declare identity.

         i. The applicant must be notified of the self-declaration statement in the WIC Participant’s Rights and Responsibilities.

ii. The LA shall mark the pending proof box in the Missouri WIC Information Network System (MOWINS) and provide food benefits for only the current month's food package.

iii. The LA shall schedule the participant to return with the required proof of identity within 30 days or at the next available clinic day.

3. No more than 30 days' worth of food benefits may be issued with pending proof.

E. Exception: The proof of identity documentation requirement does not apply to individuals for whom the necessary documentation is not available and the requirement presents an unreasonable barrier to participation (e.g., homeless woman or child, migrant farmworker) and for whom the agency determines the proof of identity documentation requirement could not be obtained. Refer to 2.4.090 and 4.1.060. The LA must require the applicant to sign a statement stating why he or she cannot provide proof of identity. The LA shall scan the signed statement and save in the participant folder in MOWINS.

VIII. Certification and Eligibility and Coordination of Services

8.1.220 Nutrition Risk Criteria

Authority 2017 7 CFR 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 policy 8.1.070.
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 8.1.070 (D.2.).
5. Refer to policy 8.1.230 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 8.1.080 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.

CI. Providing Referrals.

Provide appropriate referral information and document in MOWINS. Refer to policy 8.1.020.

IX. Food Instrument/Food Instrument Accountability and Control

9.1.010 Food Instrument Accountability and Liability

Authority 2019 7 CFR 246.12(p) and (q)
Issued 01/1981
Revised 02/2020

POLICY: The local agency (LA) shall maintain strict control and accountability of all food instruments from the time the food instruments are received to the time they are issued to participants, authorized representatives, or proxies. The LA must account for the disposition of all food instruments.

PROCEDURES:

A. The LA will meet established standards to ensure the security of food instruments. Refer to policy 9.1.040.

B. The LA shall ensure each issued food instrument is properly:

1. Issued to an eligible participant with a valid certification.
2. Documented in the card management tracking system.
3. Destroyed, if returned.

C. The state agency (SA) reserves the right to bill the LA for the redeemed amount of improperly issued food benefits. The LA may repay the SA by:

1. Submitting a check for the identified amount within 45 calendar days of notification, or
2. Reducing the monthly invoice by the identified amount.
   a. This reduction will be withheld from the monthly invoice submitted for payment. This action reduces the reimbursement amount of the monthly invoice.
   b. The LA shall not pay for these by claiming the identified amount as an expense on the WIC administrative cost report.

D. The SA reserves the right to bill the LA for the cost of each unissued food instrument for which accountability is not maintained. The LA must repay the SA by submitting a check for the identified amount.

IX. Food Instrument/Food Instrument Accountability and Control

9.1.020 Food Benefit Issuance Cycles

Authority	2019 7 CFR 246.12 (r)(5)
Issued	10/09
Revised	02/20

POLICY: The local agency (LA) staff shall assign the food benefit issuance cycle for each participant at certification.

Only the competent professional authority (CPA) can increase the issuance cycle, but all staff can adjust the issuance cycle to accommodate appointment scheduling.

The maximum issuance cycle is three months.

PROCEDURES

IX. Food Delivery/Food Instrument Accountability and Control

9.1.030 Food Instrument Replacement

Authority 2019 7 CFR 246.4(a)(14)(xix) and (xx); 246.12(bb)(2) and (3)
Issued 02/1989
Revised 02/2020

POLICY: The local agency (LA) shall issue a replacement food instrument when an authorized representative or alternate representative/proxy reports the food instrument as lost, stolen, or damaged. Only the authorized representative or alternate representative/proxy may request a replacement.

A food instrument reported as lost, stolen, or damaged may not be replaced earlier than five (5) calendar days but must be replaced by seven (7) business days.

The LA should deactivate a food instrument immediately upon receiving notice from an authorized representative or alternate representative/proxy that the card is lost, stolen, or damaged to start the five (5) calendar day waiting period. A food instrument must be deactivated within one (1) business day of receiving notice.

The LA will only replace unredeemed food benefits.

PROCEDURES:

A. When the LA receives a report that a food instrument is lost, stolen, or damaged:

1. Deactivate the food instrument.
2. Schedule a time for the authorized representative or alternate representative/proxy to return in five (5) calendar days to receive the replacement food instrument and associated participant benefit balance.
3. Provide referral information for local food resources when needed.
4. Document the reason for deactivation of the food instrument in the participant's folder in the Missouri WIC Information Network System (MOWINS).
5. Complete documentation of the primary account number (PAN) and other information on the Food Instrument- Lost, Stolen, Damaged Log.

B. After the five (5) calendar day waiting period, the LA may issue a replacement food instrument following the MOWINS process.

1. The LA will verify the identity of the person picking up the food instrument to ensure it is the authorized representative or alternate representative/proxy. Refer to policy 8.1.200 for acceptable proofs of identity.
2. The person picking up the food instrument will set the personal identification number (PIN). The authorized representative may choose to change the PIN at a later time.

C. The LA shall immediately destroy damaged or unusable food instruments upon receipt.

IX. Food Instrument/Food Instrument Accountability and Control

9.1.040 Food Instrument Inventory Management

Authority 2019 7 CFR 246.12 (p) and (q)
Issue 02/2020
Revised

POLICY: The local agency (LA) is responsible for managing food instrument inventory, including ordering, securing, and tracking, to ensure inventory is adequate to meet operational needs and to reduce the risk of fraudulent food instrument use.

PROCEDURES:

A. The LA shall designate WIC staff to manage food instrument inventory. If the LA has multiple sites, the LA has the option to designate one WIC staff per agency or one WIC staff per site. A second WIC staff should be designated as back up.

   1. The designated WIC staff shall order, track, and secure food instruments at the LA and satellite site(s).
   2. The designated WIC staff shall maintain strict inventory controls by:
      a. Ordering food instruments using the online ordering form;
      b. Verifying receipt of food instruments and signing the Missouri eWIC Food Instrument Shipping and Receiving form before returning the signed form to the state agency (SA);
      c. Assigning food instruments to WIC staff daily for issuance;
      d. Reconciling inventory at the end of each day, ensuring each food instrument issued has been documented on the Food Instrument Bundle Inventory;
      e. Confirming the end of day food instrument inventory by physical count; and
      f. Storing all food instrument inventory forms for the main site and satellite site(s), either electronically or in paper form, in a secure location.

B. All food instruments shall be stored in a locked, secure storage area with limited access.

   1. Access to the stored food instruments must be limited to the designated WIC staff and the back up.
   2. Food instruments used for daily clinic operations can be readily available to all WIC staff at their work stations but should be kept out of sight (e.g., in a desk drawer).
   3. At the end of the day, all food instruments must be accounted for and returned to the locked, secure storage area.

C. Security shall be maintained at all times if the LA travels with the food instruments to a satellite site.

X. Monitoring and Audits

10.1.010 WIC Local Agency Nutrition Services Contract and Attachments

Authority 2008 7 CFR 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 agency (SA) in order for the local agency (LA) to receive reimbursement for WIC services.

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

PROCEDURES:

A. The original LA 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 LA 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 agency. Upon approval or notification, these LAs 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 LA offices. The LAP must be submitted and approved before any reimbursement can be made. Refer to policy 4.1.050 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 LA must comply with all provisions of the contract, scope(s) of work, and any amendment(s).

F. The LA must retain contract, scope(s) of work and amendments for audit. Refer to policy 10.1.070.

X. Monitoring and Audits

10.1.020 Participant Violations

Authority 2019 7 CFR 246.2, 246.7(j), 246.7(l), 246.12(u), 246.23(c)
Issued 01/1981

Revised 02/2020

POLICY: Action shall be taken on all reports of misuse of WIC services and benefits.

Participant violations are defined as any intentional act of an applicant, participant, authorized representative, or proxy that violates federal or state regulations, policies, or procedures governing the WIC program. Participant violations include, but are not limited to:

A. Intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding information to obtain or increase program benefits.

B. Selling or offering to sell, trade, donate, or give away food instruments, WIC food, or a WIC-provided breast pump in person, in print, or online.

C. Exchanging or attempting to exchange food instruments or WIC food for cash, credit, services, non-food items, or unauthorized food.

D. Intentionally altering, counterfeiting, or otherwise causing deception in the use of a food instrument.

E. Redeeming a food instrument reported lost or stolen in addition to redeeming the replacement food instrument.

F. Giving WIC food to anyone other than the participant(s) to whom the food was issued.

G. Simultaneously participating in the WIC program in more than one (1) WIC agency, whether within one (1) state or in multiple states.

H. Physically or verbally abusing or threatening to cause harm to local agency (LA) staff, authorized WIC retailer staff, other participants, authorized representatives, or proxies.

PROCEDURES:

A. The LA shall contact the State Program Integrity Specialist regarding all allegations of participant violations.

B. The state agency (SA) will investigate allegations and seek additional information when needed.

C. The WIC Coordinator and SA technical assistance (TA) staff will be notified if an allegation is substantiated.

1. If the participant violation results in a warning, repayment to the WIC program, or disqualification, the SA will send the appropriate letter(s).

2. If the participant violation does not require a warning, repayment to the WIC

program, or disqualification, the SA will coordinate with the LA regarding communication with the participant about the violation.

D. The WIC Coordinator will ensure all documentation is scanned into the Missouri WIC Information Network System (MOWINS) record and an alert is entered to review the documentation at the participant's next scheduled appointment. The LA will document any discussion with the participant, authorized representative, or proxy in the MOWINS record.

E. If dual participation is substantiated between Missouri LAs, the SA and the LAs will determine from which LA the participant must be immediately terminated. If dual participation is substantiated between Missouri and another state, the SA will contact the other state to determine actions and notify the LA.

F. The LA shall prominently display the fraud prevention poster in each WIC clinic including satellite sites. The poster is located on the Missouri WIC website.

X. Monitoring and Audits

10.1.030 State and Local Agency Monitoring Process

Authority 7 CFR 246.11(c)(5) & CFR 246.19(b)(1-4, & 6)
Issued 01/1981
Revised 06/2010

POLICY: The WIC state agency shall establish an on-going management evaluation system which includes at least the monitoring of local agency (LA) operations, the review of LA 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 LA shall establish a management evaluation system to review their operations and those of associated clinics or contractors.

The LA 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 LA:

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 LA Coordinator to schedule a monitoring visit. This visit will include observations of clinics and review of records, reports, documentation, etc.

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

D. The LA 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 LA:

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 LA 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 LA for follow-up within six months of approval of the plan, unless WIC state staff determine additional time is needed for LAs with intensive technical assistance needs. The LA 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 LA for follow-up within nine to twelve months from the monitor date, unless WIC state staff determine additional time is needed for LAs with intensive technical assistance needs. The LA will send the completed Self Monitor Report to the designated email address for review within the timeframes requested.

J. The LA will keep on file for audit purposes and for follow-up the monitor findings, the LA 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.

X. Monitoring and Audits

10.1.040 Management Evaluation System

Authority 2008 7 CFR 246.19(b)(6)
Issued 06/1997
Revised 06/2010

POLICY: The local agency (LA) shall have an on-going management evaluation system.

PROCEDURES:

A. The LA 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 LA management evaluation system shall include at a minimum:

1. Local agency 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 agency monitoring.

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

1. Local agency 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 LA in compliance with State policies and a method of evaluation.

D. The LA 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.

X. Monitoring and Audits

10.1.050 Local Agency Administrative Appeals

Authority 7 CFR 246.18(a)(3)
Issued 01/1981
Revised 06/2010

POLICY: The state agency (SA) shall provide full administrative reviews to the local agency (LA) to appeal an adverse action or disqualification.

PROCEDURES:

A. The SA shall provide a LA 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 LA's participation.
3. Disqualification during the course of the contract.

B. Actions not subject to appeal:

1. Expiration of a LA contract is not subject to appeal.
2. Denial of a LA's application if subject to the SA's procurement procedures.

C. When an adverse action is to be taken against a LA, the SA shall provide written notification to the LA 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 SA shall provide written notification to the LA 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 LA, the SA shall provide the LA 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 LA requests a hearing, the SA shall postpone the proposed adverse action or disqualification until a hearing decision is reached.

G. During the appeal process, the LA shall continue to comply with the terms of the contract.

H. The SA shall provide the LA 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 SA's proposed adverse action or disqualification is upheld in the appeal process and the LA requests a higher review, the SA 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 LA, the proposed adverse action or disqualification will not be taken.

X. Monitoring and Audits

10.1.060 Audit

Authority CFR 246.13(f)(j), 246.20(b)(1-3), CFR 246.25(a)(1)(2)(4)(d)
Issued 01/1981
Revised 10/2007

POLICY: The local agency (LA) 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 LA 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 LA 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 SA.
   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 LA shall respond in a timely and appropriate manner to all WIC related claims, audit findings and recommendations. The SA will assist, if requested.

G. The LA shall submit all audit reports containing information about WIC program operations to the SA.

H. For future audits and WIC monitoring, the LA 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.

X. Monitoring and Audits

10.1.070 Local Agency Record Retention and Destruction/Audit Letter

Authority 2008 7 CFR 246.25(a) & Mo. State Statutes 516-105
Issued 01/1981
Revised 06/2010

POLICY: The local agency (LA) 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.

LA WIC records shall be maintained until the SA sends the LA 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 LA 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 LA 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 SA

b. Equipment inventory

c. Evaluations of LA 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 LA 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 SA or FNS, the LA shall not destroy program records of historical interest, but shall forward such records to the SA.

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 LA may destroy all WIC records covered by the time period specified unless otherwise restricted by local or state statutes. (See A above.)

X. Monitoring and Audits

10.1.080 Local Agency Collections

Authority 2008 7 CFR 246.15(b); CFR 246.23(d); MPSF: WC-04-33-P
Issued 10/2005
Revised 10/2009

POLICY: When the state agency (SA) determines through contract monitoring, consultations, desk audits or monthly administrative cost reports that the local agency (LA) has failed, without good cause, to adhere to the requirement of their contract the SA may assess a claim against the LA.

PROCEDURES:

A. LA 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 LA up to $10,000 for misuse or illegal use of WIC program funds, property or assets.

B. The following information will be maintained regarding LA collections:

1. The name of each LA 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 LA had full opportunity to challenge the claim before any funds were collected and recorded as LA collections.

C. LA 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. LA 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.

XI. Civil Rights

11.1.010 State Agency Responsibility: Civil Rights Compliance

Authority 2008 7 CFR 246.8; FNS Instruction 113-1
Issued 01/1981
Revised 06/2016

POLICY: The state agency (SA) 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 SA 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 SA 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 SA 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 LA 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 SA shall inform potentially eligible persons, applicants, participants, and grassroots organizations (particularly those in underserved populations), of program availability or changes.

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

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

CI. USDA Non-Discrimination Statement

1. The SA 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 SA 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 SA 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 SA shall require all LAs to collect and report racial and ethnic data for all applicants/participants.

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

F. Discrimination Complaint Process

1. The SA 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 SA will design, maintain and provide the Missouri Department of Health and Senior Services (MDHSS) Complaint of Discrimination Form. The SA will provide LA 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 SA shall maintain a Civil Rights complaint folder that contains documentation of all civil rights complaints received.

G. Civil Rights Training

1. The SA will design, maintain and provide Civil Rights training annually to LAs, SA 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 SA 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 SA shall monitor that all LA staff have completed the Civil Rights training. Refer to 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 SA 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.

11.1.020 Local Responsibility: Civil Rights Compliance and Public Notification

Authority 7 CFR 246.8; FNS Instruction 113-1
Issued 01/1981
Revised 06/2016

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 LA 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 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 SA 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 SA 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 LA 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 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 2.06200.

DI. 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 LA 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 SA 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 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 SA 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.

XI. Civil Rights

11.1.030 Participant Fair Hearings

Authority 2008 7 CFR 246.7(j) & 246.9
Issued 01/1981
Revised 04/2015

POLICY: The local agency (LA) and SA (SA) shall assure that all applicants and participants are provided written notification of their right to appeal a state or LA 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 SA or LA 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 SA 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 SA 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 LA will contact and inform the SA of the request and provide details of the situation, including the participant's name and state ID

number.

F. The SA 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 SA.
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 LA shall terminate any continued benefits as soon as is administratively feasible.
        b. Is regarding repayment of benefits, the SA 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.

XI. Civil Rights

11.1.040 Civil Rights Impact Analysis-Change in Clinic- Opening, Closing Reducing Hours or Moving

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	10/2009
Revised	06/2010

POLICY: To ensure appropriate services to participants, a civil rights impact analysis study shall be performed by the LA 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.

LAs 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. LAs must provide an impact analysis to the district technical assistance team prior to opening, closing, reducing hours or moving a clinic site. The LA 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. LA 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.