Section II: Local Agency Procedure Manual

VIII. Local Certification, Eligibility and Coordination

B. Certification Procedures

Purpose

To provide guidance for local agencies to apply appropriate certification procedures based on applicant's category.

Policy

Local agencies assess applicants for WIC eligibility and issue program benefits.

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1. Certification Periods

At the time of the certification if the participant's category is:	The Certification Period is:
Pregnant Woman	During pregnancy and to the end of the month the woman reaches six weeks following termination of pregnancy.
Breastfeeding Woman	Up to the end of the month of their infant's first birthday.
Non-Breastfeeding Postpartum Woman	Regardless of how the pregnancy ended, up to the end of the sixth month postpartum.
Infant younger than 6 months	Up to the end of the month of their first birthday.
Infant older than 6 months	Up to the end of the six-month following certification (may be certified beyond the month of their first birthday.)
Children	In twelve-month intervals up to the end of the month of their fifth birthday.

2. Demographics

- Physical Presence
  - Physical presence is required for all initial certifications.
    - Physical presence at initial certification may be waived in certain circumstances with State Office written approval.
  - Applicant/participant can choose to attend all subsequent appointments in-person or remotely via telephone or other electronic means.

        - All appointment types must be available remotely.
        - All communications with participants must be conducted via state-approved methods.
        - In-person services must be made available to all participants.
        - Staff can request participants attend in-person appointments if high-risk status, nutrition care plan, or staff assessment determines need.
    - With anthropometric data and eligibility proof available, physical presence requirements may also be waived in the following situations:
        - Infants less than 8 weeks of age may not need to be present for their initial certification. Local agency staff must document an acceptable reason why the infant cannot be present. Participant preference is not an allowable reason for waiving physical presence requirements. All certification information must be available. Self-reported birth data is acceptable if medical records are not available.
        - Any participant who has a disability. Reason may include, but is not limited to, confinement to bed rest, a serious condition that requires equipment that is difficult to transport, or an illness that may be contagious or exacerbated by coming into the WIC clinic. Healthcare provider documentation is required for this exemption and shall be scanned into the chart. Other household members are not exempt from physical presence in this situation.
    - Regardless of physical presence, all other certification requirements will be met.
- Voter Registration
    - Local WIC staff will ensure age-appropriate participants, or their caretakers/authorized representative, are asked if they are interested in registering to vote. Voter registration must be offered at all certifications, subsequent certifications, and address changes. Local WIC staff will document the response in the participant folder.
    - Every participant is required to see a disclaimer about his or her voting rights. The participant must indicate if they would like to register, do not want to register, or are already registered to vote. The participant will be asked to sign the disclaimer for understanding. If refused, this will be documented on the disclaimer and scanned.
    - If completing an appointment remotely, a signature is not required. Staff must document authorized representative verbal acknowledgment of voting rights in each participant chart.
    - It is the local agency's responsibility to have voter registration forms available and assist in the submission of forms.
        - If completing an appointment remotely, staff must offer to send a voter registration form.

- The *Voter Registration Disclaimer* can be completed per household.

- Authorized Representative(s)
  - A primary authorized representative will be identified at the certification appointments, and will be one of the following:
    - The participant, in the case of a pregnant or post-partum woman
    - The parent or legal guardian, in the case of an infant or child
    - A person identified by the parent or legal guardian at the certification appointment
  - If an alternative authorized representative is designated by the participant/primary authorized representative, it must be done in person or in writing (to be scanned into the participant folder).
    - A primary authorized representative may remove alternate representatives at any time during the certification period.
    - Up to two alternative authorized representatives may be identified and documented in the WIC system. Alternative authorized representatives may not change the status of the primary representative. If there is a legal custody change, and documents are present, then a household change will be completed to update the primary authorized representative.
    - Either a primary or alternative authorized representative may:
      - Attend appointments on behalf of the participant
      - Provide necessary information, and receive education on behalf of the participant
      - Sign necessary documents, such as the rights and responsibilities and voter disclaimer, and
      - Obtain information about the participant, which has been documented in the chart since the current certification started
  - The first time a primary or alternate authorized representative presents at the clinic, they will provide ID, which will then be scanned into the participant's folder.
  - All authorized representatives will be held responsible to understand and abide by the rights and responsibilities of the program and will be held responsible for any actions that violate program rules and regulations.
- Proxy
  - A proxy is someone that can go shopping on behalf of a participant, with the card and PIN provided by the primary cardholder/authorized representative.
  - The primary cardholder/authorized representative will be held responsible to educate their proxies on the use of the cards, authorized foods, and program rules.

- A proxy will not be designated in the WIC system/participant chart.
- A proxy will not be authorized to complete appointments on behalf of the participant.
- A proxy may not obtain confidential information obtained in the participant chart.

3. Height and Weight

- Anthropometric data collection
  - Height or length and weight are required elements of certification and mid-certification appointments. Additional measures are best practice where indicated in specific categories below or when the CPA has a concern about growth trends.
  - Infants less than 8 weeks old may have birth length and weight reported verbally by parent/guardian at initial certification.
  - Written documentation from the provider will be signed and dated if hand-written or be a printout from the medical record (via portal or EHR) and scanned into the participant's folder.
    - Data up to 60 days old may be used for certification or sub-certification.
- Anthropometrics for remote certifications and mid-certifications
  - Participants not presenting in-person may have required anthropometric measurements deferred for up to 60 days.
  - The local agency must make concerted efforts (at least one attempt in advance of, or at the time of the appointment, or up to 60 days after) to obtain anthropometric data. These efforts must be documented in the participant's chart.
    - Anthropometrics will be obtained through referral agencies via data sharing agreements, release of information, or other relevant technologies such as participant portals.
      - Anthropometrics collected from any of the above methods will be scanned into the participant's folder.
    - Measurements will be entered into the participant's chart and a CPA note of assessment will be added including review of any resulting risk codes.
    - Local agency staff must follow-up with the participant regarding assessment of measurements at the next scheduled nutrition education contact or sooner.
- Women
  - At certification, the height and weight will be reflective of a woman's current category. Breastfeeding women will be re-weighed at mid-certification. Pregnant women will be re-weighed at each appointment where they are physically present.
  - If a nutrition risk code indicating a current/potential weight concern is documented, the participant will be referred according to the attachment *High Risk Referrals*.
- Infants

- Recumbent length and weight will be recorded at certification and mid-certification at a minimum.
- Length and weight may be monitored about quarterly, ideally around 3, 6, and 9 months of age.
  - Obtaining referral data from the provider well-baby visits is encouraged to reduce the burden of re-measuring for staff and the family.
- If a nutrition risk code indicating a current/potential growth concern is documented, the participant will be referred according to the *High-Risk Referrals*.

- Children
  - Height and weight will be taken at certification and mid-certification.
  - If a nutrition risk code indicating a current/potential growth concern is documented, the participant will be referred according to the *High-Risk Referrals*.
- Proper anthropometric techniques
  - Scale and Measuring Board Maintenance Requirements
    - Scales will be checked for accuracy at least once per year.
    - Scales may be checked by contracted professionals or internally with "standard" weights.
      - If the device is deemed inaccurate, the local agency will have it fixed, calibrated (if possible), or replaced.
    - Portable scales/length boards/stadiometers will be checked and/or calibrated after each time the scale is moved.
    - Length boards/stadiometers will be checked with standard length rods or a metal tape measure.
    - Calibration techniques and resolving issues will be according to manufacturing guidelines.
- Equipment
  - Scales:
    - The scale will be durable, accurate, and safe.
    - Infant scales will have no sharp edges and a large enough tray to adequately support an infant or young child who weighs up to 40 pounds or a large enough platform to support the individual being weighed.
    - The child/adult scale will weigh to nearest 1/4 pound.
    - Infant scales will weigh to the nearest ounce.
    - The scale will be zeroed easily without weight
  - Length boards/Stadiometers
    - Length boards for infants will be sturdy, easily cleaned, and specific to their purpose.

- The recumbent length board will have a stationary headpiece and a smoothly moveable foot piece, perpendicular to the tape.
- The stadiometer will have a vertical board with an attached metric rule and a horizontal headpiece that can be brought into contact with the most superior part of the head.
- The length board/stadiometer will have a firm, flat horizontal surface with a measuring tape in 1/8-inch increments.

- Technique for measuring weight
  - Infants and children up to 24 months will be weighed nude or with a clean diaper on; shoes will be removed.
  - Children older than 24 months will be weighed wearing light clothing without shoes.
  - Center the infant on the scale tray.
  - Weigh to the nearest ounce.
  - An alternative measurement technique can be used if needed.
    - Have the authorized representative stand on the scale, record the first weight, then have the parent hold the child and record the second weight. Subtract the first weight from the second weight to determine the child's weight. Document this weight in the participant folder.
- Technique for measuring length
  - Measure infants younger than 24 months of age, or children aged 24 to 36 months who cannot stand unassisted, in the recumbent position.
  - Shoes and hair accessories will be removed.
  - The infant/child should be placed on his back in the center of the length board so that the child is laying straight, and his shoulders and buttocks are flat against the measuring surface. The child's eyes should be looking straight up. Both legs should be fully extended, and the toes should be pointing upward with feet flat against the foot piece.
  - One measurer holds the infant's head gently, cupping the infant's ears, with the infant looking vertically upward and the crown of the head in contact with the headpiece. Make sure the infant's chin is not tucked in against his chest or stretched too far back.
  - The measurer aligns the infant's trunk and legs, extends both legs, and brings the foot piece firmly against both heels. The measurer places one hand on the infant's knees to maintain full extension of the legs.
- Techniques for stature measurement
  - A woman or a child over 24 months, if she/he can stand unassisted, following directions for proper positioning.

- The woman or child should stand on the footplate of the stadiometer without shoes. The individual is positioned with heels close together and against the wall or backboard, legs straight, arms at sides, shoulders relaxed. Ask the person to inhale deeply and to stand fully erect without altering the position of the heels. Make sure that the heels do not rise off the foot plate.
- Lower the perpendicular headpiece snugly to the crown of the head with enough pressure to compress the hair. To ensure an accurate reading, the measurer's eyes should be parallel with the headpiece.
- Measure to the nearest 1/8 inch.

4. Blood Screenings

- The hemoglobin test is a laboratory test to determine the concentration of hemoglobin in the blood. The HemoCue® and Masimo Pronto systems are the most common devices used in the Montana WIC clinics. If investigating other methods of hematological screening, please contact the State Office.
  - Follow the manufacturer's instructions for calibration, cleaning, and maintenance.
  - Follow the manufacturer's instructions for accurate testing.
  - Sample should not be taken from the toe for infants who have started walking or children over the age of one.
- Valid Blood Screening Data
  - Please see attachment *Blood Screening Procedures* for standard process.
  - Blood screenings received from a source other than WIC will be documented and scanned into the participant folder.
  - Data from another qualified source may be used within 90 days.
  - The hemoglobin screening test shall be done at certification, when appropriate, for participants that are physically present.
- Blood screening data for remote certifications and mid-certifications
  - Participants not presenting in-person may have required blood screening data deferred for up to 90 days.
  - The local agency must make concerted efforts (at least one attempt in advance of, or at the time of the appointment, or up to 60 days after) to obtain referral data for blood screening data. These efforts must be documented in the participant's chart.
    - Blood screening data will be obtained through referral agencies via data sharing agreements, release of information, or other relevant technologies such as participant portals.
      - Blood screening data collected from any of the above methods will be scanned into the participant's folder.
    - Data will be entered into the participant's chart and a CPA note of assessment will be added including review of any resulting risk codes.

        - Local agency staff must follow-up with the participant regarding assessment of measurements at the next scheduled nutrition education contact.
- Women
    - All pregnant women will have a screening performed at certification.
    - Data will reflect current categorical status.
    - Breastfeeding and postpartum women will have one screening after termination of pregnancy (best results tend to be between four to six weeks postpartum).
    - If screening is at or above the established cut-off value for anemia, no additional test is required.
    - If screening is below the established cut-off value for anemia, follow-up screening will be performed in three months.
        - See Attachment *Hemoglobin Reference Chart*.
            - If below the cut-off at second screening, refer according to the *High-Risk Referrals*.
            - Follow-up hemoglobin screening may be verbally refused by the participant. Documentation is required.
- Infants
    - All infants will be screened between nine and eleven months (prior to first birthday) of age.
    - If an infant is applying for WIC and is about nine months or older at certification, a screening will be performed.
- Children
    - A screening is required for all children at each certification.
        - If a one-year-old had a screening between nine and eleven months, the certification screening may be skipped.
    - Children will have a mid-certification screening
        - If under age 2 years; or
        - If their screening at certification was below the established cut-off value for anemia.
        - If this screening is missed; the child will be screened before benefits are issued.
        - Follow-up hemoglobin screening may be verbally refused by the participant. Documentation is required.
    - For children aged 2 and older, if the screening is at or above the established cut-off value for anemia at certification, no additional test is required for the certification period.
        - See Attachment *Hemoglobin Reference Chart*.
        - If below the cut-off, refer according to the *High-Risk Referrals*.
- Exemptions:

- Participants may refuse to have a screening performed due to religious beliefs.
  - The applicant/participant or parent/guardian will write, sign and date a statement of refusal to have the screening performed for religious reasons or sign such a statement written by WIC staff.
  - The statement of refusal will be obtained at each visit when a screening would normally occur.
  - This document will be scanned into the participant's folder.
- Participants may be exempt from screening if they have a qualified medical condition (i.e., hemophilia, fragile bones, or a serious skin condition/disease) and appropriate documentation from their provider.
  - Written documentation from the provider will be signed and dated if hand-written or be a printout from the medical record (via portal or EHR) and scanned into the participant's folder.
  - If the condition is temporary, blood work should be obtained when the condition has resolved.
  - If the condition is chronic, the participant may be exempt from subsequent hematological requirements if medical documentation is valid.
  - Effort must be made to obtain hematological data from the medical provider if it is available.

5. Risk Codes

- The CPA determines and documents all applicable nutritional risk codes after obtaining and evaluating the following information:
  - Demographic information
  - Current and past health data
  - Anthropometric and hematological measures, and
  - Category/age-appropriate nutrition assessment questions:
    - Diet/Nutrition status
    - Substance use
    - Supplement intake
    - Diagnosed medical conditions and medications
    - Other lifestyles behaviors which may impact social and/or physical health
    - Other relevant medical information
- Self-report of a physician's diagnosis.
  - A participant may self-report a medical condition that has been diagnosed by their healthcare provider. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more probing questions related to the self-reported professional diagnosis, such as:
    - Did a medical professional diagnose this condition?

        - Is the condition being managed by a medical professional?
        - Can I please have the name and contact information for the medical professional to allow for communication? See Attachment *Release of Information*.
        - Is the condition being controlled by diet, medication, or other therapy?
- Self-reporting "history of…" conditions should be treated in the same manner as self-reporting for current conditions requiring a healthcare provider's diagnosis.
    - Self-diagnosis of a current or past condition should never be confused with self-reporting.
    - Although a risk may not be assigned based on a self-diagnosis (without medical diagnosis) it is appropriate for WIC staff to provide referral services to participants who report having symptoms so that a medical provider can confirm or rule out the presence of a medical condition.
    - Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.
- Risk codes will be updated as necessary by staff during a certification period.
    - When a CPA assigned risk code is resolved, documentation will be made in the participant chart.
    - System assigned risk codes are automatically added or removed.
- See Attachment *Nutrition Risk Code Table*.
- See Attachment *High-Risk Referrals*.

6. Core Education Topics, Goal Setting and Nutrition Care Plans

- Core Education Topics
    - Purpose and benefit of the WIC program (required at initial certification and additionally as needed):
        - WIC aims to improve health outcomes which include but are not limited to a healthy weight for pregnant women, infants and children, increased breastfeeding initiation and duration rates, reduced rates of iron-deficiency anemia, and improved nutritional status for all participants.
        - WIC provides nutrition education, referrals to healthcare/social services, and a food package specific to the participant category and need.
        - WIC eligibility is based on age/category, income, residence, and being at nutrition risk, which will be assessed by professional staff.
    - Food Package (required at each certification and additionally as needed):
        - Explanation of the food package available including substitutions and tailoring options available to the participant based on category, needs, and participant desires.

        - Thorough explanation of how and where to use the benefits with local retailers.
        - Explaining supplemental nature of WIC program and other local resources for food.
    - Avoiding alcohol, tobacco, and drugs (required at each certification and additionally as needed):
        - Education on substance abuse must be provided to all participants and/or their caretakers and should address personal use as well as environmental exposure.
        - State developed substance abuse resource handout is required.
    - Rights and responsibilities (required at each certification):
        - Have participant read fully or offer to read them aloud, and sign that they understand.
            - If completing an appointment remotely, no signature is required. Staff must document authorized representative's verbal acknowledgement of rights and responsibilities in the participant's chart.
                - A copy of the rights and responsibilities should be provided to the participant via mail or electronic means.
        - The attachment *WIC Memorandum of Understanding Disclaimer* must be available for review by each authorized representative and/or participant when signing the Rights and Responsibilities.
            - If completing an appointment remotely, a copy of the MOU disclaimer should be provided to the participant via mail or electronic means.
    - Breastfeeding successfully (required at each certification):
        - For pregnant women this includes making an informed choice about the decision to breastfeed and exploring any barriers or questions.
        - For breastfeeding women this includes ensuring success based on mother's stated goals or concerns.
- Goal Setting
    - A participant-centered Specific, Measurable, Attainable, Realistic, and Timely (SMART) goal will be established with each participant at certification appointments.
    - Follow up on the goal will be documented at subsequent appointment(s).
    - If a participant declines to set a goal, document this in the participant folder.
- Nutrition Care Plans
    - Nutrition care plans will be established at certification and mid-certification appointments for all participants.
        - RD will create plans for high-risk participants.
    - At a minimum the nutrition care plan will include:

- Time (if not the standard 3 months), follow up items (anthropometrics, bloodwork, etc.), and potential education for next appointment.

7. Referrals

- Each applicant/participant will receive at least one referral at certification. If no appropriate referral is available, or is denied, document this in the participant record.
- Participants with an identified high-risk code requiring a referral, will be referred according to the *High-Risk Referrals* table.
  - Participants with a risk code requiring referral to an RD, will be scheduled with the appropriate staff at the next appointment. The participant may decline high-risk referral which shall be documented in the participant's chart.
  - Staff may request high-risk participants attend in-person subsequent appointments.
- Infants and children 0-24 months of age that are not up to date with immunizations must be offered a referral to the local immunization program or to their primary care provider.
  - Being "up to date" for immunizations, for WIC purposes, includes having all 4 DTaP shots relatively close to the Centers for Disease Control (CDC) recommended schedule of 2, 4, 6 and 15-18 months of age.
  - The immunizations shall be verified by view of record.
    - The record may be brought in by the participant's parent/caretaker, viewed electronically, or obtained from the Immunization program.
    - A participant may not be denied services if the record is not presented.
    - A participant may not be denied services if immunizations are not up to date and a referral is refused.
    - Documentation in the MIS of status is required.
  - WIC Staff are to coordinate with the local immunization program wherever possible.
- At enrollment, authorized representatives for children will be asked if the child between 12-72 months of age has received blood lead testing at the recommended intervals of 12 and 24 months by any source (i.e., healthcare provider, Head Start), and/or 36 and 72 months. If the child has not had lead testing completed, a referral for testing will be made.
    - All children eligible for Medicaid are recommended for screening at 12 and 24 months of age, or at the earliest opportunity after this range if it is not completed.
    - WIC funds may not be used to purchase lead testing supplies or equipment; however, WIC is a vital contact point for young children at risk of lead exposure. Screening and education (i.e., iron and calcium intake, preventing lead exposure)

about the topic are within the scope of WIC services. See risk code 211 for more details.

- All participants who are not currently enrolled in SNAP or FDPIR (if tribal), Medicaid, Healthy Montana Kids Plus (HMK plus), and/or TANF will be referred to these programs.
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) information shall be made available to all families with infants and young children in written form. This information is included in the WIC Cardholder and Program Booklet.
- Any household who identifies use of nicotine products will be referred to the Quitline, and other substance use programs as appropriate.
  - The WIC Cardholder and Program Booklet has the contact information included.
- All participants or caretakers must be verbally educated about the risks of substance abuse/misuse. Written materials must also be provided (template for each geographic region is available from the State Office). All participants who identify substance use will be provided information on where to find treatment resources.
- All participants who identify as being depressed, or have related mental health issues or symptoms, will be referred to local resource (or healthcare provider) for further screening, assessment and/or treatment.
  - This includes any 'positive' response from the Patient Health Questionnaire (PHQ)-2 included in the Nutrition Assessment Questions.
- WIC referrals are "soft" referrals, meaning that we offer information about how to obtain the resource or service and then allow the participant to opt whether to follow through. WIC staff are not authorized to discuss the participant with the referral agency/program unless a release of information is signed, or a memorandum of understanding (MOU) has been executed at the State Level. The staff shall be familiar with the content of the MOU if this mechanism is used to share data with the program.
- Under no circumstances should a participant be required to sign up for, or take part in, any other program. If other programs are offered to WIC participants, it shall be clear that they are optional and whether they opt into those services or not will have no impact on their WIC eligibility.
- If a local agency provides a standard release of information to be signed at each certification (i.e., for the program to communicate with HCP or another program), this release shall be requested to be signed after the certification has been completed.

8. Nutrition Assessment Questions (NAQs)

- Will be completed at each certification and mid-certification for appropriate category and age
  - Each question will have an answer.
    - Referral to another question(s) if the answer is previously stated is acceptable

- The Patient Health Question (PHQ)-2 for women and the food security questions and answer options for all families, will be stated as written when applicable.