

## Division of Community Nutrition

*Subject:* **Remote WIC Services**

*Effective:* **November 1, 2022**

*Reference:* **Families First Coronavirus Response Act of 2020 (H.R. 6201)**

### **I. Policy:**

In response to the COVID-19 pandemic, Virginia WIC shall temporarily suspend all in-person WIC services and transition to remote WIC services. Local Agencies shall make alterations to standard operating procedures to safeguard the health of WIC applicants, participants, staff, and the community through social distancing while ensuring the quality and continuity of WIC services. These temporary provisions will be in place until the WIC waivers allowed under the Public Health Emergency expire at which time this policy will become obsolete.

### **II. Procedures:**

#### **A. All WIC services shall be completed remotely via telephone.**

1. Remote WIC services shall be completed using an agency landline or agency issued cell phone.
2. Remote WIC services shall be provided in the applicant/participant's preferred language.
  - a. In cases where WIC staff who speak the preferred language are not available, over the phone interpreter services must be used.
  - b. Procedures for over the phone interpreter services are provided in a supplemental document.
3. Remote WIC services require access to the Crossroads system.

#### **B. When completing remote WIC services, WIC staff shall:**

1. Call the telephone number(s) listed in the applicant/participant's Crossroads record.
  - a. If there is no answer and a voicemail can be left, leave contact information for the clinic and request a return phone call.
2. Verify that they are speaking to the applicant/participant, or an authorized representative listed in Crossroads.
3. If the applicant/participant or an authorized representative is on the phone, continue with the remote WIC services.
4. If the applicant/participant or an authorized representative is not available, leave contact information for the clinic and request a return phone call.

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- a. Identify themselves by name and title, explain that they are calling to complete remote WIC services and confirm that the applicant/participant or authorized representative is able to complete the call at that time.
  - i. Let the applicant/participant or their authorized representative know you will be asking questions about potentially personal information so they can decide if they are in an area, they can answer these questions.
  - ii. WIC services do not include all the components of in-person WIC services and therefore may be able to be completed in less time, the below are estimations of the time required for each remote WIC appointment type:
    - 1) Initial certification: 45 minutes
    - 2) Subsequent certification: 30 minutes
    - 3) Mid-certification: 15 minutes
    - 4) Nutrition education: 5 minutes
  - iii. If the applicant/participant or an authorized representative can complete the call at that time, continue with the remote WIC services.
  - iv. If the applicant/participant or an authorized representative is not able to complete the call at that time, reschedule their appointment.
- b. Create a Family Alert in Crossroads the first-time remote WIC services are attempted or provided.
  - i. The alert shall be titled COVID-19 Remote Services.
  - ii. Each time additional remote WIC services are attempted or provided; the alert shall be edited to provide information about that contact.
  - iii. Each entry on the alert shall include whether or not the contact was successful, the type of service that was provided, the name of who the WIC staff member spoke with, and the details of any information that needs to be collected at the next in-person WIC appointment.

**C. Requirements for physical presence of applicants, participants, and/or approved representatives shall be waived for all remote WIC services.**

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1. WIC staff shall ensure that physical presence for applicants is accurately documented in Crossroads for all initial and subsequent certification appointments
  - a. “No” shall be selected for Physical Presence on the Participant Demographics screen in Crossroads
  - b. “COVID-19” shall be selected as the Physical Presence Exception Reason on the Participant Demographics screen in Crossroads

**D. Requirements for the following shall be deferred for all remote initial, subsequent, and mid-certifications:**

1. Anthropometric data

- a. Anthropometric data shall be collected when possible, through the use of the WIC-349 and/or WIC-395 forms. When data is collected, it shall be entered into Crossroads.
- b. If anthropometric data is unable to be obtained, Length/Height and Weight fields on the Anthro/Lab Screen in Crossroads shall be left blank.

2. Bloodwork data

- a. Bloodwork data shall be collected when possible, through the use of the WIC-394 and/or WIC-395 forms. When data is collected, it shall be entered into Crossroads on the Anthro/Lab screen.
- b. If bloodwork is required but unable to be obtained, “COVID-19” shall be selected as the reason for deferment on the Anthro/Lab screen in Crossroads.

**E. Attempts shall be made to collect the following information for all remote initial and subsequent certifications:**

1. Physical proof of identification

- a. Allowable forms of proof of identification, as outlined in policy CRT 03.0 shall be collected through encrypted emails or other approved collection methods.
- b. If proof of identification is unable to be collected, staff shall receive verbal consent to sign an Affidavit recording the information.
  - i. Staff shall verbally communicate to the applicant that this information will be required at their first face-to-face visit and that the information must be factual or they could face financial liability for any benefits they received based on false information.

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- ii. “COVID-19” shall be selected as proof of identification on both the Family Demographic Screen and the Participant Demographic Screen in Crossroads. This information will be collected at the first face-to-face meeting with the participant.
      - iii. The [WIC-383](#) Affidavit shall be scanned into the participant record once completed and signed.
- 2. Proof of residency
  - a. Allowable forms of proof of residency, as outlined in policy CRT 04.0 shall be collected through encrypted emails or other approved collection methods.
  - b. If proof of residency is unable to be collected, staff shall receive verbal consent to sign an Affidavit recording the information.
    - i. Staff shall verbally communicate to the applicant that this information will be required at their first face-to-face visit and that the information must be factual or they could face financial liability for any benefits they received based on false information.
    - ii. “COVID-19” shall be selected as proof of residency on the Family Demographic Screen in Crossroads. This information will be collected at the first face to face meeting with the participant.
    - iii. The [WIC-383](#) Affidavit shall be scanned into the participant record once completed and signed.
- 3. Proof of income, for applicants/participants who are not adjunctively eligible
  - a. Adjunctive income eligibility shall be used when possible, as outlined in policy CRT 05.1.
  - b. When adjunctive eligibility is not applicable, allowable forms of proof of income, as outlined in policy CRT 05.2.1 shall be collected through encrypted emails or other approved collection methods.
  - c. If adjunctive income eligibility is not applicable and proof of income is unable to be collected, staff shall receive verbal consent to sign an Affidavit recording the information.
    - i. Staff shall verbally communicate to the applicant that this information will be required at their first face-to-face visit and that the information must be factual or they could face financial liability for any benefits they received based on false information.
    - ii. “COVID-19” shall be selected as proof of income when adjunctive eligibility is not applicable or

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cannot be verified. Proof of income will be verified and collected at the first face to face visit with the participant.

- iii. The [WIC-383](#) Affidavit shall be scanned into the participant record once completed and signed.

### F. Remote Certifications

#### 1. Eligibility staff shall:

- a. Provide a brief description of the WIC program and the certification process to the applicant/participant or authorized representative and inform them that staff will enter the information into a computer so they're aware of what is occurring in the clinic during telephone call.

- b. Complete all required information on the Family Demographic Screen

- i. If the applicant would like to register to vote, the staff shall direct them to the U.S. Election Assistance Commission website: <https://www.eac.gov/voters/national-mail-voter-registration-form>.

- ii. Interpreter shall be checked for ALL applicants/participants and/or authorized representatives whose preferred spoken language is NOT English.

- iii. For the telephone number designated as "primary", ensure that the following information is entered:

- 1) Telephone type (ex. Home, cellular, etc.)
- 2) Carrier for all cellular numbers (ex. Verizon, AT&T, etc.)
- 3) Designation of Auto Dialer or Text for WIC appointment reminders

- c. Ensure that BOTH the physical and mailing address are correct

- i. In cases where the physical and mailing address are the SAME, the mailing address section shall be left blank.

- d. Complete the Family Assessment Screen

- e. Complete the Participant Demographic Screen

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- i. Verbally obtain race and ethnicity information for all applicants and participants.
      - f. Complete all required information on the Income Information Screen
        - i. Adjunctive eligibility shall be used for all applicants who are currently enrolled in an eligible adjunctive program
      - g. Complete all required information on the Certification Signature Screen.
        - i. Read the complete Rights and Responsibilities and provide information on the options for Release of Information:
          - 1) If an applicant/participant or authorized representative declines to release their information, the confidentiality box shall be checked on the Family Demographics Screen of Crossroads.
          - 2) An alert shall be added to the applicants Crossroads record to ensure that the WIC-309 is completed and scanned into their record the next time they are in clinic.
        - ii. Applicants/participants and authorized representatives shall be verbally informed, and staff shall ensure that they understand that all information provided to determine WIC eligibility must be true and that they could be held financially liable for obtaining benefits under false pretense should it be determined that falsified information was provided.
        - iii. Ensure that staff alias is selected as the person signing and sign own signature for the certification signature.
          - 1) Write COVID-19 under signature
      - h. **For initial certifications ONLY:**
        - i. Complete the Issue EBT Card Screen
          - 1) Ensure that the appropriate individual is selected as the cardholder.
          - 2) Assign an eWIC card.

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- 3) Explain how to set-up the eWIC card.
  - ii. Inform the participant or their authorized representative that they will mail or permit pick-up from a local office (if allowable by local agency) the following items:
    - 1) Participant Handbook
    - 2) Copy of their WIC Right and Responsibilities
    - 3) eWIC Card
    - 4) eWIC brochure
    - 5) Appointment card with details of next appointment
    - 6) 2020 Food List
    - 7) LA Referral List
    - 8) Shopping list
    - 9) Listing of local WIC-approved vendors
    - 10) Nutrition and/or breastfeeding education materials (as applicable)
  - iii. If the participant chooses to have the eWIC card and accompanying documents mailed, staff shall:
    1. Mail the items listed above within 1 business day
    - 2) Inform the participant that the above items may arrive within 3-5 business days
2. **CPA/CPA staff shall:**
  - a. Complete the Health Information Screen.
  - b. Complete the Anthro/Lab Screen when deferred blood work needs to be documented and/or when anthropometric/bloodwork referral data is received via a WIC-394 or WIC-359 form.
    - i. This screen is skipped in all other scenarios.
  - c. Complete the Dietary & Health Screen.
  - d. Use VENA to complete an assessment of dietary patterns and applicable social and health areas not already addressed.
  - e. Complete the Assigned Risk Screen.

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- i. All risks not automatically assigned by the system shall be added by the CPA/CPPA.
- f. Complete the Certification Summary Screen.
  - i. The applicant shall be verbally informed of their assigned risks, the end date of their certification, and that once the certification expires they will need to complete a subsequent certification in order to continue to receive WIC benefits.
- g. Complete the Issue Benefits Screens
  - i. Verbally explain milk substitution options available for women and children and update the food prescription to reflect desired benefits.
  - ii. Verify all food prescriptions in the carousel for accuracy, ensuring all needed corrections are made
  - iii. Issue Food -benefits
    - 1) Benefits should be issued for 3 months EXCEPT in cases where there are special formulas, CAP ordered formulas and/or Over-the-Max (OTM) amount of formula issued.
    - 2) Benefits that contain special formulas, CAP orders and/or OTM amounts of formula MUST be issued on a 1-month interval.
    - C) Ensure that staff alias is selected as the person signing and sign own signature to acknowledge the issuance of Food Instruments
    - D) Write COVID-19 under signature
- h. Schedule the next appointment for the participant and/or other participants in the family.
  - i. Schedule the next appointment and inform the participant or authorized representative of the appointment details, including which individuals and items/information need to be present.

**i. For Initial Certifications ONLY:**



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- i. Additional information shall be provided on the WIC foods that have been issued, shopping with WIC benefits, and local WIC-approved vendors.
- j. Thank the participant for participating in WIC and offer a phone number for questions.
- k. Document COVID-19 Cert in the Care Plan followed by standard care plan documentation following the “ABCDEFGH” format.
- l. Document WIC breastfeeding referrals on the Referral screen for all pregnant and breastfeeding women as is routinely required
  - i. Ensure access to accurate and timely breastfeeding education and support is an increased priority at this time.
  - ii. Refer postpartum women who are not currently breastfeeding but are interested in increasing their milk supply and/or re-lactating to a Designated Breastfeeding Expert (DBE).

### G. Remote Mid-Certifications

1. The CPA/CPA shall:
  - a. Provide a brief description of the mid-certification appointment to the participant or authorized representative and inform them that staff will be entering the information provided into a computer so that they are aware of what is occurring in the clinic during telephone calls.
  - b. Confirm that information on the Family Demographic Screen is up-to-date and make any needed updates
  - c. Follow-up on previous nutrition risks and concerns identified at the certification.
  - d. Ask if there are any current concerns about weight and/or overall health.
  - e. Conduct a brief assessment of health and nutrition practices.
  - f. Offer nutrition education and breastfeeding support, as appropriate.
  - g. Offer appropriate referrals and follow up to previous referrals, as appropriate.
  - h. Confirm the current food benefits meet the participant’s needs and that all prescriptions in the carousel are accurate.

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- i. Make any needed updates to prescriptions.
- i. Issue food benefits.
  - i. Benefits should be issued for 3-months EXCEPT in cases where there are special formulas, CAP ordered formulas and/or Over-the-Max (OTM) amount of formula issued.
  - ii. Benefits that contain special formulas, CAP orders and/or OTM amounts of formula MUST be issued on a 1-month interval.
  - iii. Ensure that staff alias is selected as the person signing and sign own signature with COVID-19 written under it to acknowledge the issuance of Food Instruments
- j. Schedule next appointment and inform the participant or authorized representative of the appointment details
- k. Thank the participant for participating in WIC and offer a phone number for questions.
- l. Document COVID-19 MC in the Care Plan followed by standard care plan documentation required for mid-certifications.

### **H. Remote Nutrition Education**

1. The CPA/CPA shall:
  - a. Have a conversation about the participant's needs and concerns. Follow up to nutrition, and as appropriate breastfeeding goals and discussions documented during the certification period.
    - i. For pregnant participants, emphasis shall be placed on the importance of breastfeeding
    - ii. For infant participants, emphasis shall be placed on normal baby behavior and developmentally appropriate feeding skills and foods
    - iii. For breastfed infants, emphasis shall also include continued breastfeeding and provision of resources for any expressed questions or concerns.
    - iv. For formula-fed infants, emphasis shall also include proper formula mixing and reminders that WIC is a supplemental

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program, and that additional formula will need to be purchased monthly beyond what is provided by WIC

v. For Breastfeeding participants, emphasis shall be placed on continued breastfeeding and provision of resources for any expressed questions or concerns.

vi. For child participants, emphasis shall be placed on any concerns included in previous care plan entries, age-appropriate feeding skills, Division of Responsibility and family meals.

b. Document COVID-19 NEd in the Care Plan followed by standard documentation required for individual nutrition education.

### I. Remote High Risk

1. The Registered Dietitian shall:

- a. Conduct remote High Risk appointments as described in the procedure above for remote Nutrition Education appointments.
- b. If the Local Agency has a Registered Dietitian on staff, all efforts shall be made for the Registered Dietitian(s) to complete the High Risk appointments regardless of their clinic location within the local agency.
- c. If/when a Registered Dietitian is unavailable to complete the High Risk appointment, the appointment shall be completed by a nutritionist (CPA).
- d. Document COVID-19 HR in the Care Plan followed by standard documentation required for high risk appointments.