

Service Delivery Redesign

West Virginia WIC is implementing flexibilities to remove barriers to participation. Core goals of our modernization efforts are to increase participation, retention, and redemption of benefits, while maintaining the effectiveness and value of the benefits offered through our nutrition services. West Virginia wants to ensure WIC-eligible individuals can access Program benefits and services in a straightforward and timely manner, reducing the administrative burden at the State and local levels while ensuring program integrity. West Virginia is utilizing existing flexibilities available when documenting eligibility. As a result, the Operational Quality Improvement Service Delivery Redesign Workgroup has developed a framework to streamline the eligibility determination process using a combination of technology and in-person services.

7CFR 246.7: All applicants preferred to be physically present at certifications. The state or local agency must require all applicants to be physically present at initial WIC certification.

Additional Considerations to Streamline Services:

- *WIC State and/or local agencies must assess automatic or adjunct eligibility before requiring additional documentation for an income eligibility determination (for example, verifying Medicaid on MMIS). Applicants who are determined to be adjunctively or automatically income-eligible for the Program to self-report their income. If an applicant is not able to readily provide this information or declines to self-report their income, it must not interfere with their certification, nor result in collecting additional income documentation*
- Send Remote Services Acknowledgement Form through DocuSign/E-mail prior to participants sending information
- Verification documents may be submitted in person, via fax, or via electronic means. If they prefer, participant(s) can email, text, or fax required documentation for appointment, which may include but not limited to proof of pregnancy, proof of birth, proof of income, proof of residency, foster care documentation and identification of parent/guardian and participant(s).
- As a reminder, a Breast Feeding Peer Counselor (BFPC) could also utilize Google Meet, Facetime, or phone call
- If Medical Liaison (ML) is available, the Medical Liaison should utilize the West Virginia Health Information Network (WVHIN) for height, weight, hemoglobin, and lead screening. Medical Liaison or staff who have access to West Virginia Statewide Immunization Information System (WVSIIS) should utilize WVSIIS to verify immunization status.
- Clinics can use any combination of the best or acceptable practices to ensure there is a concerted effort to obtain referral data in advance of or at the time of appointment

Best Practices

As defined at the June 2022 Operational Quality Improvement Meeting, and developed as the foundational certification framework by the Nutrition Services Unit, the best practice standard for

initial certifications is all participants to be seen in person annually for health surveillance and a nutrition assessment. The options outlined below are in order of preference for certification service delivery. All other appointment types may be provided virtually keeping in mind anthropometric and hemoglobin values are to be collected for mid-certification appointments.

I. In-Person Appointments:

- A. Complete In Person Visit at WIC Clinic: See participant(s), collect anthropometric/hematological data by WIC staff, receive nutrition counseling on site, Medical Liaison obtain some or all data from WVHIN, or participant/parent/guardian brings data from doctor's office. Receive nutrition counseling on site.
- B. Complete In Person Visit at WIC Clinic with Remote CPA: See participant(s), obtain anthropometrics/hematological data as stated under Best Practices A, receive nutrition counseling via Google Meet at time of appointment while participant is still in office (CPA in another office). Appointment could be completed via phone if no other virtual options are available.
* Participants cannot be left alone with a state-issued laptop.

II. Partial In Person Appointments:

Considerations for Partial In Person Appointments:

- Local Agency(LA) checks records to see if family has signed Remote Services Acknowledgement Form (RSAF) and WVHIN Authorization Release of Health Information (ARHI) for participant(s) that has appointment(s).
 - If a participant doesn't have RSAF and ARHI forms, ML will send forms through email and docusign, respectively. If participant has completed forms anthropometric/hematological will be looked up in WVHIN within 3 days of the appointment date
 - Signed, paper Participant Agreement will be scanned in by OA/HHSA/lab staff member before CPA completes nutrition assessment
- A. Partial In Person WIC Clinic Visit: See participants to establish physical presence and have participant agreement signed, obtain anthropometrics/hematological data as stated under Best Practices A above; participant/parent/guardian completes nutrition assessment with CPA within the same day via Google Meet or FaceTime. Appointment could be completed via phone if no other virtual options are available.
 - B. Partial In Person Mobile Clinic within Community: See participants to establish physical presence and have participant agreement signed, obtain anthropometrics/hematological data as stated under Best Practice A above; participant/parent/guardian completes nutrition assessment with CPA within the same day via Google Meet or FaceTime preferably. Appointment could be completed via phone if no other virtual options are available.

C.

III. Remote Appointments :

- A. Complete appointment by phone/video platform and obtain anthropometrics within 60 days of certification based on new American Rescue Plan Act waivers
 - a. Participant agreement must be signed by participant or caregiver before participant is certified (can be completed using DocuSign)
 - b. Participant emails/texts proof of identification, residency, and income
 - c. If the agency does not have an ML, staff will contact the participant(s) 3 days prior to appointment to request that participant contacts their healthcare provider to send any current measurements or hemoglobin levels. Offer for an in person visit to collect that data if not available.
 - d. If the agency does have an ML:
 - i. Local Agency(LA) checks records to see if they have on file a Remote Services Acknowledgement Form (RSAF) and WVHIN Authorization Release of Health Information (ARHI) for the participant that has the appointment.
 - ii. If the participant doesn't have RSAF and ARHI forms, ML will send forms through email and docusign, respectively. If the participant has completed forms anthropometric/hematological will be looked up in WVHIN within 3 days of the appointment date.
 - e. Will complete the appointment remotely at scheduled appointment time. If there is anthropometric/hematological data that meets policy in the Crossroads system all parts of appointment will be completed at the appointment time.
 - f. Will complete the appointment to best WIC staff knowledge based on what information is provided. If there is no anthropometric/hematological data provided at the certification of appointment mark physical presence as "NO" on demographic screen and select '60-day deferral' on bloodwork screen'. At appointment, let the payee/caregiver know that we "need anthropometric / hematological data within 60 days" and options for getting that data to each LA.
- Options to obtain anthropometrics within 60 days include having the participant come to the WIC office, WVHIN/Patient Portal, or data collected from Doctor's office
 - On the day of the certification appointment, the nutritionist will schedule the next appointment as "30 day hemo/anthro" (appointment type will be created in Crossroads).
 - The day prior to the appointment, the One Call Now Notification System will send out a reminder to the participant stating that they are missing hemo/anthro lab data. A notification will also be sent to JPMA so that it will notify participants via the WIC Shopper's App.
 - Agencies that have a Medical Liaison will have their ML look up the participant in the WVHIN within 48 hours prior to appointment.

- If there is no data available, the nutritionist will schedule another appointment 30 days later as “60 day hemo/anthro” (appointment type will be created)
- Once data is obtained, the CPA should document this in the care plan.
- If no data is obtained, benefits will not be withheld.
- Please note: A new template will be created on Crossroads with a separate column for the anthro/lab appointments, so that they will not be taking up other appointments (Certifications, mid-certs/follow ups, Nutrition Educations) in the schedule.

Flexibilities within federal regulations WV will begin to utilize for all participants:

- 30 day temporary certification: “Allow for a shortened 30-day certification period, also referred to as temporary certification, where an applicant is lacking one of the three required components of determining eligibility (e.g., identity, residency, and income). In this case, the applicant would then submit documentation (electronically or in person) within the 30-day timeframe.” Staff should choose “No Proof” on Crossroads for the missing document.
- 7 CFR 246.7(e)(1)(v) Presumptive Eligibility for Pregnant Women: A pregnant woman who meets the income eligibility standards may be considered presumptively eligible to participate in the program, and may be certified immediately without an evaluation of nutritional risk for a period up to 60 days. A nutritional risk evaluation of such woman shall be completed not later than 60 days after the woman is certified for participation. A hematological test for anemia is not required to be performed within the 60-day period, but rather within 90 days, unless the nutritional risk evaluation performed does not identify a qualifying risk factor. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources before the 60-day period elapses. Under the subsequent determination process, if the woman does not meet any qualifying nutritional risk criteria, including anemia criteria, the woman shall be determined ineligible and may not participate in the program for the reference pregnancy after the date of the determination. Said applicant may subsequently reapply for program benefits and if found to be both income eligible and at qualifying nutritional risk may participate in the program. Persons found ineligible to participate in the program under this paragraph shall be advised in writing of the ineligibility, of the reasons for the ineligibility, and of the right to a fair hearing. The reasons for the ineligibility shall be properly documented and shall be retained on file at the local agency. In addition, if the nutritional risk evaluation is not completed within the 60-day timeframe, the woman shall be determined ineligible.
- Shortened Certification Periods: To coordinate certification end dates within the family, staff will terminate family members with the certification date ending the furthest out. Staff will then certify the newly terminated participant, thus bringing family certification dates closer together and eliminating the need for multiple trips to the WIC clinic.

References:

<https://www.fns.usda.gov/wic/flexibilities-support-outreach-innovation-and-modernization-efforts-through>

The waivers available to state agencies through September 30, 2026 include:

- Physical Presence: [42 USC 1786\(d\)\(3\)\(C\)\(i\)](#) and [7 CFR 246.7\(o\)\(1\)](#), which require that each individual seeking to participate in the WIC program must be physically

present at each certification or recertification in order to determine program eligibility.

- The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in [7 CFR 246.7 \(e\)\(1\)](#)) no later than 60 days. However, a nutrition risk assessment, which may be based on information available through online communication and/or referral data, must be completed at certification by the Competent Professional Authority (CPA). To the extent possible, state and/or local agencies must make concerted efforts to obtain referral data for anthropometric and blood iron level measurements in advance of or at the time of the appointment (see state plan requirements below)
- Remote Benefit Issuance: [7 CFR 246.12\(r\)\(4\)](#), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment. Remote benefit issuance is still being permitted via the waiver through September 30, 2026.

State agencies electing to use one or both of these waivers must continue to meet all other federal WIC requirements unless additional waivers are obtained. Additionally, the state agency must provide the option for participants to obtain in-person services. Finally, state agencies that opt in must comply with FNS data requests related to waiver implementation.