## **VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

(Please indicate) State Agency: West Virginia

for **FY 2023** 

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards, and criteria), and the coordination of certification activities with other health services.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to capture a description of waivers authorized by Congress with separate reporting requirements, i.e., the Families First Coronavirus Response Act (PL 116-127).

More recently, Executive Order (EO) 13988, "Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation." was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations. However, where appropriate, State agencies may update their policies and procedures to align with the contents of the EO

- **A.** Eligibility Determination and Documentation 246.7(c)(1); 2(1); 246.7(d)(1); (2)(v)(B)): describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.
- **B. Nutrition Risk Determination, Documentation, and Priority Assignment 246.4(a)(11)(i):** describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.
- C. <u>Health Care Agreements, Referrals, and Coordination</u> <u>246.4(a)(6)</u>; <u>(7)</u>; <u>(8)</u> and <u>(19)</u>: describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.
- **D.** <u>Processing Standards</u> <u>246.4(a)(11)(i)</u>; <u>246.7(f)(2)</u>: describe the State agency's processing procedures to ensure that the required standards and timelines are met.
- **E.** Certification Periods 246.4(a)(11)(i): 246.7(g): describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.
- F. <u>Transfer of Certification 246.4(a)(6): (11)(i)</u>; and <u>246.7(k)</u>: describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.
- G. <u>Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System 246.4(a)(11)(i)); (16): (17) and (18); 246.7(h); 246.7(i)(10): 246.7(j); 246.7(j); 246.7(j): describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.</u>

A.	Eligibility, Determination, and Documentation				
1.	Application Process				
a.	The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program				
	⊠ Yes □ No				
b.	The State agency shares $\square$ Statewide or $\square$ at local agency (check one), a common income application or certification form with (check all that apply):				
		<ul><li>☐ Medicaid</li><li>☐ SNAP</li></ul>			
	<ul><li>☐ Maternal and Child Health (N</li><li>☐ Other (specify):</li></ul>	ICH) ☐ Other reduced-price health care program(s)			
	ADDITIONAL DETAIL: Certific	ation and Eligibility Appendix and/or Procedure Manual (citation):			
	Policy and Procedure 2.01 Cer	tification of Participants; 2.06 Income Eligibility Requirements			
2.	Residency, Identity and Phys	ical Presence Requirements			
a.	The State agency requires do	cumentation of residency			
	⊠ Yes				
	⊠ Signed statement that docum	nentation of residency information is not available and why (e.g., homeless,			
	theft, fire) $\square No$ (Specify why, e	g., ITOs and Alaska natives who are exempt from this requirement):			
b.	The State agency has recipro	cal agreements concerning residency with other State agencies			
	☐ Yes; list States:				
	⊠ No				
	Describe any reciprocal agreen	nents:			
C.	The State agency has special categories should be treated	residency policies and procedures for how the following special (check all that apply):			
		☐ Institutionalized applicants			
	⊠ Migrants	☐ Indian Tribal Organizations			
	□ None	☐ Other (specify):			
d.	The State agency allows the t	following as proof of identity; please select all that apply.			
	☑ Driver's license				
	<ul><li>☐ Passport</li><li>☒ State issued identification car</li></ul>	d			
	☐ Employer issued identity card				
	<ul><li>☑ Documentation from participa</li><li>☑ Other (please list all that are a Attachment #2</li></ul>	tion in a means-tested program.  accepted) see Policy and Procedure 2.04 Residency Requirements; 2.17			

e.		The State agency requires physical presence of the applicant or a valid exception to be documented:  ☑ Yes except for the following condition(s):				
	• • • •	☑ Applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bedrest or serious illness exacerbated by coming into clinic).				
		ocal agency; being ph	cumented ongoing health care from any health care ysically present would pose an unreasonable barrier; and I WIC certification.			
		_	e who cannot be present at the time of certification (for a gency) and for whom all necessary certification			
	certification within the o	ne-year period of the under the care of pri	sent at his/her initial certification; was present at most recent determination; and is under the care of one or mary working caretakers whose status presents a barrier lic.			
3.	The State agency requires	applicants to subm	it proof of categorical eligibility for (check all that apply):			
	☐ All pregnant women		nen not visibly pregnant			
	☐ Postpartum women	☐ Children				
	☐ Infants	☐ Other (specify	r):			
4.	Income Limits for Eligibili	ty				
a.	The State agency gross in	come limit for incon	ne eligibility is 185% of the federal income guidelines			
		у				
	exceptions					
	$\square$ Yes, with local agency va	riation				
	<ul><li>☐ No, with no local agency (specify State maximum</li><li>☐ No, with local agency va</li></ul>	percent of poverty:	%)			
	(specify State maximum		%)			
	ADDITIONAL DETAIL: Cel Policy and Procedure 2.06 A		ility Appendix and/or Procedure Manual (citation): Eligibility Requirements			
b.	The State agency impleme	ents income eligibilit	y guidelines concurrently with Medicaid			
	⊠ Yes □ No					
	appropriate citation in the	Procedure Manual.	f the income guidelines in the Appendix or the Certification and Eligibility Appendix and/or dure 2.06 Attachment #1 Income Eligibility			
C.			nn applicant's, or certain family members' eligibility ted programs that confer adjunctive income			

eligibility for WIC, as set forth in 246.7(d)(2)(vi):

	Po	verty Level
	☑ TANF (specify State "percent of poverty")	150%
	⊠ SNAP	150%
		150% (150%-185%
	□ Pregnant women and infants	150% (see above)
	□ Children	150%
		150%
d.	The State agency uses documented eligibility for participation establish automatic WIC income eligibility (check all that appeach):	
		Poverty Level
	☐ Free or Reduced-Price School Meals	%
	☐ Supplemental Security Income (SSI)	%
		150-185%
	☐ Food Distribution Program on Indian Reservations (FDPIR)	%
	☐ Other (specify):	%
Э.	Individuals are required to document that they or a family me receive TANF, Medicaid, or SNAP benefits or, under the State receive benefits in State- administered programs by providing	option, certified as eligible to
	☑ Program ID card (only if it includes dates of eligibility) or notice	of current eligibility
	<ul> <li>□ Documentation of participation in State-administered programs documentation of income and have income guidelines at or below poverty).</li> <li>(Program[s]: )</li> </ul>	· • • • • • • • • • • • • • • • • • • •
	ADDITIONAL DETAIL: Certification and Eligibility Appendix and Policy and Procedure 2.06 Attachment #1 Income Eligibility Requirement	
5.	Income Eligibility Documentation	
a.	For WIC applicants whose income eligibility is <u>not</u> based on adjeligibility in another means-tested program, the State agency re	
	☑ Documentation of income information	
	⊠ Signed statement that documentation of income information             □ No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	· · · · · · · · · · · · · · · · · · ·
	<ul><li>☑ Notation in the participant record if the applicant declares n</li><li>☐ Other (specify):</li></ul>	o income and why
b.	Exceptions to income documentation are made for the follow	ing:

☑ The necessary information is not available

	<ul><li>☑ The income do agency</li><li>☑ Those applicar</li><li>☑ Those applicar</li><li>☑ Other (specify)</li></ul>	nts with no incoments who work for o		tion as determined by the State	
c.			ne necessary documentation at the cer to do the following:	tification appointment, local	
	□ Certification appointment re	•	rated, and no food instruments/cash-value	e vouchers are provided;	
	and are able to income) during applicant does	present at least to a certification ap	e exceed 30 days) for applicants that have two of the three required documents (iden pointment is completed and food instrume mentation within 30 days, certification exp d.	utification, residency, and ents are provided. However, if	
		•	pointment (anthropometrics, hematological back with required forms.	al testing, nutrition risk) on paper	
d.		-	te-wide, or $\ \square$ at local agency discretion income information, if determined necessity $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	·	
	No  ☐ Yes (check all so ☐ Employer ☐ Public assistanc ☐ State employme ☐ Social Security A ☐ School districts ☐ Collateral contact ☐ Other (specify):	ce offices ent offices (wage Administration /offices	as appropriate): match, unemployment)		
e.	The State agency appointment if a p   ☑ Yes; Please spe  2.06 Income Eligibili	participant's inco cify Policy and Pr		a mid-certification	
		ny requirements			
f.	The State agency Service (IHS) oper		ntation of alternate income procedures cies.	for Indian or Indian Health	
	☐ Yes ☐	□ No			
g.	The State agency State-administere	•	olicy that addresses income from bene	efits provided by a	
	⊠ Yes □	] No			
h.	The State agency has a specific policy to ensure that certain types of income, such as combat pay or Family Subsistence Supplemental Allowance (FSSA) payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.				
	⊠ Yes □	□No			

		Certification and Eligibility Appendix and/or Procedure Manual (citation): Policy I 2.06 Attachment #3 Income Eligibility Requirements
6.		cant's income eligibility for WIC, the State agency excludes basic allowance military services personnel residing off military installations and in ether on- or off-base.
		□ No
	ADDITIONAL DETAIL: 0	Certification and Eligibility Appendix and/or Procedure Manual (citation):
	Policy and Procedure 2.0	6 and 2.06 Attachment #3 Income Eligibility Requirements
7.		des cost-of-living allowances for military personnel on duty outside of the DCONUS COLA) from applicant income for purposes of WIC income
		□ No
8.		cant's income eligibility for WIC, the State agency excludes payments given to ce members. These payments are in accordance with Chapter 5 of Title 37 of
		□ No
	ADDITIONAL DETAIL: (	Certification and Eligibility Appendix and/or Procedure Manual (citation):
		and 2.06 Attachment #3 Income Eligibility Requirements
9.	sources received by an	cant's income eligibility for WIC, the State agency calculates multiple income applicant's household at different frequencies in accordance with WIC Policy pares the sum to the established WIC IEGs.
		□ No
	ADDITIONAL DETAIL: 0	Certification and Eligibility Appendix and/or Procedure Manual (citation):
		S Income Eligibility Requirements
10.	The State agency defin	es the economic unit in accordance with WIC Policy Memo 2013-3.
10.	✓ Yes	□ No (if no, why not):
		of an economic unit used by the State agency in the Appendix or the the Procedure Manual.
	ADDITIONAL DETAIL:	Certification and Eligibility Appendix and/or Procedure Manual (citation):
	Policy and Procedure 2	06 Income Eligibility Requirements
11.	The State agency has s economic unit for (che	pecific policies or lists examples concerning the determination of the ck all that apply):
	☐ Foster children	
	= -	rated parents; step parents
	☐ Cohabitation	litary hardship tours, etc.)

	· · · · · · · · · · · · · · · · · · ·			
	<ul> <li>☐ Institutionalized applicants (includin</li> <li>☐ Homeless applicants</li> <li>☐ Minors ("emancipated" minors)</li> <li>☐ Separate economic units under the</li> <li>☐ Striker/unemployed</li> <li>☐ Students away at school</li> <li>☐ Self-employed applicants</li> <li>☒ Other (specify): see Policy and Proceed</li> </ul>	same roof		
	ADDITIONAL DETAIL: Certification a	nd Fligibility Appendix and/or Proce	dure Manual (citation):	
	Policy and Procedure 2.06 Income Elig		daro mandar (onanon).	
	,	•		
	Mid-Certification Disqualification			
a.	The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification since she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.			
	⊠ Yes □ No			
b.	WIC regulations specify that when in agencies are required to reevaluate adjunctively/automatically income electric of these Programs, eligibility must be disqualification made only after all oprocedures comply with this require	the Programs for which the individual ligible. If the individual cannot qualif e determined based on WIC income options are exhausted. The State age	al could be determined y based on eligibility for one guidelines and	
В.	Nutrition Risk Determination,	Documentation and Priority Assi	gnment	
1.	Nutrition Risk Determination and Doc	cumentation		
a.	Professionals authorized by the State determine nutritional risk include (ch		Authorities (CPAs) to	
			Can certify for:	
	Qualification Priorities	Prio	rities I-III AII	
	RD or Masters Level Nutritionist			
	Bachelor's Level Nutritionist		$\boxtimes$	
	Physician		$\boxtimes$	
	Physician Assistant		$\boxtimes$	
	Registered Nurse		$\boxtimes$	
	Licensed Practical Nurse			

Home Economist

Paraprofessional

Other (Specify):

 $\boxtimes$ 

 $\boxtimes$ 

b.	The State agency authorizes local agencies to (check all that apply):
D.	
	☐ Use medical referral data for ☐ Anthropometric and ☐ Hematological measurements
	Conduct measurements only when medical referral data are unavailable
	☑ Use data from a state Health Information Exchange (including access to medial referral data via a participant/physician portal)
C.	The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated December 17, 2020) that list the revised risk criteria requiring implementation by 10/1/2022, published on the FNS PartnerWeb, to document nutrition risk.  □ Yes □ No
	Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan. See Appendix AA WIC Extension Request Approval for FY 23 Risk Codes and Appendix BB Risk Code Chart
d.	The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.
	☐ Yes (list criteria):
	No     No
e.	Hematological risk determination:
	The State agency requires (check one of the following):
	☑ Bloodwork data to be collected at the time of certification (Statewide).
	☐ Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.
	The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).
	The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.
	☑ Yes ☐ No
f	Anthropometric risk determination:
	The State agency allows (check one):
	☑ Anthropometric data for certification to be no older than 60 days (Statewide)
	☐ A shorter (less than 60 days) limit on age of anthropometric data for certification
g.	Nutrition assessment:
(i)	Local agencies are required to perform a complete nutrition assessment (as described in the Value Enhanced Nutrition Assessment [VENA] Guidance) for all participants.
(ii)	Local agencies are required to perform a mid-certification nutrition assessment (as described

	in the Guidance for Providing Quality Nutrition Services during Extended Certification Periods) for all participants with and extended certification period.
	☑ Yes ☐ Not Applicable: (The State agency does not utilize the extended certification option for any participant category)
(ii	i) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).
	⊠ Yes □ No
	If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.
	If no, the State agency assures quality of nutrition assessment by:
	☐ Requiring local agencies to submit forms for approval
	<ul><li>Annually monitoring the locally developed forms during local agency review</li><li>Other (specify):</li></ul>
(iv	Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)  ✓ Yes (specify): Dietary Guidelines for Americans, MyPlate Food Guide, American Academy of
	Pediatrics
	□ No (explain):
ΑD	DITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):
11.0	icy and Procedure 2.11 Nutrition Risk Criteria; 2.12 Anthropometrics Measurements; 2.13 Hematological Testing; 02 Competent Professional Authority; Appendix CC (3 forms) – CTAD Woman, CTAD Child, CTAD Infant (each m reflects the screens in Crossroads needed to complete the appointment)
2.	Documentation
	The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):
	$\square$ Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
	☑ Yes, with CPA discretion when to waive documentation requirement (no written policy)
	□ No (explain):
	As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:
	⊠ All identified risk criteria are recorded
	☐ A set number of criteria is recorded (maximum number is 10 criteria)
	Local agency personnel decide how many and which criteria are recorded
	Other (specify):
3.	Priority Assignments
a.	Participants certified for regression

 $\ oxtimes$  Remain in the same priority in which they were previously assigned

	<ul><li>□ Are assigned to Priority VII, regardless of their initial priority at first certification</li><li>□ Other (specify):</li></ul>						
b.	The State agency requ	uires ve	erificat	ion for a	ıll nutrition r	isk criteria tha	at require a physician's diagnosis.
	⊠ Yes □No						
	ADDITIONAL DETAIL: Cert	ificatio	n and	Eliaibili	h. Annondiv	and/or Proces	dura Manual (aita):
	Policy and Procedure 2.11			•	ly Appelluix	and/or Froces	aure manuai (cite).
С	. Participants may be c	ertified	for re	gressior	n (check all t	hat apply):	
	☐ A single six-month pe	eriod					
			•	eriod			
	☐ No policy, local agen	cy disc	retion				
d	. High risk postpartui	n wom	en are	assigne	ed to the foll	owing priority	<b>':</b>
	□ Priority III						
	☐ Priority IV						
	☐ Priority V						
	☐ Priority VI						
е	. Participants certified	solely	due to	homele	ssness/migi	rancy are assi	gned to the following priority:
		IV	V	VI	VII		
	Pregnant Women	$\boxtimes$					
	Breastfeeding Women	$\boxtimes$					
	Postpartum Women			$\boxtimes$			
	Infants						
	Children		$\boxtimes$				
f.	Attach a copy of any i coming fiscal year. Fo					idded, modifie	ed, or deleted during the
	Applicable participant category Applicable priority level(s) Whether a physician's diagnosis is required SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection						
	ADDITIONAL DETAIL: Cortification and Eligibility Appendix and/or Procedure Manual (citation):						

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Policy and Procedure 2.11 Nutrition Risk Criteria

## C. Health Care Agreements, Referrals, and Coordination

- 1. State Agency Referral Agreements and Coordination of Services
- a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

**SNAP** 

	TANF	Hospitals
	M Medicaid	M Childhood immunization
	SSI	Immunization registries
	M EPSDT	Well-child programs
	M MCH programs	Child protective services
	M Children with special health care needs program(s)	Private physicians
	Family planning	IHS facilities
	M Other (specify): Head Start	
b.	Formal agreements for coordination of services i	nclude:
	<ul> <li>☑ Responsibilities of each party</li> <li>☑ Assurance that information is used only for progration outreach</li> <li>☑ Assurance that information will remain confidential with a third party</li> </ul>	-
c.	The State agency requires local agencies to coor systems for, the following (check all that apply):	dinate services with, and/or develop referral
	⊠ SNAP	□ Children with special health care needs
	⊠TANF	⊠ Schools
	□ SSI	
	⊠ Medicaid	
	☐ CHIP	
	☐ IHS facilities	⊠ Child protective services
	☐ MCH (clinics/facilities)	⊠ Head Start
	⊠ Early and Periodic Screening,	
	Diagnostic and Treatment (EPSDT)	⊠ Early Head Start
	⊠ Family planning	☐ Healthy Start
	□ Prenatal care	☐ Substance abuse program
	□ Postnatal care	☐ Child abuse counseling
	☐ Dental services	⊠Homeless facilities
	☑ Private physicians	
		⊠ Rural/migrant health centers
	Well-child programs	

## ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

Policy and Procedure 10.02 Coordination of Program Services

 $\ oxdot$  Other (specify): Domestic Violence Shelters

2.	Local Agency Referral Procedures		
a.	The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:		
	⊠ State Medicaid Program, including presumptive eligibility determinations, where available		
	⊠Child support services		
	⊠ SNAP		
	Substance abuse counseling/treatment programs		
	☑ TANF, including presumptive eligibility determinations, where available		
	⊠Other State-funded medical insurance programs (specify):		
	☐ Other nutrition services (specify):		
	□ Children's Health Insurance programs (s)		
	☐ Other (specify):		
b.	The referral methods used by local agencies to other health and social service program (check all that apply and indicate the primary method of referral using the checkbox on		
		Primary	
	⊠ State agency-developed referral forms		
	<ul><li>☑</li><li>☑ Local agency-developed referral form</li></ul>		
	☑Telephone call to referring agency		
	⊠ Verbal referral to participants		
	☐ Automated client/participant information exchange		
	⊠ Written literature on referral programs		
	☐ Follow-ups by staff to monitor		
	☐ Maintain a list of local resources for drug and other harmful substance abuse		
	□Counseling □ Other (specify):		
	- Curior (openity).		
C.	Methods used by other health and social service programs to refer clients to the WIC Princlude (check all that apply and indicate the primary method of referral using the check right):		
		Primary	
	⊠ WIC Program referral form		
	□ Telephone call		

	<ul> <li>☑ Verbal referral</li> <li>☑ Automated client/participant info</li> <li>☑ Written literature on the WIC Pr</li> <li>☐ Other (specify):</li> </ul>	<del>-</del>	
d.	The State agency has a system other health or social services (	in place to monitor the extent to which the check all that apply):	WIC participants are using
		d ⊠ TANF ⊠ MCH ⊠ SNAP	
	$\square$ Yes, other (specify):		
	□ No		
e.		agencies to monitor referrals to determaddition to State monitoring systems.	ine the extent of health
	□Yes ⊠ No		
	Policy and Procedure 7.05 Coordi	on and Eligibility Appendix and/or Proc nation with Community Resources; 10.01 ( ordination of Program Services; 10.03 WIC	Coordination with Medicaid – Right
f.	chart showing the maximum inc	icaid Program, the State agency provide come limits, according to family size, ap o to age 5 under the Medicaid Program.	
	⊠ Yes □ No		
g.	that has a cooperative arrangen receive inpatient or outpatient p	each local agency operating the Programent with a hospital, advises potentially brenatal, maternity, or postpartum services well-child services, of the availab	eligible individuals that ces, or that accompany a
	□ Yes ⊠No		
h.		to the extent possible, local agencies p to be certified within the hospital for pa	
	□ Yes ⊠ No		
i.	The State agency ensures that v	when WIC is at maximum caseload, loca	ll agencies make referrals to:
	<ul> <li>☑ Food banks</li> <li>☑ Food pantries</li> <li>☑ Soup kitchens or other emerge</li> <li>☑ SNAP</li> <li>☑ The Emergency Food Assistan</li> <li>☐ Food Distribution Program on</li> <li>☐ Other (specify):</li> </ul>	ce Program (TEFAP)	
j.	The State agency ensures that vagency of any waiting lists esta	vhen WIC is at maximum caseload, loca blished.	l agencies notify the State
	⊠ Yes □ No		

			!	
k.	The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established.			
	⊠ Yes □ No			
I.	The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:			
	⊠ Food pantries			
	Soup kitchens     ■			
	SNAP     The Francisco Accident     The	otonos Drogram	(TEFAD)	
	<ul><li>☑ The Emergency Food Assi</li><li>☑ Food Distribution Program</li></ul>	_	•	
	☐ Other (specify):	on malan ixeser	valions (i Di iiv)	
m.	Immunization Screening and	d Referral		
	The State agency assures the Memorandum	nat each local ag	ency is meeting the requirements of WIC Policy	
	#2001-7, August 30, 2001: In	nmunization Scr	eening and Referral, as follows:	
		he age of two usi	ng a documented immunization history:	
	⊠ Using the minimum screer	ning protocol; or		
	☐ Using a more comprehensive means, (specify):			
	☐ Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): ; <b>or</b>			
	☐ Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; <b>or</b>			
	☐ The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:			
The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.				
	⊠ Yes □ No			
D.	Processing Standards			
1.	Notification Standards			
a.	The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):			
	⊠ Pregnant women eligible as	s Priority I	⊠High-risk infants (optional)	
	⋈ Migrant farmworkers/family	members	□Homeless (optional)	
	☐ Optional; please specify:			
b.	The State agency requires le ensure timely certification of		follow special policies and procedures to	
	⊠ Rural applicants		☐ Employed applicants	

	☐ No special policies/procedures					
c.	The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification.					
	□ Y	⁄es	⊠ No			
d.	Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for Program benefits.					notified of eligibility within
	⊠ Y	⁄es	□ No			
				on and Eligibility Appendix nes for Processing Applican		edure Manual (citation):
2.	Pro	cessing Sta	andards			
a.	Pro	cessing sta	ındards begin whe	en the applicant (check all	that apply):	
	$\boxtimes$	Telephones	the local agencies t	o request		
		efits	al aganay in naraan			
			al agency in person ten request for beno			
			·			
b.	The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.					
	⊠ Yes □ No					
				nd Eligibility Appendix an for Processing Applicants; 9		
E.	Certification Periods					
1.	Certification Period Standards					
a.	. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished:		<u> </u>			
			Il local agencies elected local agenc	ies		
	(ii)			ocal agencies to certify child quired health and nutrition so		od of up to one year provided that
			all local agencies selected local agend	cies		
	(iii)	the infant's	first birthday or unt health and nutritio	il breastfeeding is discontinu	ued (whicheve	others for a period extending up to er comes first), if there is no rwise receive during a shorter
			all local agencies selected local agen	cies		

	□ No									
	(iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:									
		☐ No education	⊠Yes (deso at the six (6		•			•	etrics measures	and nutrition
b.	Exte	nded certi	fication is a	ın optic	n for the	followii	ng (check	all that apply	y):	
	⊠ Pı	riority I infai	nts	⊠ Prio	rity II infa	nts 🛭	☐ Priority I\	/ infants		
	⊠ Pı	riority III Ch	ildren	⊠ Prio	rity V Chi	ldren				
	⊠ Pı	riority I Brea	astfeeding W	Vomen	$\boxtimes$	Priority	IV Breastfe	eding Wome	n	
C.			cy authoriz ain circums			es to sh	orten or e	xtend the ce	rtification perio	od up to
	□ Ye	es (If yes, pi	rovide citatic	on indica	ating circu	ımstance	es):	⊠ No		
						-			edure Manual (	•
	Policy	and Proce	dure 2.08 C	еппсат	ion Period	us; 2.16	iviia-Certific	cation Follow	-Up for Infants a	and Children
2.	The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):				fa					
	⊠ Pa	articipant vo	olunteers the	e inform	ation that	they are	e over inco	me		
	<ul><li>☑ Participant abuse</li><li>☑ Family member found income ineligible at recertification</li></ul>									
	□ Failure to pick up food instruments/cash-value vouchers for 2 consecutive									
	issuances ☐ Other (specify):									
	ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Policy and Procedure 2.09 Notification of Ineligibility									
F.	Transfer of Certification									
1.	Procedures for Transfer of Certification and Verification of Certification (VOC)									
a.	The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):									
	Int	ra-State	Inter-Sta	ate	WIC O	/erseas				
		$\boxtimes$	$\boxtimes$			$\leq$	Yes			
					_		No			
b.	•	•	card/folde	er is pro	vided wl	nich also	o serves a	s a VOC:		
	□ Ye	es [	⊠ No							

c. The State agency requires all local agencies to use a standardized VOC:

	⊠ Yes □ No			
d.	VOCs are issued to the following (check all that apply):			
	<ul> <li>☐ All participants</li> <li>☑ Migrants</li> <li>☐ Homeless</li> <li>☑ Participants relocating during certification period</li> <li>☑ Persons affiliated with the military who are transferred overseas</li> <li>☐ Other (specify):</li> </ul>			
	ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Policy and Procedure 2.14 Verification of Certification (VOC) Cards			
2.	The State agency requires all local agencies to include the following information on the VOC (check all that apply):			
	Name of participant			
	□ Date certification performed			
	□ Date income eligibility last determined			
	⊠ Nutritional risk condition of the participant			
	□ Date certification period expires			
	⊠ Signature/printed or typed name of certifying local agency official			
	⋈ Name/address/phone number of certifying local agency			
	☑ Identification number or some other means of accountability			
	☐ Other (specify):			
3.	The State agency requires all local agencies to accept as valid all VOCs from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:			
	⊠ Participant name			
	<ul><li>☑ Name and address of the certifying agency</li><li>☑ Date the current certification period expires</li></ul>			
4.	The State agency honors the one-year certification period for transferring participants (infants,			
	children, and breastfeeding women) even if it certifies participants every six months.  ☑ Yes □ No			
ΑD	DITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):			
	licy and Procedure 2.14 Verification of Certification (VOC) Cards			
G.	Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions			
1.	Dual Participation			
a.	The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies:			

(Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): Policy and Procedure 1.11 Prevention

	and Detection of Dual Participation □ No					
b.	The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):					
	□ Yes □ No □ Not applicable					
c.	The State agency has established procedures to handle participants found in violation due to dual participation:					
	<ul> <li>✓ Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): Policy and Procedure 1.11 Prevention and Detection of Dual Participation</li> <li>☐ No</li> </ul>					
	DITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): licy and Procedure 1.11 Prevention and Detection of Dual Participation					
2.	Participant Rights and Responsibilities					
a.	The State agency has uniform notification procedures that are used by all local agencies statewide:					
	⊠ Yes □ No					
b.	The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form, and must be read by or to the applicant, parent, or caretaker:					
	⊠ Yes □ No					
C.	The State agency has implemented a policy of disqualifying participants for not picking up food instruments:					
	If yes, the policy is communicated to participants in the participant rights and responsibilities materials:					
d.	. The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:					
e.	The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:					
	⊠ Yes □ No; explain:					
ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Policy and Procedure 1.06 Participant Sanctions; 2.10 Notification of Participant Rights and Responsibilities						
f.	The State agency has developed special notification policies and procedures for the following:					
	□ Applicant/participant who cannot read					
	<ul> <li>☑ Applicant/participant who speaks in a language other than English</li> <li>☐ Homeless</li> </ul>					

	☐ Migrants						
	<ul> <li>☑ Persons with disabilities</li> </ul>						
	☐ Other (specify):						
g.	The State agency requires all loc responsibilities in the following	cal agencies to provide notification of pasituations:	articipant rights and				
	⊠ Eligibility at each certification						
	☑ Ineligibility at initial certification						
	☑ Mid-certification disqualification						
	·	⊠ Expiration of a certification period					
	☑ Waiting list status						
	☐ Other (specify):	☐ Other (specify):					
		and Eligibility Appendix and/or Procedure of Participant Rights and Responsibilities	re Manual (citation):				
3. F	Fair Hearing and Sanction System	1					
a.	The State has a law or regula	ation governing participant appeals:					
	⊠ Yes □ No						
b.	The State agency has established	d statewide fair hearing procedures:					
	☑ Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference in additional detail section below.						
	□ No						
C.	State or local agency act	ions against participants include (chec	k all that apply):				
	☑ Reclaiming the value of improperly received benefits						
	☑ Disqualification from the Program for up to one year						
	⊠ Suspension from the Program mid-certification						
	☐ Other (specify):						
d.	Appeal hearings are held	l at:					
	☐ WIC State agency parent agency						
	☑ Other State agency or hearing board (specify): West Virginia DHHR Board of Review						
	☐ Local WIC agency						
☐ Other (specify):							
e.	Statewide fair hearing pr	ocedures include (check all that apply):					
	⊠ Request for hearing		ties				
	☑ Denial or dismissal of request						
	□ Rules of procedure	⊠ Responsibilities of hearing	g official				
	⊠ Fair hearing decision	☐ Other (specify):					

f.	State agency procedures require written notification for (check all that apply):				
			⊠ Request for hearing		
	□ Denial or disconnection     □ Denial or disconnection	smissal of request	Notice of hearing		
	□ Termination	within certification period	⊠ Fair hearing decision		
		ew	☐ Other (specify):		
g.	The State agency has established timeframes to govern each step of the hearing process:				
	⊠ Yes	□ No			
h.	The State agency requires all local agencies to document any notification/correspondence in the participant's file:				
	⊠ Yes	□ No			
i.	The State agency has a written sanction policy for participants:				
	⊠ Yes (If yes, provide appropriate citation below)				
	□ No				
j.	The State agency has established procedures which determine the type and levels of sanctions to be applied against participants:				
	⊠ Yes	□ No			
	<b>ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):</b> Policy and Procedure 1.06 Participant Sanctions; 1.07 Fair Hearing Policy for Applicants and Participants				