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

(Please indicate) State Agency: West Virginia for FY 2024

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, or supply chain disruption, the State agency may request to implement existing WIC regulatory and programmatic flexibilities or waivers to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act, Access to Baby Formula Act, or provision(s) authorized by Congress, and duration before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility or waiver 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.

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, rather it complements the language in the nondiscrimination statement. Following the contents of the EO, State agencies must update their policies and procedures to align with the contents of the EO and the nondiscrimination statement.

- **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.** <u>Nutrition Risk Determination, Documentation, and Priority Assignment 246.4(a)(11)(i):</u> 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); (7); (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</u> 246.4(a)(6); (11)(i); and 246.7(k): 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</u> <u>246.4(a)(11)(i)</u> (16); (17) and (18); <u>246.7(h)</u>; <u>246.7(i)(10)</u>; <u>246.7(j)</u>; <u>246.7(j)</u>; <u>246.7(j)</u>; 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.

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					
	x Yes □ No					
b. The State agency shares x Statewide or $\square$ at local agency (check one), a common income application or certification form with (check all that apply):						
	x No other benefit programs  ☐ TANF	<ul><li>☐ Medicaid</li><li>☐ SNAP</li></ul>				
	☐ Maternal and Child Health (N☐ Other (specify): Click or tap h	ICH) □ Other reduced-price health care program(s) ere to enter text.				
	ADDITIONAL DETAIL: Certific	ation and Eligibility Appendix and/or Procedure Manual (citation):				
	Policy and Procedure 2.01 Ce	rtification of Participants; 2.06 Income Eligibility Requirements				
2.	Residency, Identity and Physi	cal Presence Requirements				
a.	The State agency requires documentation of residency					
	x Yes					
	<b>x</b> Signed statement that documentation 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): Click or					
	tap here to enter text.					
b.	The State agency has reciprocal agreements concerning residency with other State agencies					
	☐ Yes; list States: Click or tap here to enter text.					
	x No					
	Describe any reciprocal agreements: Click or tap here to enter text.					
C.	The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):					
	<b>x</b> Homeless applicants	☐ Institutionalized applicants				
	<b>x</b> Migrants	☐ Indian Tribal Organizations				
	□ None	☐ Other (specify): Click or tap here to enter text.				
d.	The State agency allows the following as proof of identity; please select all that apply.					
Att						

e.	The State agency requires physical presence of the applicant or a valid exception to be documented:					
	x Yes except for the following condition(s):					
	<b>x</b> 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).					
	<b>x</b> Applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.					
	• •	under 8 weeks of age who cannot be present at the time of certification (for a opriate by the local agency) and for whom all necessary certification				
	☐ Applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one or more working parent, or under the care of primary working caretakers whose status presents a barrier to bringing the infant or child into the WIC clinic.					
3.	The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):					
	$\square$ All pregnant women	<b>x</b> Pregnant women not visibly pregnant				
	☐ Postpartum women	☐ Children				
	☐ Infants	☐ Other (specify): Click or tap here to enter text.				
4.	Income Limits for Eligibili	ty				
a.	The State agency gross in income guidelines	come limit for income eligibility is at or below 185% of the federal poverty				
	x Yes, with no local agency exceptions					
	☐ Yes, with local agency variation					
	<ul> <li>No, with no local agency exceptions         (specify State maximum percent of poverty: Click or tap here to enter text. %)</li> <li>No, with local agency variation         (specify State maximum percent of poverty: Click or tap here to enter text. %)</li> </ul>					
		rtification and Eligibility Appendix and/or Procedure Manual (citation): Attachment #1 Income Eligibility Requirements				
b.	The State agency implements income eligibility guidelines concurrently with Medicaid					
	x Yes □ No					
	appropriate citation in the	ease attach a copy of the income guidelines in the Appendix or the Procedure Manual. Certification and Eligibility Appendix and/or on): Policy and Procedure 2.06 Attachment #1 Income Eligibility				
C.		documentation of an applicant's, or certain family members' eligibility following means-tested programs that confer adjunctive income orth in 246.7(d)(2)(vi):				

**x** SNAP 150% **x** Medicaid (specify State "percent of poverty" for each) 150-185% x Pregnant women and infants 150-185% x Children 150% **x** Other categorically eligible women 150% The State agency uses documented eligibility for participation in other means-tested programs to d. establish automatic WIC income eligibility (check all that apply, and the poverty levels used for each): **Poverty Level** ☐ Free or Reduced-Price School Meals Click or tap here to enter text.% ☐ Supplemental Security Income (SSI) Click or tap here to enter text.% x Other State-provided health insurance (specify State "percent of poverty" maximum Click or tap here to enter text. %) 150-185% ☐ Food Distribution Program on Indian Reservations (FDPIR) Click or tap here to enter text.% Click or tap here to enter text.% ☐ Other (specify): Individuals are required to document that they or a family member are certified as eligible to e. receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State- administered programs by providing: x Program ID card (only if it includes dates of eligibility) or notice of current eligibility ☐ Documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty). (Program[s]: Click or tap here to enter text.) ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): Policy and Procedure 2.06 Attachment #1 Income Eligibility Requirements 5. Income Eligibility Documentation a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State agency requires (check all that apply): x Documentation of income information x Signed statement that documentation of income information is not available and why x Notation in the participant record if the applicant declares no income and why ☐ Other (specify): Click or tap here to enter text. b. Exceptions to income documentation are made for the following: x The necessary information is not available x The income documentation presents an unreasonable barrier to participation as determined by the State agency x Those applicants with no income x Those applicants who work for cash Other (specify): Click or tap here to enter text.

If the applicant does not supply the necessary documentation at the certification appointment, local

agencies are generally instructed to do the following:

	appointment rescheduled
	☐ Temporary certification (not to exceed 30 days) for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents (identification, residency, and income) during a certification appointment is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, certification expires, and a new eligibility determination must be conducted.
	☐ Other (specify): Click or tap here to enter text.
d.	The State agency requires $x$ State-wide, or $\Box$ at local agency discretion (check one), the <u>verification</u> of applicant income information, if determined necessary
	x No
	☐ Yes (check all sources required, as appropriate):
	□ Employer □ Public assistance offices
	☐ State employment offices (wage match, unemployment)
	□ Social Security Administration
	□ School districts/offices
	☐ Collateral contacts
	☐ Other (specify): Click or tap here to enter text.
e.	The State agency has specific policies that define actions to be taken at a mid-certification appointment if a participant's income eligibility changes.
	x Yes; Please specify: Policy and Procedure 2.06 Income Eligibility Requirements
	□ No
f.	The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.
	☐ Yes ☐ No x Not Applicable
g.	The State agency has a specific policy that addresses income from benefits provided by a State-administered programs.
	x 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.
	x Yes □ No
	ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
	Policy and Procedure 2.06 and 2.06 Attachment #3 Income Eligibility Requirements
<b>3</b> .	In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.
	x Yes, State-wide □ No
	ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

7.	The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination.						
	x Yes, State-wide	□ No					
8.	In determining an applicant's income eligibility for WIC, the State agency excludes payments give deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U.S.C.						
	x Yes, State-wide	□ No					
	ADDITIONAL DETAIL: Ce	rtification and Eligibility Appendix and/or Procedure Manual (citation):					
	Policy and Procedure 2.06	and 2.06 Attachment #3 Income Eligibility Requirements					
9. In determining an applicant's income eligibility for WIC, the State agency calculates multiple inco sources received by an applicant's household at different frequencies in accordance with WIC P Memo 2011-7 and compares the sum to the established WIC IEGs.		pplicant's household at different frequencies in accordance with WIC Policy					
	x Yes, State-wide	□ No					
	ADDITIONAL DETAIL: Ce	rtification and Eligibility Appendix and/or Procedure Manual (citation):					
	Policy and Procedure 2.06	Income Eligibility Requirements					
10.	The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.						
	x Yes	$\square$ No (if no, why not): Click or tap here to enter text.					
	Provide the definition of appropriate citation in the	an economic unit used by the State agency in the Appendix or the ne Procedure Manual.					
	ADDITIONAL DETAIL: C	ertification and Eligibility Appendix and/or Procedure Manual (citation):					
	Policy and Procedure 2.	06 Income Eligibility Requirements					
11.	The State agency has speeconomic unit for (check	ecific policies or lists examples concerning the determination of the all that apply):					
	x Foster children						
	☐ Divorced/legally separa	ted parents; step parents					
	☐ Absentee spouse (milita	ary hardship tours, etc.)					
	☐ Cohabitation						
	• • • • • • • • • • • • • • • • • • • •	nts (including incarcerated applicants)					
	☐ Homeless applicants						
	☐ Minors ("emancipated"	•					
	□ Separate economic units under the same roof						
	• •	☐ Striker/unemployed					
	☐ Students away at school						
	□ Self-employed applicants						
	x Other (specify): Policy and Procedure 2.06						

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

Policy and Procedure 2.06 Income Eligibility Requirements

12. Mid-Certification	Disqualification
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participant/physician portal)

2.	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.						
	x Yes □ No						
b.	WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the Programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for o of these Programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all options are exhausted. The State agency ensures its policy and procedures comply with this requirement:						
	x Yes ☐ No						
В.	Nutrition Risk Determination	ı, Documentation and Priority Assignment					
1.	Nutrition Risk Determination and Do	ocumentation					
a.		te agency as Competent Professional Authorities	(CPAs) to				
	Can certify for:						
	Qualification Priorities	Priorities I-III	All				
	RD or Masters Level Nutritionist	X	x				
	Bachelor's Level Nutritionist	X	X				
	Physician	X	X				
	Physician Assistant	X	X				
	Registered Nurse	X	X				
	Licensed Practical Nurse	X	X				
	Home Economist	X	X				
	Paraprofessional						
	Other (Specify): Click or tap here	to enter text.					
b.	The State agency authorizes local	agencies to (check all that apply):					
	x Conduct x Anthropometric a	and <b>x</b> Hematological measurements					
	$\square$ Use medical referral data for $\square$ A	nthropometric and ☐ Hematological measurements					
	□Conduct measurements only wher	n medical referral data are unavailable					
	xUse data from a state Health Inform	nation Exchange (including access to medical referral	data via a				

the

one

C.	#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. (Note: A more recent transmittal memorandum was issued on November 17, 2022, however, the revised risk criteria included in this memorandum are not scheduled to be implemented until October 1, 2024)
	x Yes □ No
	Please append a list of the nutrition risk criteria used by the State agency in its entirety to this State Agency Plan.
d.	The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.
	☐ Yes (list criteria): Click or tap here to enter text.
	x 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).
	x 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).
	x Yes □ No
	The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.
	x Yes □ No
f.	Anthropometric risk determination:
	The State agency allows (check one):
	x 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
a.	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.
	x Yes   No (explain): Click or tap here to enter text.
(ii)	Local agencies are required to perform a mid-certification nutrition assessment (as described in the <i>Guidance for Providing Quality Nutrition Services during Extended Certification Periods</i> ) for all participants with and extended certification period.
	x Yes   Not Applicable: (The State agency does not utilize the extended certification option for any participant category)

(iii) The State agency policy requires that nutrition assessment intake information be collected on

a State agency mandated form or Management Information System (MIS).
x 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
☐ Annually monitoring the locally developed forms during local agency review
Other (specify): Click or tap here to enter text.
(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)
x Yes (specify): Dietary Guidelines for Americans, MyPlate Food Guide, American Academy of P
□ No (explain): Click or tap here to enter text.
ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):
Policy and Procedure 2.11 Nutrition Risk Criteria; 2.12 Anthropometrics Measurements; 2.13 Hematological Testing; 11.02 Competent Professional Authority; Appendix V (3 Forms)- CATD Woman, CATD Child, CATD Infa (each from reflects the screens in Crossroads needed to complete the appointment)
2. Documentation
<ul> <li>a. 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):</li> </ul>
$\square$ Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
x Yes, with CPA discretion when to waive documentation requirement (no written policy)
No (explain): Click or tap here to enter text.
b. 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:
xAll identified risk criteria are recorded
A set number of criteria Click or tap here to enter text. is recorded (maximum number is 10 criteria)
Local agency personnel decide how many and which criteria are recorded
Other (specify): Click or tap here to enter text.
3. Priority Assignments
a. Participants certified for regression
x Remain in the same priority in which they were previously assigned
☐ Are assigned to Priority VII, regardless of their initial priority at first certification
Other (specify): Click or tap here to enter text.
b. The State agency requires verification for all nutrition risk criteria that require a physician's diagnos
x Yes No

Policy and Procedure 2.11 Nutrition Risk Criteria

Family planning

C.	Participants may be certified for regression (check all that apply):					
	<ul><li>☐ A single six-month peri</li><li>☐ One time following a co</li><li>☐ No policy, local agency</li></ul>	ertification	•	od		
d.	High risk postpartum w	omen a	re assi	gned to	the foll	owing priority:
	☐ Priority III					
	☐ Priority IV					
	☐ Priority V					
	☐ Priority VI					
e.	Participants certified so	lely du	e to ho	melessr	ness/mi	grancy are assigned to the following priority:
_	Prognant Woman	IV	V	VI	VII	
	Pregnant Women					
Е	Breastfeeding Women					
F	Postpartum Women					
l	nfants					
(	Children					
f.	Attach a copy of any nu coming fiscal year. For					added, modified, or deleted during the
	Applicable participant cate Applicable priority level(s) Whether a physician's dia SA code number which cocollection	gnosis i			provided	d by USDA for Participant Characteristics data
ΑD	DITIONAL DETAIL: Certif	ication	and El	igibility	Append	lix and/or Procedure Manual (citation):
Cli	ck or tap here to enter te	xt.				
C.	Health Care Agree	ments	, Refe	errals, a	and Co	ordination
1.	State Agency Referral A	greem	ents ar	d Coord	lination	of Services
a.	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):				ether information is shared manually (M) or	
	SNAP			I	Rural/m	igrant health centers
	TANF				Hospital	s
	M Medicaid				M Child	hood immunization
	SSI				Immuniz	zation registries
	M EPSDT			,	Well-chi	d programs
	M MCH programs			(	Child pro	otective services

IHS facilities

Private physicians	
M Children with special health care needs program	m(s)
M Other (specify): Head Start	
Formal agreements for coordination of service	es include:
x Responsibilities of each party	
x Assurance that information is used only for prog	gram eligibility and/or
outreach  x Assurance that information will remain confident	tial and not be shared
with a third party	and not be shared
The State agency requires local agencies to consystems for, the following (check all that apply	oordinate services with, and/or develop referral /):
<b>X</b> SNAP	<b>x</b> Children with special health care needs
XTANF	X Schools
□ SSI	X Expanded Food and Nutrition Education Program (EFNEP)
X Medicaid	X Other food assistance program (TEFAP, FDPIR, CSFP, etc.)
☐ CHIP	<b>x</b> Breastfeeding promotion
☐ IHS facilities	xChild protective services
☐ MCH (clinics/facilities)	<b>x</b> Head Start
X Early and Periodic Screening,	
Diagnostic and Treatment (EPSDT)	<b>x</b> Early Head Start
<b>X</b> Family planning	☐ Healthy Start
<b>X</b> Prenatal care	<b>X</b> Substance abuse program
<b>X</b> Postnatal care	$\square$ Child abuse counseling
<b>X</b> Immunization	<b>x</b> Foster care agencies
☐ Dental services	X Homeless facilities
<b>X</b> Private physicians	<b>X</b> Mental health services
X Hospitals	<b>x</b> Rural/migrant health centers
<b>X</b> Well-child programs	x Lead Screening
<b>X</b> Other (specify): Domestic Violence Shelters	

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

Policy and Procedure 10.02 Coordination of Program Services

## 2. Local Agency Referral Procedures

b.

C.

- 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:
  - **x** State Medicaid Program, including presumptive eligibility determinations, where available **x**Child support services

	x SNAP	
	x Substance abuse counseling/treatment programs	
	x TANF, including presumptive eligibility determinations, where available	
	xOther State-funded medical insurance programs (specify): Click or tap here to enter text.	
	☐ Other nutrition services (specify): Click or tap here to enter text.	
	x EPSDT Program	
	x Children's Health Insurance programs (s)	
	☐ Other (specify): Click or tap here to enter text.	
b.	The referral methods used by local agencies to other health and social service programs (check all that apply and indicate the primary method of referral using the checkbox on the	
		Primary
	x State agency-developed referral forms	
	X Local agency-developed referral form	
	xTelephone call to referring agency	
	x Verbal referral to participants	
	W. Automotod elient/neuticinent information evaluates	
	<ul><li>x Automated client/participant information exchange</li><li>x Written literature on referral programs</li></ul>	
	☐ Follow-ups by staff to monitor	
	☐ Maintain a list of local resources for drug and other harmful substance abuse	
	□ Counseling	
	☐ Other (specify): Click or tap here to enter text.	
C.	Methods used by other health and social service programs to refer clients to the WIC Pro include (check all that apply and indicate the primary method of referral using the checkb right):	
		Primary
	x WIC Program referral form	
	x Health/social program referral form	
	x Telephone call	X
	x Verbal referral	
	<b>x</b> Automated client/participant information exchange	
	x Written literature on the WIC Program	
	☐ Other (specify): Click or tap here to enter text.	

d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):

	x Yes (check):	x Medicaid x TANF x MCH x SNAP			
	$\square$ Yes, other (spe	cify): Click or tap here to enter text.			
	□ No				
e.		y requires local agencies to monitor referrals to determine the extent of health es utilization in addition to State monitoring systems.			
	□Yes x	No			
	Policy and Proced	TAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): lure 7.05 Coordination with Community Resources; 10.01 Coordination with Medicaid- Right am; 10.02 Coordination or Program Services; 10.03 WIC/EPSDT Program Referral; 10.04 ram Referral			
f.	chart showing th	rrals to the Medicaid Program, the State agency provides each local agency a ne maximum income limits, according to family size, applicable to pregnant and children up to age 5 under the Medicaid Program.			
	x Yes	□ No			
g.	The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of Program services.				
	□ Yes x	No			
h.		y ensures that, to the extent possible, local agencies provide an opportunity for may be eligible to be certified within the hospital for participation in WIC.			
	□ Yes x	No			
i.	The State agenc	y ensures that when WIC is at maximum caseload, local agencies make referrals to:			
	x Food banks				
	<b>x</b> Food pantries				
	x Soup kitchens x SNAP	or other emergency meal providers			
		y Food Assistance Program (TEFAP)			
	☐ Food Distribut	tion Program on Indian Reservations (FDPIR)			
	☐ Other (specify)	: Click or tap here to enter text.			
j.	_	y ensures that when WIC is at maximum caseload, local agencies notify the State raiting lists established.			
	x Yes	□ No			
k.	_	y ensures that when WIC is at maximum caseload, the State agency notifies ing lists established.			
	x Yes	□ No			
I.		y ensures that when the WIC participant's family has immediate needs for food C might provide, local agencies make referrals to:			
	x Food banks				

	x Food pantries	S		
	x Soup kitchen	S		
	x SNAP			
	x The Emerge	ncy Food Assistance Progran	n (TEFAP)	
	☐ Food Distril	bution Program on Indian Res	ervations (FDPIR)	
	☐ Other (spec	ify): Click or tap here to enter	text.	
m.	<u>Immunization</u>	Screening and Referral		
			agency is meeting the requirements of WIC Policy mmunization Screening and Referral, as follows:	
	x Screening cl	nildren under the age of two u	sing a documented immunization history:	
	<b>x</b> Using the min	nimum screening protocol; or		
	☐ Using a mo	re comprehensive means, (sp	pecify): Click or tap here to enter text.	
	_	ner program or entity to scree fy):Click or tap here to enter t	n and refer WIC children using a documented immunization ext.; <b>or</b>	
	•	ng the minimum screening pro en by 24 months are 90% or g	otocol is unnecessary because immunization coverage rates of reater; <b>or</b>	
		agency has been unable to for vide explanation of extenuating	malize a coordination agreement with the State Immunization g circumstances:	
	Click or tap he	re to enter text.		
		cy's policy and procedure m creening and referral protoc	anual has been updated to include the above ol.	
	x Yes	□ No		
D.	Processing	g Standards		
1.	Notification S	tandards		
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):			
	<b>x</b> Pregnant wo	men eligible as Priority I	x High-risk infants (optional)	
	x Migrant farm	workers/family members	☐Homeless (optional)	
	☐ Optional; ple	ease specify: Click or tap here	to enter text.	
b.	The State age certification o		to follow special policies and procedures to ensure timely	
	x Rural applica	nts	☐ Employed applicants	
	☐ No special p	policies/procedures		
C.			horize an extension of the notification period up to 15 s when local agencies provide a written request with	
	☐ Yes	<b>x</b> No		

d.		20 days of first request (at the local agency) for Program benefits.			
	x Ye	es	□ No		
			DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): edure 2.05 Timeframes for Processing Applicants		
2.	Pro	cessing St	andards		
a.	Pro	Processing standards begin when the applicant (check all that apply):			
	х Т	elephones t	the local agencies to request benefits		
	<b>x</b> Vi	sits the loca	al agency in person		
	хM	akes a writt	en request for benefits		
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.				
	x Ye	es	□ No		
			DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): ocedure 2.05 Timeframe for Processing Applicants; 9.02 Local Agency Internal Review		
Ε.	E. Certification Periods				
1.	Certification Period Standards				
a.		` '	State agency authorizes local agencies to certify infants under six months of age for a ending up to the first birthday provided the quality and accessibility of health care services ninished:		
			l local agencies selected local agencies		
	(ii)		agency authorizes local agencies to certify children for a period of up to one year provided that children receive required health and nutrition services:		
			Il local agencies selected local agencies		
	(iii)	the infant's	agency authorizes local agencies to certify breastfeeding mothers for a period extending up to s first birthday or until breastfeeding is discontinued (whichever comes first), if there is no in health and nutrition services that the participant would otherwise receive during a shorter n period:		
			all local agencies selected local agencies		
	(iv)		e agency ensures that health care and nutrition services are not diminished for participants or longer than six months:		
		□ <b>No</b> education	☐Yes (describe): Participants are scheduled for anthropometrics measures and nutrition at the six (6) month/mid-certification follow-up appointment.		

b. Extended certification is an option for the following (check all that apply):

	<b>x</b> Priority I infants	<b>x</b> Prior	ity II infants	<b>x</b> Priority I	V infants	
	x Priority III Childre	en <b>x</b> Prior	ity V Children			
	x Priority I Breastfe	eeding Women	<b>x</b> Priorit	y IV Breastf	eeding Women	
c. The State agency authorizes local agencies to shorter 30 days in certain circumstances.			shorten or	extend the certification period up to		
	☐ Yes (If yes, prov	ride citation indica	ating circumsta	inces):	<b>x</b> No	
	Click or tap here to	enter text.				
			_		ix and/or Procedure Manual (citation): tification Follow-Up for Infants and Children	
2.	0 ,	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):				
	<ul><li>x Participant volunteers the information that they are over income</li><li>x Participant abuse</li></ul>					
	<b>x</b> Family member	x Family member found income ineligible at recertification				
	x Failure to pick up issuances □ Othe				Click or tap here to enter text. consecutive	
	ADDITIONAL DET Policy and Procedu		_		ix and/or Procedure Manual (citation):	
F.	Transfer of Ce	rtification				
1.	Procedures for T	ransfer of Certif	ication and Ve	erification o	of Certification (VOC)	
a. The State agency has procedures in place that are used by all local agencies for transfer certification within the State agency (intra-State), between State agencies (inter-State), ar WIC Overseas Program (WICO):			,			
	Intra-State x	Inter-State x	WIC Overse	e <b>as</b> Yes		
				No		
b.	A participant ID o	ard/folder/docu	mentation is	orovided wh	hich also serves as a VOC:	
	□ Yes x N					
C.	The State agency	requires all loc	al agencies to	use a stan	idardized VOC:	
	x Yes □ I	No				
d.	VOCs are issued to the following (check all that apply):					
	☐ All participants					
	<b>x</b> Migrants					
	☐ Homeless					
	x Participants relo	cating during cert	titication period	l		

	x Persons affiliated with the military who are transferred overseas					
	☐ Other (specify): Click or tap here to enter text.					
	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):					
	x Name of participant					
	x Date certification performed					
	x Date income eligibility last determined					
	x Nutritional risk condition of the participant					
	x Date certification period expires					
	x Signature/printed or typed name of certifying local agency official					
	x Name/address/phone number of certifying local agency					
	x Identification number or some other means of accountability					
	☐ Other (specify): Click or tap here to enter text.					
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:					
	x Participant name					
	x Name and address of the certifying agency					
	Date the current certification period expires					
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.					
	x Yes □ No					
AD	DITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):					
Pol	icy 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:					
	X 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 Deletion 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 x No ☐ Not applicable					

C.		The State agency has established procedures to handle participants found in violation due to dual participation:			
	x Yes	Procedure Manua	ny descriptions of policy in Appendix or cite appropriate section(s) of the al): Policy and Procedure 1.11 Prevention and Deletion of Dual		
	Partici	pation			
	-				
			ation and Eligibility Appendix and/or Procedure Manual (citation): ention and Deletion of Dual Participation		
2.	Participa	nt Rights and Res	sponsibilities		
a.	The State	e agency has unif	orm notification procedures that are used by all local agencies statewide		
	x 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:			
	x Yes	□ No			
C.	The State		lemented a policy of disqualifying participants for not picking up food		
	x Yes	□ No	☐ Not applicable		
	If yes, th materials		unicated to participants in the participant rights and responsibilities		
	x Yes	□ No	□ Not applicable		
d.	d. The State agency has implemented a policy to specifically inform participants that they are allowed to sell WIC food benefits, including online:				
	x Yes	☐ No; explain: <b>C</b>	Click or tap here to enter text.		
e.		The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:			
	x Yes	☐ No; explain: Cl	ick or tap here to enter text.		
			ation and Eligibility Appendix and/or Procedure Manual (citation): cipant Sanctions; 2.10 Notification of Participant Rights and Responsibilities		
f.	The State	e agency has dev	eloped special notification policies and procedures for the following:		
	x Applicant/participant who cannot read				
	x Applicant/participant who speaks in a language other than English				
	☐ Homeless				
	☐ Migra				
		ns with disabilities	tan hara ta antar tayt		
-			tap here to enter text.		
g.		e agency requires ibilities in the follo	all local agencies to provide notification of participant rights and owing situations:		

	x Eligibility at each certification				
	x Ineligibility at initial certification				
	x Mid-certification disqualification				
	<b>x</b> Expiration of a certification period				
	x Waiting list status				
	Other (specify): Click or tap here to en	ter text.			
	<b>DITIONAL DETAIL: Certification and Elig</b> icy and Procedure 2.10 Notification of Part	gibility Appendix and/or Procedure Manual (citation): icipant Rights and Responsibilities			
3. I	air Hearing and Sanction System				
а.	The State has a law or regulation go	overning participant appeals:			
	x Yes □ No				
o.	The State agency has established state	wide fair hearing procedures:			
	<b>x</b> Yes; attach fair hearing procedures for p. Manual and reference in additional detail s	articipants or specify the location in the Procedure section below.			
	□ No				
C.	State or local agency actions ag	gainst participants include (check all that apply):			
<ul> <li>x Reclaiming the value of improperly received benefits</li> <li>x Disqualification from the Program for up to one year</li> <li>x Suspension from the Program mid-certification</li> <li>□ Other (specify): Click or tap here to enter text.</li> </ul>					
d.	Appeal hearings are held at:				
	☐ WIC State agency parent agency				
	x Other State agency or hearing board (sp	ecify): West Virginia DHHR Board of Review			
	☐ Local WIC agency				
	☐ Other (specify): Click or tap here to en	ter text.			
e.	Statewide fair hearing procedur	es include (check all that apply):			
	x Request for hearing	x Local agency responsibilities			
	<b>x</b> Denial or dismissal of request	x Continuation of benefits			
	x Rules of procedure	x Responsibilities of hearing official			
	x Fair hearing decision	☐ Other (specify): Click or tap here to enter text.			
	x Judicial review				
f.	State agency procedures requir	e written notification for (check all that apply):			
	x Appeal rights	x Request for hearing			
	x Denial or dismissal of request	x Notice of hearing			
	x Termination within certification period	x Fair hearing decision			

	x Judicial revie	ew	Click or tap here to enter text.
g.	The Sta	tate agency has established timeframes to gover	n each step of the hearing process:
	x Yes	□ No	
h.	<ul> <li>The State agency requires all local agencies to document any notification/correspondence in t participant's file:</li> </ul>		
	x Yes	□ No	
i. The State agency has a written sanction policy for participants:		icipants:	
	x Yes (If yes, provide appropriate citation below)		
	□ No		
j.	_	ency has established procedures which determin gainst participants:	e the type and levels of sanctions to
	<b>x</b> Yes	□ No	

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

Policy and Procedure 1.06 Participant Sanctions; 1.07 Fair Hearing Policy for Applicants and Participants