



Special Supplemental  
Nutrition Program for  
Women, Infants and Children

# FFY2018 COLORADO WIC PROGRAM MANUAL



Nutrition Services Branch/WIC Program  
4300 Cherry Creek Drive South  
Denver, CO 80246  
303|692|2400



**COLORADO**  
Department of Public  
Health & Environment

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## Retailer Coordination - Goals

- Foster positive working relationships between retailers, the WIC Program (Program), and WIC participants. Placing the needs and the interests of WIC families at the forefront of WIC service delivery with the expectation that the experience will support healthy eating behaviors.
- Ensure that WIC participants, local agency (LA) WIC staff, and staff in WIC-approved stores are advised of the Program's policies and procedures and how to handle WIC transactions appropriately.
- Work with WIC-approved retailers and participants to ensure that only the prescribed foods are purchased.
- Ensure effective State management and oversight of a food delivery system based on WIC participant access, competitive prices, customer service, compliance with Federal and State policy and regulations, and availability of supplemental WIC foods.

These goals can be met through the joint efforts of the State WIC Program, LA WIC staff, retailers, and WIC participants.

## State WIC Retailer Unit Role and Responsibilities

- Work with retailers and Local Agency Retailer Coordinators (LARC) to foster positive working relationships.
- Develop policies and procedures to ensure consistency and accuracy in all efforts to promote Program integrity.
- Provide retailers and LARC with support and information. This includes providing timely data and training guidance, answering questions about the Allowable Foods List, etc.
- Provide guidance for LARC on enforcing policies and procedures.
- Authorize and reauthorize retailers to participate in the Program. Coordination of the application review, application processing, and resultant agreement.
- Provide training coordination for LA WIC staff and retailers.
- Work with LARC and retailers to resolve ongoing problems.
- Facilitate communication between State staff and LAs regarding retailer issues.
- Ensure Federal requirements for monitoring and compliance investigations are met.
- Enforce Federal regulations and initiating actions for sanctions against retailers who are in violation of the Program's policies and procedures.
- Provide general oversight of the retailer component of the Program.
- Participate on both the internal Allowable Foods List Committee and the Colorado WIC Allowable Foods List Advisory Committee to promote inclusive decision-making, understanding, and open, effective communication with external stakeholders.
- Assist retailers in obtaining payments for WIC transactions in conjunction with the Fiscal Unit.
- Maintain Vendor Management data tracking systems.
- Maintain the pricing system in conjunction with WIC Fiscal staff.
- Publish the WIC's WORLD newsletter.
- Conduct activities with local agencies—such as training sessions, quarterly conference calls, and one-on-one dialogue—to assist in the development of competencies in order to meet and exceed State objectives as outlined in the State Plan.
- Analyze processes to identify areas that can be improved to enhance Program integrity.
- Provide training material and reports to ensure information is useful, accurate, culturally and linguistically appropriate.
- Implement a vendor peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure, along with WIC Fiscal Unit, that the WIC Program pays authorized vendors competitive prices.

The State WIC Retailer Unit is available to work with LAs regarding matters that concern retailers. The State WIC fiscal staff and Nutrition Consultants can also assist LA WIC staff with retailer problems and/or questions.

## Local Agency Retailer Coordinator (LARC) Roles and Responsibilities

- Conduct pre-authorization, orientation, formal and informal monitoring visits to ensure compliance with Program policies and procedures. Document results by submitting accurate and completed reports to State WIC Office.
- Provide training for retailers and new WIC educators.
- Work with store personnel to handle questions about the Allowable Foods List, obtaining special formulas, ensuring minimum stocking requirements are met, and resolving ongoing retailer issues.
- Respond to and work to find resolution to participant/retailer complaints or issues and document complaints in retailer files or the MIS system.
- Report ongoing or serious retailer problems to the State WIC Retailer Unit for follow up, including forwarding copies of written complaints to State WIC Retailer Coordinator.
- Work with the State WIC Retailer Unit to develop procedures that address retailer problems.
- Enforce Federal regulations and Program policies and procedures that apply to retailers and participants consistently and accurately to ensure Program integrity.
- Communicate policy procedural changes to retailers and to other LA WIC staff.
- Participate in Retailer Unit's quarterly conference calls to facilitate communication between State staff and LAs regarding retailer issues.
- Recommend compliance investigations or inventory audits be conducted on retailers who may be (or suspected of being) in violation of the Program.
- Assist with disqualification/sanction implementation including, providing written documentation supporting the case against the retailer, testifying at Fair Hearing Procedures, etc.
- Provide general oversight of and point-of-contact for retailers within service area.
- Work with State WIC Retailer Unit on recommendations for the Allowable Foods List.
- Maintain a complete file on all retailers within service area.
- Provide State WIC Program with feedback on participant training material and reports to ensure information is useful, accurate, culturally, and linguistically appropriate.
- Analyze processes to identify area that can be improved to enhance Program integrity.
- Act as local agency expert in WIC Retailer Coordination, including knowledge of policies and procedures detailed in the *WIC Retailer Handbook* (page 23).
- Work with State WIC and with Local Agency Director/Management in the creation of processes to run and/or receive reports, enter any resulting appropriate violations in the Compass "Participants Violations" panel, alert staff to counsel participant at next appointment, counsel participant, and track notice of sanction.

## Retailer Policies

The State WIC Office develops policies and procedures to ensure consistent and accurate implementation of Program rules. These policies and procedures are developed in conjunction with retailers and LA WIC staff. The *Colorado WIC Retailer Handbook* outlines the specific requirements pertaining to the food delivery component of the Colorado WIC Program.

For details of the following topics, please review the *Handbook*:

- |                                    |                            |
|------------------------------------|----------------------------|
| ◆ Selection Criteria               | ◆ Policy Letters           |
| ◆ Sale to Circumvent Sanction      | ◆ Ownership Change         |
| ◆ Application and Approval Process | ◆ Physical Location Change |
| ◆ Providing False Information      | ◆ Emergency Situations     |
| ◆ Retailer Agreement               | ◆ Reauthorization Criteria |
| ◆ Minimum Stocking Requirements    | ◆ Stocking Waiver          |
| ◆ Retailer Manual                  |                            |

## Maintaining Privacy

The local agency should use caution to consistently protect participant privacy.

## Confidentiality

Vendor information is confidential, except WIC authorization status, store name, store address, telephone number, Web site, e-mail address, and store description (e.g., chain, grocery, pharmacy).

## Retailer Training

The local agency will conduct initial training/orientation and monitoring activities at the retailers in their area. Forms and information on the following topics are available at [coloradowic.com](http://coloradowic.com) (both the Retailer and Local Agency links), in the *Handbook* (beginning on page 44) and through the State Office Retailer Specialist.

- ◆ New Stores
- ◆ Employee Training and Documentation
- ◆ Colorado WIC Retailer Training Video
- ◆ Guide to WIC Training: Facilitator's Guide
- ◆ Retailer Guide to eWIC
- ◆ Training Post Test
- ◆ *WIC'S World* Newsletter
- ◆ Mandatory Training

## Retailer Orientation Visits

For details, please review Orientation Procedures and Report (beginning on page 16).

## High Risk Vendors

At least annually the State Agency identifies high risk retailers. Analysis includes a review of TIP (The Integrity Profile), past history of WIC or SNAP abuse, referrals from WIC participants, referrals from WIC clinic staff, citizen referrals, and anonymous calls. Compass (the CO WIC MIS) generated reports are also used to detect retailers that may be considered high-risk, including the statistical measurements of high price mean and low redemption variance. Vendors identified as high risk are included in appropriate reviews and investigations, including such actions as compliance buys, inventory audits, store visits, etc.

## Retailer Monitoring Visits

### • Timing: Federal and State Requirements

Federal regulations require that all retailers receive face-to-face, interactive training at least one time during their agreement period, which in Colorado is generally a three-year period. This training will be conducted by the local agency as part of the retailer's monitoring visit. Therefore, monitoring visits will include both training and problem identification activities and will be conducted at each WIC-authorized retailer at least once every three years.

In addition, each year the State Program identifies high-risk vendors. Local Agencies will be notified by the State Office of high risk stores that need to be monitored in the fiscal year they are identified as high risk.

The State WIC Retailer Unit is available to work with LARC to determine which stores will be visited. At a minimum, WIC-approved stores will be monitored once during their agreement period. Local Agencies are encouraged to monitor about one-third of the authorized stores in their area each year. Stores authorized after October 1 in the last fiscal year of the authorization period are monitored within that fiscal year at the discretion of the LARC and/or State Program.

### • Scheduling and Conducting a Retail Monitoring Visit

For details, please review the Monitoring Procedures and Report (beginning on page 22).

### • Determining Compliance

The store is to be found in compliance if no violations are found. The store is to be found out-of-compliance if one or more violations (as detailed in the Monitoring Report) are found. Examples of violations are: lack of training, lack of training documentation, the newsletter, "*WIC'S WORLD*," is not used or maintained, etc., as detailed in the *Handbook* (beginning on page 27).

- **Documenting and Communicating Compliance**

- ✓ **Retailers Found in-Compliance:**

If the store is found to be in compliance, the LARC will conduct each of the following three actions:

1. Make and provide a copy of the monitoring report for the store during the visit. (The LARC may also send a copy of the report, along with a letter explaining the positive results, to the store within 15 days of the visit).
2. Send a completed copy of both the Monitoring Report and the Shelf Survey to the State WIC Program.
3. Keep a copy of the Monitoring Report in the clinic vendor file for at least six (6) years.

- ✓ **Retailers Found Out-of-Compliance:**

Sanctions and/or violation points will be issued for non-compliance as outlined in Section X, Program Violations, in the *Handbook* and documented in the monitoring report. If the store is found to be out-of-compliance, the LARC will conduct each of the following six actions:

1. Obtain a Corrective Action Plan (CAP) – ask the store contact/manager to design and write-out a corrective action plan on the monitoring report at the conclusion of the monitoring visit. (The LARC may instead send a letter to the store requesting the CAP after the visit. If this method is used, ensure that the State is informed.)
2. Provide Appeal Procedures – please direct the store representative to the **ADMINISTRATIVE REVIEW PROCEDURES FOR RETAILER APPEALS**, Exhibit G (beginning on page 64) in the Handbook.
3. Copy to the Store – provide a copy of the report for the store to keep in their WIC Manual.
4. Copy to the State – send a copy of the Monitoring Report and the shelf survey to the State WIC Program. Scan and email the materials if possible.
5. Keep a copy of the Monitoring Report in the clinic vendor file for at least six (6) years.
6. As appropriate, enter the results of the monitoring visit and follow-up directly into the Compass VM system. (LARC access to this process is being developed at the time of publishing this Manual.)

The State WIC Retailer Unit will work with LARC in communication with the retailer regarding serious Program violations. The State WIC Retailer Unit will follow up on serious violations documented by LA staff on the monitoring report. This may include phone consultation from the State WIC Office, sending the *Retailer Handbook* or other training materials, making additional visits to the store, and/or conducting compliance activities.

Military commissaries are exempt from formal monitoring visits. Specifically, unless invited, WIC staff members are not required to monitor military commissaries. If problems occur at a commissary, staff can request a monitoring visit; however, the commissary has a right to refuse.

Farmers will be monitored for compliance with federal regulations, with high risk farmers identified for more frequent monitoring visits.

### **Informal Site Visit**

When appropriate, both the State and LARC may conduct informal site visits. These visits are a way of contacting the retailer to access the current situation and determine if they are having any problems. An informal site visit should be documented on the *Site Visit* form. Dependent upon the level of training provided to the store, the visit might be counted as a formal interactive training visit in annual reporting to USDA.

## Communication with Store Personnel

LARC are the first point of contact with the stores in their area. The LARC should:

- Make contact on a regular basis to establish good communication with the store personnel.
- Understand the Program retailer rules. Everyone in WIC who has contact with store personnel should be knowledgeable of retailer procedures. The Colorado WIC Retailer Training DVD, the *Retailer Guide to WIC*, the *Retailer Handbook*, the *Farmer Handbook* and this section of the Program Manual are valuable sources of information.
- Provide the store with direct phone and email contact information for their LARC. This will make it easier for store personnel to call if they are having problems or have questions.
- Find out whom to contact at the store. Begin contact with the manager and vary contact with the agreement of the manager, based on the nature of the problem. If someone is responsible for ordering formula, you may find it best to talk with that person directly regarding a formula-stocking problem.
- Consider asking to attend a store's staff and/or training meeting. Take a few copies of the newsletter, *WIC's WORLD*, materials / clarification from local or state meetings or training session, and/or other appropriate materials and/or information regarding a specific issue or problem that the store may be having.

The State WIC Retailer Unit is available to conduct conference calls with LARC to resolve problems and discuss complaints. The State WIC Retailer Unit will contact stores to obtain information regarding prices, training, or other issues.

LARC should track communications with the retailer as appropriate in the Compass Vendor Log screen.

## Retailer Complaints/Problems and Violations

- **Complaints From Participants: From Educator to LARC**  
Participants should be encouraged to discuss their experiences at the store with their WIC Educator. General comments from participants about a retailer should be relayed to the LARC as appropriate. If a participant relates a complaint or problem about a retailer, the comments should be forwarded to the LARC (such as by documenting the issue via email or on the Retailer Problem Report).

For any complaint alleging discrimination based on race, color, national origin, sex, age, or disability, procedures are detailed in the Program Manual, Section XIII: Civil Rights. A potential civil rights complaint must be forwarded to the Colorado WIC Program Civil Rights Coordinator as soon as possible- within 2 days of initial report and to the USDA within 5 days of initial report.

- **LARC Communications About Issues With Retailers**  
LARC are encouraged to contact a store's representative to discuss and resolve initial problems. The information gathered in discussion with the retailer and the retailer's proposed resolution to the problems should be documented- as appropriate in the Compass Vendor Log and/or on the *WIC Retailer Problem Report* and kept in the retailer's file. Participant information is confidential. Neither the participant name nor a copy of the report should be provided to the retailer.

Maintain documentation related to the problem in the retailer files, including completed reports, receipts, rain checks, etc. Also track as appropriate in the Compass Vendor Log screen. This type of information is required if disqualification occurs and for Federal reporting. The State and LA clinics must have complete files if the retailer appeals.

- **Violations: Ongoing Store Problems to State WIC Office**  
The State WIC Retailer Unit will be responsible for resolving ongoing problems at a specific retailer. Complaints that are serious or ongoing about a specific retailer should be reported to the State WIC Retailer Unit for follow up. The State Office is available to send violation letters to retailers; LARC are not required to assign violation points to retailers. A LARC may send a violation letter to a retailer only after the State WIC Office has received copies of the pertinent documentation and has reviewed and approved violation correspondence. With any correspondence related to the assignment of sanction points, the retailer should be provided with the appeals procedures.



Copies of email and other communications along with any other available documents such as receipts or rain checks, should be maintained in the Local Agency store file and scanned if possible; copies should be sent/scanned to the State Office Retailer Unit. After discussion with the LARC, the State WIC Retailer Unit will conduct appropriate follow-up. This follow-up may include communication with the store management, compliance activity, contact with the chain headquarters of the store, tracking violation points and activities in Compass and/or a violation letter detailing corrective action.

The State WIC Office will typically forward copies of violation letters to the headquarters office of chain stores. Along with the notification of the violation, the retailer will receive notification of their right to appeal (*Administrative Review Procedures for Retailer Appeals*, Section XII of the Program Manual).

### Minimum Stocking Requirements

Occasionally a vendor will not have enough stock available in the store. In these cases, a WIC shopper has several choices. (1) Purchase a different flavor or type of WIC-authorized product, for example Crispix instead of Total cereal. For items like formula, where no option is available, the participant may purchase the limited number of cans available. (2) Return when the store has sufficient stock of the items. (3) Go to another Colorado WIC-authorized store. A WIC shopper using an eWIC card has the opportunity to purchase the items available and return to the same or a different authorized store for the duration of time the benefits are available.

To avoid this situation, the retailer agreement requires the stores to comply with minimum stocking requirements. They need to carry a minimum variety and number of cheeses, cereals, juices, etc., and the minimally required contract brand of infant formulas: the iron-fortified milk-based contract brand infant formula in 12 to 16-ounce powder, and the iron-fortified soy-based contract brand infant formula in 12 to 14-ounce powder. **This does not mean the store has to carry all the brands listed as WIC-authorized food items (for example, each listed brand of cereal) or all the WIC-allowed infant formulas.**

If a store is low on items that are not required, such as a formula like Neocate or Lactaid milk, then the Educator, Local Agency Retailer Coordinator (LARC), and/or participant can work with the store to see about ordering the items (or ordering non-standard formula through the pharmacy process). The store has the option to carry non-required items or not. If a store does not maintain the items minimally required and needed by participants (e.g., milk, eggs, a variety of frozen juices and cheeses, the two required WIC contract formulas), the LARC should document the problem, try to resolve the problem with the store manager, and notify the State Retailer Unit, sending the documentation.

Staff documentation and/or participant complaints of retailers failing to meet minimum stocking requirements necessitate staff follow up. Written documentation, stating name and location of store, item(s) not in stock, and date and time participant was in the store is needed. LA staff should contact the store to determine when this item will be available.

If the problem continues, the State WIC Program should be notified. Multiple complaints regarding the failure to meet minimum stocking requirements will result in further action. The State WIC Program may request a formal shelf survey be conducted and/or send a written notice of the violation in accordance with the sanctions outlined in the *Handbook*. The store should not receive any information regarding the identity of the WIC participant (e.g., the signed *WIC Retailer Problem Report*).

LA staff should follow up with the store to ensure *Minimum Stocking Requirements* are met. Follow up may include: an informal site visit, formal monitoring visit, conversation with store management, shelf survey, etc.

## Retailer Files

The State WIC Retailer Unit will maintain originals or images of *Agreements, Applications*, details of contacts made with the store, correspondence, *WIC Retailer Problem Reports, Pre-authorization, Orientation and Monitoring Reports*, training information, etc. for each retailer (e.g., via paper copies and/or tracking databases, and/or electronically). Any vendor information that individually identifies the vendor, except WIC authorization status, store name, store address, telephone number, Web site, e-mail address, and store description (e.g., chain, grocery, pharmacy) should be restricted to persons directly connected with the administration or enforcement of the Program to maintain vendor confidentiality. Participant access determinations will be documented by the State Office.

LARC shall set up a process that any staff member can record comments or problems. Keeping detailed, precise records is a key to effective coordination between the State, Local Agency, and retailers.

When forwarding copies of materials to the State Retailer Unit, scan documents and send electronically if possible.

- Include the proper contact person for a formula ordering problem, a check cashing problem, or other problems.
- Keep this information available so that patterns may be easily identified. Set up a system to send the information to a central location and or LARC.
- Encourage participants to relay what happens in stores. Having a detailed account with dates and circumstances all documented in a logical order and presented to store personnel is very effective. (REMEMBER: Do not report the participant name/information to a retailer.)

## Disqualification/Sanctions

Actions that violate Program policies and procedures are listed in the *Handbook*. The State WIC Office will initiate actions- such as assign points, sanctions and/or disqualifications. In addition, the State WIC Office re-evaluates new vendors after six months of authorization to ensure that the store's redemptions continue to be predominately (i.e., more than 50%) non WIC-funds.

## Technical Assistance

The State WIC Retailer Unit will work with LA WIC staff to help manage the approximately 450 retailers that are WIC authorized throughout the state. The State WIC fiscal staff and Nutrition Consultants can also assist LA WIC staff with retailer problems and/or questions.

## Retailer Information in Compass

The Compass Vendor Management Demographic screen shows the address and contact information for a store that is selected. The Vendor List Screens (also in the Vendor Management branch) list the stores associated with the chain (or owner) that is selected.

Contact the State WIC IT Unit for specific information or report requests.

The State WIC Retailer Unit completes the Integrity Profile (TIP) Report every year and submits this information to USDA. This report contains information about each WIC-approved retailer in Colorado.

## Reports Available to Local Agencies Retailer Coordinators related to Retailers

The following are some of the reports available for Local Agency Retailer Coordinator (LARC) review:

- Search Screen/Print-out and Authorized Vendor Report- List WIC-authorized active vendors in the selected Local Agency and available for printing to be given to clients so they know where to shop. Include Store name and address, phone number, and store type.
- Local Agency Redemption Report- Provides a listing of monthly redemption information by agency.
- Routine Monitoring Report - Shows recent monitoring visits and violations related to a specific store per LARC.

## Reports to Retailers

A report listing food items purchased at individual stores is available upon request to assist retailers with their inventory.

## Exchanges, Abuse, Substitutions and Combating Returns

Please refer to the *Handbook*, (beginning on page 9).

## Peer Groups

Federal regulations (7 CFR Part 246) require State agencies to implement a vendor peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure that the WIC Program pays authorized vendors competitive prices. The State has a vendor peer grouping system. Authorized vendors are placed into a peer group based on vendor characteristics, including geography, type of store and distribution infrastructure. The peer groups are used to determine the competitive price appropriate for the purchase of WIC items. The price charged for an item is compared to the expected redeemed amount. WIC benefits that are redeemed for higher than the price expected are rejected and, through automation and/or negotiation, the vendor is reimbursed an appropriate competitive price based on the vendor peer group.

Peer groups reassessment of peer group structure is scheduled on three year cycles (and more frequently as needed). Assessment of the effectiveness of the peer group structure includes:

- Examination of the variation of the shelf prices among the stores in the peer group to identify atypical ranges. (Through calculating and comparing the standard deviation of prices of various food groups and formula.)
- Examination of prices of retailer applications with unique characteristics (e.g., small independent grocery stores located in a metro area versus the typical rural area).
- Review of redemption/rejection reports for atypical data.
- Work to gather input and identify the source of peer group pricing issues and/or price variation—within food and/or formula items/categories and/or specific store locations/criteria (e.g., distribution or food supply changes, etc.).
- Comparison of the average/ Not-to-Exceed (NTE) costs for the previous peer group structure and resultant peer groups is conducted to analyze impact.

## Allowable Food List Advisory Committee

The State WIC Retailer Unit, in conjunction with WIC nutrition consultants and fiscal staff, review proposals and make recommendations to modify the Allowable Foods List. These recommendations are forwarded to Allowable Food List Advisory Committee for comments. This committee consists of State, Local, and retail staff. LARC are encouraged to provide input regarding revisions to the Allowable Foods List.

## Local Agency Training of WIC Participants

A large part of the coordination of the retailer component of the Program will depend on how well participants understand their responsibilities for choosing allowable foods and using food instruments properly. LA WIC staff should make WIC participants aware of:

- **Authorized Foods**  
Participants should be **given a printed copy of** the Allowable Foods List and educated on the quantities they are authorized to purchase. When appropriate, use samples of the allowable foods to show the participant what to purchase. A mobile application, WIC Shopper, is also available to assist WIC families with their WIC shopping.
- **Penalties for Improper Behavior**  
Discuss the consequences for participants who cash food instruments incorrectly, return WIC foods for cash, and attempt to purchase unauthorized foods, or behave improperly in the store. Document incidences of improper behavior as discussed in Section VIII, Clinic procedures.
- **Participant Communications with WIC Staff**  
Encourage WIC participants to relay what happens in stores, especially stores with previous complaints. While not required, participants should be told that WIC might be able to improve store service if we get enough information, such as dates, receipts and cashier names, to act upon.

## Local Agency Staff Communication/ Training

The State Retailer Unit maintains routine communication with Local Agency Retailer Coordinators through various methods.

- ✓ *WIC's WORLD* - the retailer newsletter
- ✓ *WIC NEWS*- the LA newsletter- *Retailer News Section*
- ✓ Colorado WIC Retailer Training Video (*Partnering with WIC for Colorado Kids*)
- ✓ Compass Retailer Reports
- ✓ Retailer Monitoring Visits
- ✓ Retailer Complaints/Problems and Violations
- ✓ Civil Rights Complaints
- ✓ Retailer Files
- ✓ Retailer Disqualification/Sanctions
- ✓ Compliance Activities
- ✓ Retailer training session at State WIC Meetings.
- ✓ LARC Training Manual
- ✓ Quarterly conference calls with LARC to provide up-to-date information on retailer issues.
- ✓ Additionally, retailer training in the LA clinics can be provided on request. LARC should work with staff to provide training on retailer issues and procedures.
- ✓ Periodic conference calls are held with a LARC Advisory Group to gather input on retailer coordination and to discuss strategies.
- ✓ Annual Food Delivery Advisory Meeting

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# Checklist for Reviewing Retailer Applications

**Authorization Criteria:**  
**Checklist for Reviewing New Retailer Applications**

**Date:** \_\_\_\_\_

**Store Name:** \_\_\_\_\_

**LARC:** \_\_\_\_\_

<b>WIC Retailer Application Packet</b>	
	Application Complete- all requested information received:
	1) Application – Page 1 & 2 + Application – Page 3 & 4 - signed
	2) A signed Retailer Agreement
	3) eWIC Readiness Vendor Survey
	4) Price List was submitted.
	- Missing Information:
	Enter into Access Database (P)
<b>Selection Criteria (based on information provided on the application form)</b>	
	Infant Formula: Purchased from approved sources.
	Full service grocery store.
	SNAP # provided.
	Minimum Stocking Requirements are met.
	WIC redemptions less than 50%.
	No Conviction: Look at STARS – owner info, selection criteria, etc.
	No Discrimination policy.
	Regular Hours: Consistent and posted.
	eWIC Ready?
	Email Address Provided.
	Preventing WIC returns: policy in place to ensure no WIC foods returned or exchanged.
<b>Pharmacies-- Additional Selection Criteria</b>	
	Licensed Pharmacy:
<b>Pricing</b>	
	New Store Price Analysis Ran: Prices provided in application are competitive with other retailers in the geographical area within approximately 10%?
<b>Pre-Authorization Report (Independent Stores)</b>	
	Pre-Authorization Required? LARC notified to schedule pre-authorization visit.
Name:	Date: Report Received within 45 days?
<b>Orientation/Training</b>	
	Send request to Peg for Retailer Manual to be mailed to LARC.
	LARC notified to schedule orientation. Name: Date:
	Orientation Date: Orientation Report Received within 45 days. Date:
	Store/LA has provided documentation of internal WIC training.
<b>Prep</b>	
	Check to make sure store wasn't previously on CO WIC.
	Assign WIC Vendor ID #:
	Update Tracking in Access (P/a)
	Notify CDP/FIS w/ new store information
<b>Authorization Wrap-Up</b>	
	WIC Vendor ID #: _____ PG _____
	Update store info to completeness in Compass <i>(every aspect of auth-app dates + add Orientation Visit to "Vendor Training", Sales #'s, etc.).</i>
	Update Retailer info/status in Access Database (A)
	Email (inc. state staff) & Mail Auth Letter, enclosures & signed agreement (if indie) to vendor, LA and chain.
	Date of Authorization:

# Pre-Authorization Report



## Colorado WIC Program Pre-Authorization Report Review

Store Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cross Streets: \_\_\_\_\_ Phone #: \_\_\_\_\_

New Store: **YES** **NO** Estimated Date of Opening: \_\_\_\_\_

*The above store has requested to participate in the WIC Program as a WIC-authorized retailer.*

### Selection Criteria:

1. Yes / No Does the retailer appear to be a full service grocery store and the primary business is to provide staple foods? If no, please describe main items sold: \_\_\_\_\_.
2. Does the retailer sell the following items?  
 Yes / No At least 3 varieties of fresh meats—prepackaged luncheon meats do not qualify (e.g., ham, fish, poultry)  
 Yes / No At least 3 varieties of grains (e.g., bread, cereal, rice)  
 Yes / No At least 3 varieties of dairy products (e.g., milk, cheese, butter)  
 Yes / No At least 2 varieties of fresh fruits (e.g., apples, oranges, pears)  
 Yes / No At least 2 varieties of fresh vegetables (e.g., beets, onions, lettuce)
3. Does the retailer sell the following items?  
 Yes / No Gasoline and/or automotive supplies  
 Yes / No Alcoholic beverages and/or tobacco products
4. Yes / No Prices of WIC-approved foods are clearly marked on the product or shelf?
5. Yes / No Does the retailer maintains and post regular business hours? (This includes a minimum of two four-hour blocks of time on each of five days per week; daily operating hours are consistent from week-to-week, and hours are posted.)  
 Hours of operation: \_\_\_\_\_ Days of operation: \_\_\_\_\_
6. Yes / No Does the store have reasonable accommodations for shoppers who have disabilities?
7. Yes / No Is there any outdated infant formula on the shelf? If yes, list: \_\_\_\_\_.

### Additional Criteria:

8. Yes / No Has the manager/owner read the current *Retailer Handbook* and *Retailer Agreement*?
9. Yes / No Does he/she understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer?  
 If no, review the information with the manager/owner.

10. To determine if the store meets the “Minimum WIC Food Stocking Requirements” as described in the *Retailer Handbook*, please: 1) complete the Shelf Survey and return it with this report, and 2) write the number of items stocked in each category. If more than 10 items, simply put a “Y” for yes in the column “>10”.

WIC-Approved Item	# Stocked	Or >10
Infant Cereal- Boxes		
Baby Food Fruits and/or Vegetables- Jars		
Baby Food Meat- Jars		
Cheese- Pounds		
Eggs- Dozen		
Milk- Gallons		
Breakfast Cereal- Boxes		
Peanut Butter- Jars		
Beans- Dry Bags or Cans		
Fish- Canned		
Bread		
Brown Rice & Corn Tortillas		
Store Brand Frozen OJ Juice- Cans		
64-oz Juice- Bottles		
Fruit- Fresh		
Fruit- Frozen		
Vegetables- Fresh		
Vegetables- Frozen		

**WIC Evaluation:**

- This store meets the above criteria.
- This store does not meet the above criteria for the following reasons (include details below and any plans for correction): \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Store Representative (print): \_\_\_\_\_

Signature of Store Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of WIC Representative (print): \_\_\_\_\_

Signature of WIC Representative: \_\_\_\_\_

Clinic/Local Agency: \_\_\_\_\_

# Orientation Procedures and Report

## Colorado WIC Program Orientation

### Procedures for completing the visit & report

#### ***Before the Visit***

1. Schedule an appointment with the proper contact(s).
  - The WIC Local Agency Retailer Coordinator (LARC) contacts the store representative to designate the time and date of the visit and to explain the items that will be covered during the visit.
  - The LARC should begin the contact with the store manager to confirm awareness of the visit and to identify the appropriate store representative. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.
2. The LARC will prepare and take copies of the following items to the visit:
  - Retailer Manual including a Retailer Handbook, WIC's WORLD newsletters & Colorado WIC Retailer Training DVD (Partnering with WIC)
  - WIC Retailer Training Documentation form
  - Retailer Guide to eWIC
  - Allowable Foods List
  - LARC contact information (including email and direct phone)
3. Complete a Shelf Survey prior to the meeting.

#### ***During the Visit***

4. Meet with the store manager/contact(s) to prepare them to be on WIC.
  - Go through the steps outlined in the monitoring report and complete the report with the store manager/contact.
  - Provide store with their Retailer Manual and review items listed above in #2 with them.
  - Provide the Colorado WIC Retailer Training DVD. Ensure they use the video in their WIC training and discuss the *WIC Retailer Training Documentation* form. They are required to complete and document training and provide completed form to WIC before authorization.
  - Explain the general sequence of an eWIC transaction (swipe eWIC card, enter PIN, all items in the remaining balance is either not WIC approved or not available in the benefit balance). Remind them that eWIC training specific to their Point of Sale (POS) should be given by either their chain representative or POS provider.
  - Explain how eWIC works: All WIC approved items have their UPC's (bar code numbers) stored in the Approved Product List (APL), which the State Office updates as needed. Any WIC item that is not accepted for a family that has benefits available must be sent to the State Office for review and to be added to the APL. The store's system will download each night to receive the most recent APL. Review the ways to send items to the State Office to review on the back of the *Retailer Guide to eWIC*.
  - No ID or signatures are needed to use the eWIC card. Anyone with a card and correct PIN is authorized to use this card.
  - Explain that the best way to provide customer service is to be able to read your receipts and explain to WIC customers what did not go through as a WIC item.
  - The PIN will lock on the 4<sup>th</sup> try. Participants may call the phone number on the back of the card to change their PIN before the 4<sup>th</sup> try and use it that day. After the 4<sup>th</sup> try they may change their PIN, but cannot use the card until the next day.
  - Explain that there is no way to put benefits back onto the eWIC card. Review the return/exchange policy in the *Handbook*.
  - Explain the Program's policies and procedures including an explanation of why the specific foods are prescribed, the nutritional goals of the Program and the retailer's role in assuring that the participants get only the prescribed foods.
  - Review all of the WIC-approved foods, including the unit of measures that they will see on receipts, and provide copies of the *Allowable Foods List*.
  - Discuss misuse issues. Identify any areas that are out of compliance and get agreement to resolve the problem(s) by a specific date.
  - Answer any questions they have.

#### ***After the Visit***

- Complete the report and send copies to State, and keep a copy in the local agency retailer file and send a copy

## Colorado WIC Program Orientation Report Grocery Stores & Commissaries

Date of Visit \_\_\_\_\_ Store Name & # \_\_\_\_\_ City \_\_\_\_\_  
 Local WIC Staff \_\_\_\_\_ Local Staff Phone #: \_\_\_\_\_ Clinic # \_\_\_\_\_  
 Names & titles of employees who attended the orientation meeting \_\_\_\_\_

### SECTION I Provide WIC Materials & Information

(Circle "Yes" if complete and/or in compliance; Circle "No" if not complete and/or out of compliance, please explain in the comments.)

1. Yes / No **Contact Information:** Provide the store manager/contact with the name and number of the Local Agency Retailer Coordinator (LARC) and State WIC Office.
2. Yes / No **Store Trainer:** Trainer must be present at the orientation or have been trained by WIC staff previously. Ensure that the trainer has read and understands the *Handbook* and *Training Guide for WIC Retailers* in the *Handbook*.  
**Trainer Name:** \_\_\_\_\_
3. Yes / No **Training Video:** Discuss and view WIC Retailer Training Video. The training video is required viewing for all store staff working with WIC transactions and stocking, including managers.) Explain when and how store plans to use training video:  
**Comments:** \_\_\_\_\_
4. Yes / No **Training Documentation:** Review the *WIC Retailer Training Documentation Form*. The store must agree to: 1) train staff before authorization and send a completed copy to WIC, 2) train new employees as hired, 3) conduct annual training updating store staff on any new WIC policies and changes in the *Allowable Foods List*. Training documentation must be completed before WIC authorization and must be kept on file and made available at the store for review during monitoring visits.  
**Comments:** \_\_\_\_\_
5. Yes / No **Minimum Stocking:** Review Section III in the *Handbook*, the WIC Foods Stocking Requirements. Explain that the retailer is required to meet these minimum stocking requirements at all times. A pattern of failure to maintain stocking levels leads to sanctions and/or agreement termination. Discuss the potential number of WIC participants who may shop at this store to assist the store to determine an appropriate level of stock. Review any stocking issues found in the Shelf Survey. Show the manager/contact the specific formula items they are required to maintain. These items must be purchased from an approved source (as shown on coloradowic.com).  
**Comments:** \_\_\_\_\_
6. Yes / No **Allowable Foods:** Review the *Allowable WIC Foods List (Foods List)*. Explain that only the brands, sizes and amounts specified are allowed. Refer to the participant *Shopping with eWIC* brochure to explain the units associated with peanut butter/beans benefit (1 jar of peanut butter = 1 bag beans=4 cans beans). Ensure current copies of the *Foods List* will be placed at each check stand. Explain the store's plan to thoroughly train cashiers on the *Foods List*: \_\_\_\_\_
7. Yes / No **Retailer Manual:** Provide a *Retailer Manual (Manual)*, including the *Retailer Handbook (Handbook)*, and review the main parts with the manager/contact. Answer any questions. The store is responsible for keeping the sections of the *Manual* up to date throughout the Agreement period.

8. Yes / No **WIC'S WORLD:** Review the *WIC'S WORLD* newsletter. The newsletters are typically sent out 4x times a year; they must be kept in the *Manual* for at least two years. The store must have a process to communicate the information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, etc). Explain the store's plan to use the newsletter: \_\_\_\_\_
9. Yes / No **Conflict of Interest:** Does the retailer have a policy in place to avoid conflict of interest? (i.e., cashiers cannot accept eWIC cards from relatives.)  
Comments: \_\_\_\_\_

**SECTION II Review eWIC Transactions**

(Check [✓] each one as completed)

- \_\_\_\_\_ Summarize the purpose of WIC and the benefits (e.g., Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff.
- \_\_\_\_\_ Participants may purchase up to the amount listed on their WIC benefits, and may purchase as little or as much as they would like during a shopping visit.
- \_\_\_\_\_ Never give change or refunds for WIC purchases.
- \_\_\_\_\_ If the store plans to use shelf tags, explain the policy & related sanctions for misuse.
- \_\_\_\_\_ Store coupons and other promotions must be honored for WIC purchases.
- \_\_\_\_\_ Only WIC approved foods that are available in the customer's benefit balance may be purchased with the eWIC card. No substitutions may be made.
- \_\_\_\_\_ Non-approved WIC may not be substituted for approved WIC foods.
- \_\_\_\_\_ Address technical issues (error messages, etc) immediately with your POS provider or chain contact.
- \_\_\_\_\_ Do not give refunds for returned WIC formula or other WIC foods. Report requests to do so to WIC.
- \_\_\_\_\_ If the customer does not have any foods remaining in their eWIC balance, or would like to purchase an item that is not in their benefit balance, refer them to their local clinic.
- \_\_\_\_\_ Do not exchange items purchased by WIC - unless the item is defective or recalled.
- \_\_\_\_\_ **Nondiscrimination:** Stores must offer Participants the same courtesies as offered to other customers, e.g., no separate lines or hours, no offering of or denial of incentive items solely to WIC customers. Any practice that singles out Participants from other customers is prohibited.
- \_\_\_\_\_ Does store staff understand the federal regulations and the Program's policies and procedures they must comply with in order to be a WIC-authorized Retailer? If no, review again with the manager/owner.

**SECTION III Misuse**

- 10. Yes / No **Participant Misuse:** Report WIC participants to the Local Agency for the following activities: trying to receive non-WIC foods or excess foods, cash back, cash refunds, or formula exchanges; trying to substitute non-WIC items in place of allowable food; or WIC participants who are rude or abusive to store employees.
- 11. Yes / No **Store Sanctions:** Review the retailer sanctions and violations listed in the *Handbook*, disqualification from the WIC Program may result in disqualification from the SNAP (previously called Food Stamp) Program.

**SECTION IV Summary**

**Local Agency Staff must check one:**

- \_\_\_\_\_ This retailer is in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement. (*Skip to Section V.*)
- \_\_\_\_\_ This retailer is NOT in compliance with the criteria as described in the Retailer Handbook, and State of Colorado WIC Retailer Agreement.

The following items were out of compliance at the time of the orientation visit. The retailer agrees to have the findings corrected by the date specified. Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Plan: How the retailer will bring the above findings into compliance (**To be completed by retailer representative**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V Signatures**

The retailer must read the following statement and sign below:

*"I understand the purpose of the Colorado WIC Program is to provide nutrition education and supplemental nutritious foods for women, infants and children under the age of five years. WIC helps to give infants and children a healthy start in life by improving poor or insufficient diets. If WIC-authorized, I understand the vital role our store will play in ensuring that WIC customers receive only the nutritious food prescribed for them."*

\_\_\_\_\_  
Print Name of Store Representative

\_\_\_\_\_  
Signature of Store Representative

\_\_\_\_\_  
Signature of Store Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;  
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration <sup>^</sup>
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

<sup>^</sup> *If are out-of-date, include as a violation in Section VIII.*

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%)	_____	Quart	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%)	_____	Gallon	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # _____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # _____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # _____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

**\*Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

**\*Adequate Variety:** Check appropriate box for Yes or No.

**Comments if Inadequate Quantity or Variety (As Needed):**

\_\_\_\_\_

**Completed by:** \_\_\_\_\_ **(To be completed by WIC staff)** **Date:** \_\_\_\_\_



# Monitoring Procedures and Report

## **Retailer Routine Monitoring Procedures – Grocery Stores & Commissaries–**

### **Before the Visit**

1. Schedule an appointment with the proper contact(s).
  - ✓ The WIC Local Agency Retailer Coordinator (LARC) contacts the store representative to schedule the time and date of the visit. Inform the representative that the following items will be requested and reviewed during the visit: Retailer Manual, WIC'S WORLD, WIC Training DVD and Training Documentation.
  - ✓ Begin the contact with the store manager directly to confirm awareness of the visit and to identify the appropriate store representative. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.
2. For the materials that LARC need to print before the visit, please go to the website (ColoradoWIC.com) or contact the Retailer Unit to find/access the materials needed. The LARC prepares and take copies of the following items to the visit:
  - ✓ Retailer Manual including a Retailer Handbook, WIC's WORLDS & Colorado WIC Retailer Training Video (Partnering with WIC for Colorado Kids)
  - ✓ WIC Retailer Training Documentation Form
  - ✓ Retailer Guide to eWIC
  - ✓ Allowable Foods Lists (bring extra-both English and Spanish if necessary)
  - ✓ Contact State Office for Compass sales data and, as available, redemption data/reports
  - ✓ A listing of any prior issues reported about the store
  - ✓ LARC contact information (including email and direct phone)

### **During the Visit**

3. Complete a Shelf Survey prior to the meeting.
4. Meet with the store manager/contact(s) to train and identify issues.
5. Go through the steps outlined in the monitoring report and complete the report with the store manager/contact.
6. Also mention to the store representative: "This visit is an opportunity for you to let us know what we can do to serve your needs better. Please let us know of issues or other topics where we may be able to assist you."
7. Determine Compliance.
  - ✓ Indicate whether the store is in compliance or out of compliance. If out of compliance, complete the appropriate last sections of the report. Explain any deficiencies and request a corrective action plan be written on the monitoring report (unless later requested by mail) and make sure the manager signs.
  - ✓ Leave a copy of report with a store representative or mail a copy after the visit.

### **After the Visit**

8. Finalize the documentation.
  - ✓ Send copy of entire Monitoring Report and shelf survey to State WIC Office.
  - ✓ Follow-up on issues and/or violations with appropriate action.
  - ✓ File the original report at the Local Agency in the retailer file for minimum of 6 years.

## Colorado WIC Program Retailer Monitoring Report

Date of Visit: \_\_\_\_\_ WIC Vendor ID#: \_\_\_\_\_ Store Name & Chain #: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 Local Agency WIC Staff Reviewer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Store Manager: \_\_\_\_\_ Name & title of person interviewed: \_\_\_\_\_

### ***Section 1. Inspect WIC Requirements***

#### **A) WIC General Processes & Information**

- 1) Contact Information: Provide the store manager/WIC contact with the appropriate name, email & phone number of the Local Agency Retailer Coordinator (LARC) and State WIC Office.
- 2) Demographics: Tell the manager/contact the amount of annual WIC dollars redeemed at the store. Is demographics information in Compass accurate? If not correct, include current information on summary page 3, section VI. Yes No
- 3) Review any complaints recorded against this store during the past year.
- 4) Retailer Manual: Does the store maintain a WIC Retailer Handbook & Manual (i.e., binder)? Yes No
- 5) Conflict of Interest: Does the store have a policy in effect to avoid conflict of interest (i.e., cashiers cannot accept eWIC from relatives)? Yes No

#### **B) WIC'S WORLD Newsletter**

- 6) Verify and record the location of the newsletter: \_\_\_\_\_
- 7) WIC'S WORLD Training: Does the store have a process to communicate information contained in the newsletter to cashiers (e.g., staff meetings, staff initials after reading, posting on bulletin board, etc). Circle correct option or explain: Yes No \_\_\_\_\_
- 8) WIC'S WORLD: Does the store maintain newsletters for at least two years? Yes No

#### **C) Training**

- 9) Name & title of store WIC trainer: \_\_\_\_\_
- 10) Training Conducted: Does store use most recent edition of WIC Retailer Training video for training new staff? Yes No
- 11) Documentation of Training: Does the store maintain documentation of staff/cashier training on the "WIC Retailer Training Documentation" form? (Keeping training documentation in individual personnel files is not acceptable.) Yes No
- 12) Allowable Foods List (AFL): Ensure that each cash register lane has a copy. Has the store manager trained cashiers on the most recent version of the Foods List? Yes No
- 13) To the person who trains cashiers on WIC, ask the following questions:
  - A) What do you tell your cashiers to do when a WIC eligible food does not scan?
  - B) Who do you contact to add the WIC eligible item to scan in the register?
- 14) Describe WIC cashier training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 15) Are eWIC transaction tools made available for the cashiers? (i.e., Retailer Guide to eWIC, Shopping with your eWIC card, AFL, etc.) Yes No

#### **D) Formula Quality**

- 16) Out-Of-Date: Are all infant formula items on shelves within the use dates? Yes No
- 17) Explain formula must be purchased from an approved source (available on the website).

**E) Stocking Level**

- 18) Minimum Stocking: Review minimum stocking requirements (Retailer Handbook, Section III). Go over the results of your shelf survey with manager/contact. Explain any issues reported by WIC customers. Is the store maintaining minimum stock of required items? Explain: FAILURE TO MEET STOCKING REQUIREMENTS COULD LEAD TO AGREEMENT TERMINATION. Yes No

**F) Shelf Tags**

- 19) If shelf tags are used, are they only on WIC approved items based on the current Foods List? Yes No  
 20) If used in breakfast cereal, bread and/or juice categories, are tags posted on all the available items within that category? Yes No  
 21) List the item(s) not tagged: \_\_\_\_\_

**Section 2. Review eWIC Transaction**

- Review Section V (*eWIC Transactions*) in the *Retailer Handbook* and the *Retailer Guide to eWIC* brochure, including Troubleshooting and Frequently Asked Questions.
- The manager/contact should read and understand the *Retailer Handbook*, especially the sections detailing How WIC Works (Section IV) and Retailer Responsibilities (Section VI).
- Always provide the shoppers with a receipt. It shows them what was purchased by WIC and what is left in their food balance/account.
- If food items are not going through as expected, customer service can be provided to the shopper by helping the customer take a look at the receipt: 1) Checking to see if the item is a WIC-approved food, 2) Making sure it is available in the customers eWIC account, and 3) Sending a request to WIC to review the food item.
- Store coupons and other promotions such as “buy-one, get-one free” must be honored for WIC purchases.
- No Returns/Exchanges, only exchange items purchased by WIC if the item is defective or recalled.
- Retailers should send in a Shelf Price List every 6 months.

**Section 3. Provide Training During the Visit**

- Yes / No **Benefits:** Review the benefits of WIC (Medicaid savings, \$ for store and community, healthy kids, etc.) and the importance of sharing this with store staff. (*Retailer Handbook, Section I*)
- Yes / No **Why stores & cashiers are important:** Colorado WIC stores play a key role in the success of the WIC Program. Retailers help Colorado families improve their nutrition by providing healthy foods and a welcoming shopping experience!
- Yes / No **Allowable Foods List (AFL):** Review the Foods List and the reasons why specific foods are prescribed. Explain recent changes and answer questions. (*Retailer Handbook, Section II*)
- Yes / No **Participant Misuse:** Review the process to report WIC customers to the Local Agency for the following: trying to receive non-WIC foods or excess foods, cash back, cash refunds or formula exchanges, trying to substitute non-WIC items in place of allowable food or WIC participants who are rude or abusive to store employees.
- Yes / No **Store Sanctions:** Review the retailer sanctions and violations listed in the *Handbook*. Disqualification from the WIC Program may result in disqualification from SNAP. (*Retailer Handbook, pages 24-26*)
- Yes/No **Nondiscrimination:** Stores must offer Participants the same courtesies as offered to other customers, e.g., no separate lines or hours, no offering of or denial of incentive items solely to WIC customers. Any practice that singles out participants from other customers is prohibited.
- Yes / No **Resources:** Training tools in Handbook, WIC WORLDS, [www.ColoradoWIC.com](http://www.ColoradoWIC.com) website, LARC, Materials Order Form, AFL, Retailer Guide to eWIC brochures & more.

### Section 4. Monitoring Summary

Local Agency Staff must check one:

\_\_\_\_\_ This retailer is in compliance with the criteria as described in the Retailer Handbook and State of Colorado WIC Retailer Agreement. (Proceed to Section 5).

\_\_\_\_\_ This retailer is NOT in compliance with the criteria as described in the Retailer Handbook and State of Colorado WIC Retailer Agreement. (Complete A & B below).

**A) Findings: The issues circled below were found to be out of compliance.**

Sanction Points	Findings/ Issues
4	<b>Shelf Tags-</b> Shelf tags used on non-approved items and/or not on all items within cereal, bread or juice.
7	<b>WIC'S WORLD-</b> Not used in training and/or maintained.
7	<b>Training-</b> Not conducted, not using most recent training video, and/or not documented in the WIC Binder.
9	<b>Out-of-Date Formula Items-</b> Item(s): _____ Date(s): _____
N/A	<b>Stock-</b> Not maintaining the minimum stock of required items. Federal Sanction: Explain to retailer that FAILURE TO MEET STOCKING REQUIREMENTS LEADS TO AGREEMENT TERMINATION.
	Other: _____
=	<b>Total Sanction Points</b> <b>Comments:</b>

**B) Corrective Action Plan (CAP): The retailer agrees to have the findings corrected. Check one:**

\_\_\_\_\_ The retailer will provide via mail or email a CAP that addresses these findings to the LA staff by: \_\_\_\_\_ (Date).

\_\_\_\_\_ The CAP is below, the retailer details the plan to bring the above findings into compliance by: \_\_\_\_\_ (Date).

CAP: (to be completed by retailer) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section 5. Signatures

Ask the retailer to read the following statement and sign below: I understand the purpose of the Colorado WIC Program is to provide nutrition education and supplemental nutritious foods for women, infants and children under the age of five years. WIC helps to give infants and children a healthy start in life by improving poor or insufficient diets. As a WIC-authorized retailer, I understand the vital role our store plays in ensuring that WIC customers receive only the nutritious food prescribed for them. I am aware of the Program's policies, procedures and regulations (including the Administrative Review Procedures, Exhibit G) located in the *Retailer Handbook*.

Signature of Store Representative	Print Name	Job Title	Date
LA Staff (print)	Date		

Any comments/demographic changes for State Office: \_\_\_\_\_

### Section 6. Report Distribution

\*Leave a copy of completed report with store representative; \*Send copy of entire report and shelf survey to State WIC within 14 days of completed visit; and \*File original report in your retailer file for minimum of 6 years.

Thank you!

## Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;  
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration <sup>^</sup>
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

<sup>^</sup> If are out-of-date, include as a violation in Section VIII.

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh		\$8.00 Worth	<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh		\$8.00 Worth	<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

**\*Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

**\*Adequate Variety:** Check appropriate box for Yes or No.

**Comments if Inadequate Quantity or Variety (As Needed):**

Completed by: \_\_\_\_\_ (To be completed by WIC staff) Date: \_\_\_\_\_

# Mandatory Training Procedures and Report

---

## Mandatory Training- Procedures for Completing the Visit & Report

---

### Before the Visit

- 1. Schedule an appointment with the proper contact(s).**
    - ❖ The WIC Local Agency Retailer Coordinator (LARC) informs the State Retailer Unit.
    - ❖ The LARC contacts the store representative to schedule the time and date of the visit and to explain the items that will be covered.
    - ❖ It is strongly suggested that the store manager act as the store representative during a mandatory training. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must also have legal authority to act on behalf of the store: for example, signing a corrective action if required at the time of the visit.
  - 2. The LARC will take copies of the following items as appropriate to the training.**
    - ❖ Retailer Manual and/or including a *Retailer Handbook*, *WIC's WORLD* newsletters, and a Colorado WIC Retailer Training Video
    - ❖ *WIC Retailer Training Documentation* form
    - ❖ *Retailer Guide to WIC (as available)*
    - ❖ *Allowable Foods List (bring extra—English & Spanish)*
    - ❖ Compass retailer inventory and redemption reports for the specific store
    - ❖ A listing of any prior issues reported about the store or in the file
- 

### During the Visit

- 3. Complete a Shelf Survey prior to the meeting.**
  - 4. Meet with the store manager/contact(s) to complete the following:**
    - ❖ Detail and discuss the specific issues found at the store.
    - ❖ Document the Retailer's plan to ensure compliance
    - ❖ Train the store on proper WIC procedures
- 

### After the Visit

- 5. Complete the report and send copies to the State.**

Send a copy of the completed Mandatory Training Documentation Report with a cover letter to the retailer (or provide a copy during the visit). Keep a copy in local agency retailer file and send a copy to the State WIC Office. (Keep your copy for at least six years.)



## WIC Program Mandatory Training Documentation

Date of Visit \_\_\_\_\_ WIC ID# \_\_\_\_\_  
Retailer Name and Chain No. \_\_\_\_\_  
City \_\_\_\_\_ Name of Retailer Representative \_\_\_\_\_  
Name of Local WIC Staff \_\_\_\_\_ Clinic Number \_\_\_\_\_

---

Summary of violation(s):

Program's procedures in regard to the violation(s):

Retailer's plan to ensure compliance:

Review all Program violations and applicable sanctions as outlined in the *Retailer Handbook*.

Review *Allowable Foods List* and minimum stocking requirements.

Review how to handle WIC transactions and redemption procedures.

Review demographics and information from the retailer reports.

Local Agency Staff Comments:

Retailer Representative Comments:

\_\_\_\_\_  
Signature of Retailer Representative / Date

\_\_\_\_\_  
Signature of WIC Representative / Date

# Site Visit Report

## Site Visit Report

### - Formal Training or Informal Visit-

Date of Visit \_\_\_\_\_ WIC ID# \_\_\_\_\_

Retailer Name & Chain Number: \_\_\_\_\_

City/Town \_\_\_\_\_

Local WIC Staff \_\_\_\_\_ Clinic Number \_\_\_\_\_

**Yes**     **No**    Issues/ Questions/ Problems: **Is the retailer experiencing any issues with the WIC Program? Explain any issues and/or customer complaints and follow-up/solutions planned.**

Comments: \_\_\_\_\_

**Yes**     **No**    New Employee Training: **Is training of new employees conducted and documented? How?**

Comments: \_\_\_\_\_

**Yes**     **No**    Stocking: Review store's stock. Is the retailer maintaining sufficient quantities of WIC items as listed on the "Minimum WIC Foods Stocking Requirements?"

Comments: \_\_\_\_\_

**Yes**     **No**    Topics: Were the following training topics reviewed & completed during the visit?

- Purpose of WIC and WIC food packages
- Allowable WIC foods
- Program policies & procedures (including minimum variety & quantity of foods that must be stocked; required sources of infant formula; and use of incentive items)
- WIC transactions and WIC food instrument redemption procedures (including the steps in taking a WIC food instrument)
- Vendor violation point system and sanctions for non-compliance
- Vendor complaint process and how to handle special circumstances
- Claims procedures
- Changes to the WIC Program

Comments/Follow-Up: \_\_\_\_\_

Other items as relevant:

Comments: \_\_\_\_\_

Name of Store Representative (printed) \_\_\_\_\_

Signature of Store Representative

Title

Date

Signature of Local Agency Staff

Date

## Shelf Survey

## Colorado WIC ---- Shelf Survey

*Colorado WIC-authorized Grocery Stores and Commissaries Only, Not Pharmacies;  
Use most expensive items allowed*

FORMULA	Type/Brand	Size	# of Cans	Price	Expiration <sup>^</sup>
Milk-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____
Soy-Based- Contract Formula	Powder	12-16 oz	# _____	_____	_____

<sup>^</sup> If are out-of-date, include as a violation in Section VIII.

ITEMS (Suggested Brand or Item)	Type/ Brand	Size	Adequate Quantity?*	Price	Adequate Variety?*	
					Yes	No
Infant Cereal	_____	8 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Fruits & Veg	_____	4 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Baby Food- Meats	_____	2.5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Breakfast Cereal- Example-Kix?	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Cheese- Store Brand	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Canned Fish	_____	5 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grains- Rice or Tortillas	_____	_____ oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Whole Grain Bread	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Milk -Store Brand						
Whole	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Whole	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Quart	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Reduced Fat (Circle: Skim, 1%, or 2%)	_____	Gallon	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-Frozen OJ Store Brand	_____	12 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Juice-64-oz Containers- Example-V8?	_____	64 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Eggs	_____	Dozen	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Peanut Butter- Example-Adams?	_____	18 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Dried Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Canned Beans	_____	16 oz	<input type="checkbox"/> >10 or # ____	_____	<input type="checkbox"/> ≥ 1	<input type="checkbox"/> < 1
Fruits- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2
Vegetables- Fresh	\$8.00 Worth		<input type="checkbox"/> >10 or # ____	N/A	<input type="checkbox"/> ≥ 2	<input type="checkbox"/> < 2

\***Adequate Quantity:** If 10 or more items are available for purchase in the food category (e.g., 10 blocks of cheese, 14 dozen eggs), put a check mark in box; if less than 10 items, put actual #. For Fruits and Vegetables, approximate the number in batches of \$8.00 worth of produce.

\***Adequate Variety:** Check appropriate box for Yes or No.

**Comments if Inadequate Quantity or Variety (As Needed):**

Completed by: \_\_\_\_\_ (To be completed by WIC staff) Date: \_\_\_\_\_

# Retailer Handbook

# Women, Infants & Children (WIC) Program

# RETAILER HANDBOOK



Effective January 2017







Sponsored by:	In Cooperation with:
U.S. Department of Agriculture (USDA)	Your Local WIC Agency

Administered by: Colorado WIC Program (Colorado WIC) Colorado Department of Public Health & Environment Nutrition Services 4300 Cherry Creek Drive South Denver, CO 80246-1530 (303) 692-2400
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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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- 1) correo: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442;
- 3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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# Section I. Introduction to WIC & WIC Services

## A. Overview

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious foods, nutrition education, breastfeeding promotion and support, and referrals to health and other services and support to families who are receiving WIC benefits (referred to as participants) at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women and infants and children up to age five who are at nutritional risk. More than 8 million people across the nation received WIC benefits each month.

WIC is a federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service (FNS) administers the program at the federal level and provides these funds to WIC state agencies (i.e., state health departments or comparable agencies) to pay for the WIC foods, services and administrative costs.

In Colorado, funds are made available to the Colorado Department of Public Health and Environment (CDPHE) to administer the state Colorado WIC Program (Colorado WIC), which contracts with local agencies (LA), primarily county health departments and health or nursing services, to provide WIC services through WIC clinics, serving every county in Colorado. Through this statewide network of WIC local agencies, nutritionists, nurses and educators work to promote the relationship between good nutrition and healthy development.



## B. Agreement & Handbook

The partnership between WIC-authorized retailers (retailers) and the Colorado WIC Program (also referred to as the Program) is an essential part of this successful nutrition program. Working together, retailers and Colorado WIC ensure that WIC families receive the nutritious foods prescribed for them and ensure that stores receive the correct payment for the items purchased. This Colorado WIC Retailer Handbook (WIC Handbook) sets forth the roles and responsibilities of retailers as well as the Program.

By reference this WIC Handbook is made part of the Colorado WIC Retailer Agreement (Retailer Agreement), and the policies and procedures outlined in this Handbook are an integral part of the Retailer Agreement. The WIC Handbook was developed in accordance with 7 CFR Part 246, the Special Supplemental Nutrition Program for Women, Infants and Children Food Delivery System. It incorporates existing federal regulations and policies pertaining to the Program's food delivery system in Colorado; any changes to the federal regulations and/or the Program's policies and procedures will be incorporated as policy letters and/or agreement amendments and sent to retailers.

As part of the Retailer Agreement, retailers agree to comply with existing federal regulations, Colorado WIC policies and procedures, and amendments as provided for in policy letters issued by the Program. Retailers are subject to all applicable federal and state laws and should not rely solely on the WIC Handbook for interpretation of applicable requirements.

## C. Benefits of WIC

WIC has been proven to be an effective supplemental nutrition program.

- Women participating in WIC give birth to healthier babies.
- Children in WIC are better immunized and are more likely to have regular health care.
- Health care costs are reduced due to the decrease in the number of low birth weight babies. Participation in WIC can lower Medicaid costs by helping to combat poor nutrition at an early stage, rather than treating its effects once they become more serious. For every dollar spent on WIC, up to \$3 is saved in medical costs.
- WIC transactions, which add up to more than \$60 million per year in Colorado, bring dollars to communities across the state.
- Colorado WIC provides benefits to more than 85,000 women, infants and children in Colorado.



## D. Who Can Receive WIC?

Many families in Colorado and across the country are eligible to participate in WIC. Eligibility is determined on the basis of specific income and medical criteria. To be certified on WIC an individual needs to meet the following criteria:

- Be an infant, child up to the age of five years or a pregnant, breastfeeding or postpartum woman;
- Have an income which is equal to or less than 185% of the federal poverty guidelines;
- Be diagnosed by a qualified staff member to be at nutritional risk through a health and diet assessment. Risk factors include anemia, high-risk pregnancy, abnormal growth and poor dietary intake.

## Section II. Allowable Foods

Supplemental foods are prescribed for participants based on the nutrient content e.g., they contain iron, calcium, protein, vitamin A or vitamin C. WIC food items must meet federal nutrient requirements (as outlined in 7 CFR Part 246). WIC foods are designed to reduce complications of pregnancy due to poor nutrition and to promote the healthiest possible birth, growth and development of children. Please refer to the current *Colorado WIC Allowable Foods List (Allowable Foods List)* for details on what brand, flavor, size and varieties are allowed.

### A. Allowable Foods List

The specific supplemental foods offered by Colorado WIC are detailed in the *Allowable Foods List*. An advisory committee made up of retailer representatives, WIC staff at the state level (Colorado WIC) and WIC staff at the local agency level (called Local Agency Retailer Coordinators or LARC) work together to produce updated lists. Only approved WIC foods in the quantities and sizes prescribed to the participant may be purchased. A copy of the *Allowable Foods List* should be kept at each register. Additional copies or Spanish versions of the list can be obtained by calling state or local WIC offices or submitting a *Material Order Form* (found on the last page of this Handbook).

### B. Specific Allowed Foods

#### Infant Formula

- ✓ Breastfeeding: Breast milk is the best food for a baby's body and brain.
- ✓ Rebate Program: Colorado WIC participates in an infant formula rebate program with a specific formula manufacturer. The manufacturer agrees to pay a rebate based on the number of containers purchased by WIC. Colorado WIC will notify retailers of contract changes.
- ✓ No Substitution: Formula prescribed to the participant is the ONLY brand and size of formula they may purchase. The system will only allow the prescribed item to be purchased with WIC. Formula is an integral part of a baby's diet and is chosen for specific dietary need.
- ✓ Special Formulas May be Requested: Special formulas prescribed by a physician are also provided by WIC. Retailers and/or pharmacies may be requested (though not required) to order special formula when necessary.
- ✓ Authorized Sources: To ensure the integrity of the product, retailers are required to purchase infant formula from approved suppliers (i.e., approved wholesalers, distributors and retailers licensed in Colorado and through manufacturers registered with the Food and Drug Administration (FDA) that provide infant formula). (A list of authorized formula sources is located at: [www.ColoradoWIC.com](http://www.ColoradoWIC.com). Follow the links related to retailers, retailer authorization, and approved suppliers.)
- ✓ "Use by" Date: Regulations administered by the United States Food and Drug Administration (FDA) require that a "use by" date be declared on each container of infant formula. An infant formula that has passed its "use by" date may not provide the nutrient levels required under the Federal Food, Drug and Cosmetic Act. Therefore, a retailer shall not offer for sale any infant formula that is past its "use by" date.

#### Infant Cereal

- ✓ A good source of iron in an infant's diet.

#### Infant Food-Fruits & Vegetables

- ✓ Low in calories and fat and high in fiber, vitamins and minerals.

#### Infant Food-Meats

- ✓ Good source of iron and zinc.

#### Peanut Butter

- ✓ A very economical source of protein in the diet of WIC families.

## Whole Grains

- ✓ Whole grains are complex carbohydrates that contain the entire grain kernel has fiber and more vitamins and minerals than refined grain foods (such as white bread). Fiber helps maintain a healthy colon, and reduces the risk for a variety of illnesses, including obesity, cardiovascular disease and colorectal cancer.
- ✓ Allowable whole grain foods (e.g., brown rice, soft corn tortillas and 100% whole grain bread products) were chosen based on whole grain content.

## Eggs

- ✓ An economical, easy to prepare, and versatile source of protein and iron which are necessary for normal growth and development.

## Canned Beans

- ✓ A good source of protein in the diet.
- ✓ The *Allowable Foods List* provides lots of varieties.

## Dried Beans/Peas/Lentils

- ✓ A good source of protein in the diet.
- ✓ Only unflavored varieties are authorized.

## Cheese

- ✓ Cheese is a beneficial source of protein and calcium.
- ✓ WIC shoppers must purchase store brand cheese.

## Milk

- ✓ Nutrient Content: Milk is a major source of calcium in the diet and provides protein and riboflavin (vitamin B2).
- ✓ Size: WIC shoppers using an eWIC card may choose between quart, half-gallon or gallon sizes. (A  $\frac{3}{4}$  gallon size container of lactose free milk is also allowed.)
- ✓ Fat Content: It is important that WIC shoppers receive the type of milk prescribed for them. Whole milk is provided for children between the ages of 1 and 2 years. Lower fat milk (i.e., skim or 1%) is provided to individuals older than 2 years. In special circumstances, 2% milk is provided.
- ✓ Store Brand: Milk should be purchased in store brands. However, national brands must be provided to the WIC shopper if store brands are not available in the specific size and or fat content.
- ✓ Variety: Buttermilk, goat milk and acidophilus milk are approved milk items. WIC shoppers may also choose approved canned, evaporated and/or dry milk.



## Canned Fish

- ✓ Cold water fish—such as salmon, sardines and tuna—are good sources of protein, some vitamins and minerals, and a healthy type of fat called omega-3 fatty acids (ALA, DHA, EPA). Among the many health benefits of these fats, they are very beneficial for brain development, and are protective against heart disease.
- ✓ These foods provide additional nutrients for the exclusively breastfeeding woman.

## Breakfast Cereal

- ✓ Fortified with iron and contain a limited amount of sweetener.
- ✓ Many of the cereals that are allowed by Colorado WIC are whole grain, which provides fiber.
- ✓ An inexpensive nutritional food that provides the iron necessary to combat anemia.
- ✓ WIC families are prescribed a set number of ounces of approved cereal to be purchased. WIC shoppers can buy any combination of approved cereal which is less than or equal to the amount in their benefit balance.

## Juice

- ✓ Provides 120% of the Recommended Daily Allowance for vitamin C in an 8-ounce serving.
- ✓ WIC approved juices do not have added sugar.
- ✓ WIC customers must purchase the specific items and sizes that are available in their food balance and shown in the *Allowable Foods List*. WIC customers purchasing frozen orange or grapefruit juice must select a store brand.



## Fruits & Vegetables

- ✓ Low in calories and fat
- ✓ High in fiber, vitamins and minerals.
- ✓ Rich in different nutrients and may reduce risk for chronic illnesses such as heart disease, Type II diabetes or obesity.
- ✓ Herbs and spices (including those listed below) are not allowed.



### **Colorado WIC - List of Not Allowed Herbs & Spices**

Allspice	Juniper Berry
Anise	Lemon grass
Basil	Mace
Bay Leaf	Marjoram
Bouquet Garni	Mint
Caraway	Mirepoix
Cardamom	Mustard Seed
Cayenne	Nasturtium
Celery Seed	Nutmeg
Chervil	Oregano
Chili Powder	Paprika
Chives	Parsley
Cilantro	Pepper: black, white or green
Cinnamon	Poppy Seeds
Clove	Rosemary
Coriander	Sachet Bag
Cumin	Saffron
Curry	Sage
Dill	Savory
Fennel	Sesame
Fenugreek	Tarragon
Garlic	Thyme
Ginger	Turmeric
Horseradish	Vanilla Bean

## Section III. Minimum Stocking Requirements

Retailers are required to stock certain authorized items at all times in sufficient quantities to meet participant demand. Specific Colorado WIC-authorized brands and sizes for the following items are as defined in the current *Allowable Foods List*:

<b>Minimum Stocking Requirements</b> All items must be WIC-authorized; waivers on specific items must be pre-approved.	
<u>Iron-Fortified Infant Formula</u> Milk-based contract brand: Powder Soy-based contract brand: Powder	<u>Infant Cereal</u> Approved brand Two flavors Size: 8-ounce box
<u>Infant Food- Fruits &amp; Vegetables</u> Approved brand Two flavors Size: 4-ounce jar	<u>Infant Food- Meats</u> Approved brand Two flavors Size: 2.5-ounce jar
<u>Cheese</u> Store brand Two flavors Size: one-pound (16-ounce) package	<u>Eggs</u> Grade A or AA white; small, medium, or large Size: dozens
<u>100% Fruit Juice</u> One store brand: orange juice Size: 12-oz frozen AND One approved brand: Any flavor Size: 64-ounce container (carton or bottle)	<u>Milk</u> Two varieties of fat content: Whole and either fat-free or 1% (Must include: whole) Size: gallon
<u>Cereal</u> Two cold cereals (Must include: one whole grain cereal) Size: any size (larger than single-serving)	<u>Peanut Butter</u> Any brand One variety Size: 18-ounce jar
<u>Beans</u> Two varieties Dry or canned (Must include: One dry) Size: 15 to 16-ounce canned	<u>Canned Fish</u> Two varieties Tuna, pink salmon or sardines (Must include: tuna in 5-ounce size)
<u>Fresh Fruits &amp; Fresh Vegetables</u> Fresh fruit - two varieties Fresh vegetables - two varieties Size: any size	<u>Whole Grains</u> Two varieties Bread, brown rice or corn tortillas (Must include: bread item in 16-ounce size)

### Number of Items/Minimum Quantity

Retailers with five or fewer cash registers must stock a minimum of five food items within each food category (except formula) listed on the stocking requirements. For example, small retailers must stock at least five pounds of cheese, five boxes of cereal, etc. (Variety requirements still apply.) The exception is formula. A minimum of 10 cans of formula—for both the milk-based and soy-based—must be stocked unless a waiver is approved.

Retailers with six or more cash registers must stock a minimum of 10 items within each food category (except formula). For example, larger stores must stock 10 pounds of cheese, 10 boxes of cereal, etc. (Variety requirements still apply.) The exception is formula. A minimum of 20 cans of formula—for both the milk-based and soy-based—must be stocked unless a waiver is approved.

PLEASE NOTE: Formula or food items that are found to be out of date (i.e., past the “use by” date) will not be counted as inventory in surveys of minimum stocking.

### Failure to Maintain Required Items

Failure to meet stocking requirements leads to sanctions and/or agreement termination.

### Exemptions

Farmers and pharmacies are exempt from certain minimum food stocking requirements listed in this section. Agreements and/or the Farmer Handbook specify their requirements. Colorado WIC may provide an exemption to specific retailers (e.g., commissaries and retailers that primarily provide kosher items) from the requirement of the provision of store brand items and/or certain package sizes.

### Stocking Waiver

Retailers may request a *Minimum Stocking Waiver Form* (Exhibit E) for an exemption from stocking infant items (i.e., infant formula, infant cereal and infant food) required by the minimum WIC foods stocking requirements. Colorado WIC shall grant a waiver when:

- There has been no documented WIC sale of the specific item within the last 3 months;
- LA WIC staff certify that there are no WIC families currently using the specific item; and
- The retailer guarantees that upon request by a participant or state or local WIC staff, the item will be made available within 24-72 hours at which time the waiver will be void.

### Rain Checks Prohibited

Please note: The issuance of rain checks for WIC foods is prohibited. Retailers that charge for WIC supplemental food not received by the WIC shopper are subject to a three year disqualification from Colorado WIC.

## Section IV. How WIC Works

### A. Price List

The *Price List* (Exhibit C) must be submitted to Colorado WIC at least every six months (unless waived by special agreement). Retailers are encouraged to submit an updated price list more frequently and whenever prices change significantly. Prices should reflect the full shelf price—sales or promotions should not be included. Grocery stores and commissaries must mark the prices clearly on the product or shelf at all times. Violations will be assigned to retailers that do not submit a requested price survey at least once every six months.

Shelf prices must be found at application and remain competitive with other retailers in the peer grouping (i.e., like stores in the same geographical type area, etc.) to within 10%. Colorado WIC will also evaluate retailers' prices throughout the agreement period. If retailers' prices are not competitive, one request will be made to the retailer asking for a reevaluation of their prices and resubmission of an updated Price List. If the resubmitted prices would make the retailer ineligible for authorization based on the selection criteria listed in Section X, the authorized retailer will be sanctioned up to and including termination. Retailers applying for initial authorization will not be authorized. Prices are confirmed through store visits and/or redemption data.



### B. Coupons, Buy One Get One Free Offers & Sale Items

WIC shoppers should be provided the same discount opportunities as other shoppers.

- **Coupons:** Manufacturers' coupons and store discount cards must be accepted from WIC shoppers. Cash must never be given to WIC shoppers.
- **Buy One Get One Free:** WIC shoppers are eligible to participate in "Buy One Get One Free" promotions. The items purchased by WIC must be WIC approved—the promotional items (free items) do not have to be WIC approved.
- **Sale Items:** The WIC shoppers must be treated like any other customer. Therefore, if there is a sale price on a WIC food item, then WIC is charged the sale price.

### C. Exchanges & Recalls

The retailer may not provide refunds or permit exchanges for approved foods obtained with WIC, except for exchanges of an identical approved food item when the original approved food item is defective, spoiled, is being recalled, or has exceeded its "sell by," "best if used by," or other date limiting the sale or use of the food item. An identical approved food item means the exact brand and size as the original approved food item obtained and returned by the WIC shopper. In the case of a recalled item, the manufacturer or FDA instructions for return/recall should be followed. Information is available at [www.fda.gov](http://www.fda.gov), or by calling 1-888-INFO-FDA (1-888-463-6332).

### D. Reporting Abuse

Retailers should contact their designated WIC LARC with questions or to resolve initial problems. The LARC is the first point of contact with the stores and will work with individual stores to provide participant follow up when needed. Reports of abuse and/or complaints should be made immediately, if possible no later than three days after the incident. Try to be as specific as possible, including such particulars as the shopper's name, the time and date. This information assists WIC to research the incident. Copies of the store receipts are helpful.

It is okay to ask whether or not a customer is participating in WIC. However, it is the customer's option to disclose the fact that they are on WIC. It must remain a voluntary disclosure on the part of the participant.

WIC cannot release the status of the shopper's involvement in WIC to the retailer since WIC status is considered confidential information. WIC will follow up with anyone determined to be a participant and apply sanctioning procedures as appropriate.

Participants sign an agreement stating they will treat clinic staff and store employees with respect by voicing complaints politely with no verbal or physical abuse and that they will not sell or return WIC foods for cash, get credit instead of WIC foods, or alter their benefits. If you encounter a WIC shopper who is rude or you suspect is misusing WIC, please report this to the LARC. Examples of actions to report include:

- Return of items purchased with WIC.
- Verbal or physical abuse.
- Attempts to obtain cash or credit in a WIC transaction (e.g., returning to the store with a discount card after the transaction is complete).

Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, please call 800-424-9121, visit [www.usda.gov/oig/hotline.htm](http://www.usda.gov/oig/hotline.htm) or email [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us).

## E. Combating Returns

Several methods may be applied by the retailer to help combat the attempted return of WIC foods, some include:

- A store policy can be established requiring all customers to sign when returning formula. This allows the retailer a consistent method for acquiring the individual's name for reporting to the WIC LA for follow up of possible abuse.
- A store policy can be established requiring a cash register receipt for all customers attempting to return infant formula for cash. WIC purchases are, at times, easily identified, as no sales tax would be included on the receipt. In addition, when the receipt is generated, a distinguishing mark could be made on all WIC customers' cash register receipts, such as a "W," indicating it was a WIC purchase.
- At the time of WIC transaction the cashier could draw a line through the bar code on all cans of infant formula to denote a WIC purchase.

## F. Substitutions

The retailer may not provide unapproved food items, non-food items, cash or credit (including rain checks) in exchange for WIC checks, eWIC cards or WIC benefits.

## G. Lost/Found eWIC Cards

If an eWIC card is found, please return to Colorado WIC immediately as instructed on the back of the card. If a customer loses an eWIC card, please instruct them to call their local clinic to report their card missing and request replacement.

## H. Retailer Reports

Reports to retailers are available upon request. These reports can provide information on such topics as the number of items purchased with WIC. This information is provided to assist each store with management of the WIC program including monitoring the inventory needed to fulfill WIC shoppers' needs.



## I. Peer Grouping

Federal regulations (7 CFR Part 246) require WIC agencies to implement a retailer peer group system (i.e., grouping similar stores together), competitive price criteria, and allowable reimbursement levels to ensure that WIC pays authorized retailers competitive prices. A retailer is assigned a peer group based on criteria that classifies the store type (i.e., supermarket, small grocery, supercenter, pharmacy, commissary), geographic area and number of WIC-authorized stores owned and operated in Colorado (i.e., Minor= <30 or Major= ≥30). Colorado WIC may change a retailer's peer group whenever it determines that placement in an alternate peer group is warranted. WIC programs must use these criteria to evaluate prices and authorization. Contact the state WIC office with requests for your store's peer group.

## J. Conflict of Interest

Conflict of interest is prohibited between WIC and the retailer and between the LA and the retailer. A conflict of interest exists when there is a pecuniary relationship between the retailer and WIC or the LA. Additionally, conflict of interest also exists when relatives serve WIC participants. Colorado WIC shall terminate the Retailer Agreement if it identifies a conflict of interest between the retailer and Colorado WIC or its LA.

## K. WIC Logo/Acronym

- Use of acronym "WIC" and WIC logo, in total or in part, is reserved for official use of Program.
- Retailers are not permitted to use the WIC acronym, or close facsimiles, in the name of the retailer.
- Retailers are permitted to display signs notifying the public of Colorado WIC authorization that are provided by Colorado WIC.
- WIC-authorized retailers are restricted from using the WIC acronym in advertising and other promotional activity without the consent of Colorado WIC.
- Retailers are not allowed to use the WIC logo in advertising or other promotional activity.
- Retailers may not apply stickers, tags or labels that have the service mark on WIC-approved items.

## L. Tax Exempt

No sales or use tax of any statutory or home rule city, town or county shall apply to the sale of food purchased with funds provided by WIC.

## M. Non-Discrimination

Stores must offer WIC shoppers the same courtesies as offered to other customers (e.g., no separate lines or hours). Any practice that singles out WIC shoppers from other customers is prohibited. Such practices include:

- keeping lists of participants,
- having WIC shoppers sign cash register receipts,
- having register lines specifically for WIC shoppers,
- keeping folders for each participant,
- keeping WIC shoppers' receipts, and
- the offering or denial of incentives solely to WIC participants (based on 7 CFR 246.12(h)(3)(iii) and WIC Policy Memorandum 2012-3, Vendor Incentive Items).

In accordance with federal law and policy, Colorado WIC and authorized retailers are prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

## N. Shelf Tags

Retailers may use shelf tags (i.e., shelf labels, flags, talkers, channel strips or clings) stating WIC approval on grocery shelves under the following conditions:

- The tags must be placed at the exact spot(s) that contain WIC approved items.
- Throughout the WIC agreement period, the retailer shall be responsible for any food items tagged or represented as WIC approved are listed on the current *Allowable Foods List*. Retailers are responsible for the placement of shelf tags.
- Retailers who wish to develop and use shelf tags must obtain written permission from Colorado WIC by submitting a copy or sample of the final version for approval prior to use. WIC tags/labels are not permitted to be put on individual item containers; labels created by manufacturers stating WIC allowance are not permitted.
- Retailers can decide which food categories in the store to use the shelf tags. For instance, a retailer may find that the bread category would benefit from shelf tags, but the cheese category would not.
- If using shelf tags in the food categories of breakfast cereal, bread or 100% juice, retailers must place WIC approved shelf tags under all WIC approved products that are stocked within that food category. (This does not mean that retailers need to keep stock of every approved cereal, bread or juice option.) Stores are not allowed to promote one product over another in these categories.



## O. Communications

WIC-authorized grocers, farmers, pharmacies and commissaries are encouraged to communicate with WIC contacts at either the local and state offices when they have questions, need assistance or have suggested improvement, including the preparation of WIC shoppers. Colorado WIC appreciates input from our retail partners on how to reduce barriers and make the shopping experience the best it can be for both cashiers and WIC families.

## Section V. eWIC Transactions

WIC families receive an eWIC card at their local clinic to take with them to the store when doing their WIC shopping. Clinic staff issue food benefits to their account and connect the account to an assigned card number. The same card is used month after month. Several months of food benefits may be issued to the family's account, however only the current month's benefits are available to the family at a time. Benefits are available the first day of the month and expire at midnight of the last day of the month and do not roll over to the next month. For example, if a customer is using their eWIC card to purchase items on June 30, only the benefits remaining in their balance from June 1-June 30 are available; any items left in the account will be removed at midnight of June 30. Available July benefits are then made available on July 1.

The specific foods and quantities to be received by each participant are determined by WIC based on the participant's specific needs. The participant can use the eWIC card at a Colorado WIC-authorized grocery store, pharmacy, commissary or farmer. The participant can also have someone else do their shopping for them.

In a typical eWIC transaction, when an order is rung up and the eWIC card is swiped, the register Point-of-Sale (POS) system is connected to the account that holds the families' food benefits and compares the items in the WIC shopper's account with the items being purchased. Items that are on the account balance, are an approved item (and listed on the *Approved Product List*) and are allowed for that shopper can be purchased through the eWIC card. WIC customers may use other forms of payment (such as cash, personal check, credit, SNAP, gift cards, etc.) to pay for any remaining balance of non-WIC items, including fruits and vegetable purchases.

When retailers apply for authorization into Colorado WIC, they are agreeing to use an approved POS register system that is certified for eWIC transactions. (More details can be found in Section X, Authorization Criteria.)

### A. eWIC Food Balance

At their visit to WIC, an itemized food benefit list showing their WIC food items is given to the family to use as a shopping list at the store. The benefits list may include a variety of items listed for the family by:

- Specific prescribed WIC food items and quantities to be purchased (*for example, 5 cans of Enfamil Gentlease infant formula*),
- Set of options to choose at the store (*for example, 1 unit of legumes—also referred to as 1 jar/bag/can of peanut butter/bean—means the customer can choose between 1 jar of peanut butter, 1 pound of dry beans or 4 cans of beans*), and/or
- Fixed-dollar amount used by a WIC customer to purchase fruits and/or vegetables.

In addition to the WIC food benefit list they receive at the clinic, shoppers have other options to request their current eWIC balance:

- At the store: a balance inquiry can be printed at the register with eWIC card and Personal Identification Number (PIN).
- On the back of their eWIC card: participants can call the phone number or visit the web portal listed on the back of their card to inquire about their remaining balance.

### B. Over-the-Maximum Dollar Amount

Retailers will be reimbursed for the agreed amount for each item, which is the average price charged by the item by the store's peer group. Retailers that exceed pricing limits are subject to reductions to their claims, both prior to payment and subsequent recoupment after payment.



## C. eWIC Identification - PAN & PIN

To make an eWIC purchase, the shopper must have an eWIC card and a PIN. Cashiers can manually enter the card number (called a PAN) if they find the eWIC card cannot be read by their POS system. Under no circumstances can the 16 digit PAN be manually entered without the eWIC cardholder presenting the actual eWIC card. If the card is not available, cashiers can suggest that the eWIC cardholder contact the LA so that the eWIC card can be replaced.

If the shopper does not have their PIN set up, they may call the phone number on the back of the card to set up a PIN and use their eWIC card. They may also call this number to change the PIN, report a lost or stolen card and check the eWIC account balance.

After four times of entering the wrong PIN, the account is locked until midnight that day. If a shopper enters the wrong PIN three times, please suggest they call the customer service number on the back of the card to change their PIN to avoid being locked out of their account.

Participants may send someone else to buy WIC foods for them. Anyone with the eWIC card and matching PIN may purchase the WIC foods associated with the account. Cashiers should not check alternate forms of identification for a WIC purchase or ask the shopper for the PIN.

## D. eWIC Verifies the Foods & Pricing

eWIC purchases and receipts will look and work differently depending on your store's POS system. For example, most stores will integrate the eWIC purchases into their cash register systems while a few may use a special piece of equipment that is called a 'stand-beside' process.

While eWIC transactions may look a bit different depending on your store's register POS system, there are some main steps in the eWIC purchase that are similar across the state, including:

- Approved Product List (APL): A listing of WIC foods and barcode number is sent nightly by WIC to your POS system to make sure stores have the most updated version.
- Swipe: The eWIC card is another form of tender. When the WIC shopper is ready to check-out they will swipe their eWIC card before other forms of tender and enter their PIN.
- Verification: When items are scanned and the shopper uses the eWIC card and enter the PIN, the system will verify several things, including:
  1. Verify the PIN and card number and connect to the shopper's food balance
  2. Check the APL to assure that item (e.g., size and brand) is WIC approved
  3. Check the WIC shoppers food balance to assure the item is available to the shopper
  4. Check the price (and adjust to the expected amount)
  5. Give the shopper a chance to approve the WIC purchase
- Easy: Retailers do not have to confirm WIC benefit dates or know the foods in the shopper's balance. The POS system will either allow the item to be paid for with WIC or request another form of payment for the items being purchased.
- No Overrides: Cashiers are not able to override an item for eWIC. However, in the rare case you find an item you believe should be on the approved list, please submit the item details to WIC for review. (See Exhibit B for details.)
- Receipts: The receipt will give the shopper the list of WIC items purchased, the WIC amount purchased and show them the foods left in their balance.

## Section VI. Retailer Responsibilities

### A. WIC Manual

Upon initial authorization retailers will be sent a WIC Manual (i.e., a large, white binder that is divided into sections to be used for maintaining important materials and documents).

Section	WIC Manual Sections	
	Title	Contents/Information
1	Retailer Agreement (Optional)	Current Retailer Agreements can be obtained through a chain store's corporate headquarters or Colorado WIC.
2	Retailer Handbook	Store managers and WIC trainers must be familiar with the information in this Handbook. Keep the most recent version.
3	Policy Letters	Colorado WIC may periodically issue policy letters.
4	WIC'S WORLD Newsletters	The WIC'S WORLD newsletters must be shown to cashiers and maintained for at least two years in the WIC Manual.
5	Training Documentation	Store management is responsible for making sure cashiers and new employees are properly trained to handle WIC transactions, including watching the training video. Cashiers should be retrained every year on the new <i>Allowable Foods List</i> and/or any policy changes.  Use the Training Documentation Form (Exhibit A) to record store training. Keep the completed forms in Section V.
6	Local WIC Agency Contacts (LARC)	Keep WIC contact names and numbers here. Call your local WIC contact with questions, input, suggestions, etc.
7	Correspondence/ WIC Monitoring Reports/Visits	Keep monitoring reports and any correspondence here. This information can be used in training cashiers and maintaining adequate stock of the required WIC items.
8	Miscellaneous	Keep other WIC materials here.

This WIC Manual must be maintained on site for the duration of the agreement period. The WIC Manual is inspected during monitoring visits to check that the materials are kept up-to-date and training is being properly conducted. WIC staff also review the training documentation.

## B. Retailer Agreement

The Colorado WIC Retailer Agreement (Retailer Agreement) defines the roles and responsibilities of retailers. By reference this WIC Handbook is made part of the Retailer Agreement and the policies and procedures outlined in this Handbook are an integral part of the Retailer Agreement. The Retailer Agreement, Retailer Handbook, federal regulations and policy letters outline policies and procedures that must be met by authorized retailers.

Colorado WIC may terminate the Retailer Agreement by providing 15 days advance written notice. The retailer may terminate the Retailer Agreement by providing 30 days advance written notice. The parties shall not be released from the duty to perform their obligation up to the date of termination. Neither Colorado WIC nor the retailer has an obligation to renew the agreement.

## C. Policy Letters

Clarifications, changes and/or additions to WIC policies and procedures may be made throughout the agreement period. These changes will be transmitted to retailers through policy letters. Retailers will be notified prior to the implementation of the policy. Retailers should maintain copies of policy letters in Section III of the WIC Manual.

## D. Distribution & Ordering of Materials

In cases where multiple stores are covered under one Retailer Agreement (e.g., chain stores), the retailer is responsible for distribution of policy and training materials. A *Materials Order Form* (Exhibit I) is available to assist in ordering WIC materials.

## E. Training

In accordance with the federal regulations, retailers are accountable for actions of employees in the use of eWIC cards within their store. It is required that every employee who is involved with WIC transactions (including managers) receive WIC training.

### Definition of WIC Training

At a minimum the following topics must be covered during WIC training:

- Purpose of WIC and WIC food packages.
- Allowable WIC foods.
- WIC policies and procedures (including minimum variety and quantity of foods that must be stocked; required sources of infant formula and use of incentive items).
- WIC transactions and WIC redemption procedures.
- Violation point system and sanctions for non-compliance (from non-payment of WIC purchases to disqualification).
- Retailer complaint process and how to handle special circumstances.
- Claims procedures.
- Changes to WIC.

### Training Documentation

Documentation of WIC training must be kept on file in the WIC Manual using *the Training Documentation Form* (Exhibit A). Documentation of WIC training that is kept in individual personnel files or in the store's computer system does not qualify.

During a WIC monitoring visit, WIC will review the training documentation to ensure that store employees involved with WIC transactions: 1) have been trained in WIC policy and procedures and the current version of the WIC Foods List, 2) are listed on the documentation form and 3) have seen the most recent version of the training video.

## Training Tools (Available for order on the *Materials Order Form*)

- **Allowable Foods List Training (Required)** - When the *Allowable Foods List* is updated it is sent to retailers. This generally occurs every one to two years. Cashiers must be retrained upon receipt of updated *Allowable Foods Lists* and policy changes. Retailers must document this training in the *WIC Training Documentation Form*. Colorado WIC may be able to provide training assistance and/or additional training materials.
- **WIC'S WORLD Newsletter (Required)** - The WIC'S WORLD newsletter is sent out to retailers on a quarterly basis. This informative newsletter provides up-to-date information about policy changes, common questions and related information. Copies of the newsletter must be maintained on file in Section IV of the WIC Manual for a minimum of two years. Cashiers should read the newsletter to become aware of the most current policies and procedures. These newsletters are a training tool to be used with employees that deal with WIC transactions. During the monitoring visit, WIC will review the use of the newsletter in store training.
- **WIC Training Video (Required)** - The most recent edition of the video must be used to train cashiers who handle WIC transactions. The video is typically revised every three to five years. Store managers are responsible for ensuring that any store staff involved with WIC transactions view the newest version of the video. This means that store staff will view the video upon new hire if processing WIC transactions and every three to five years as revisions are produced. Retailers must document this training on the *WIC Training Documentation Form* (Exhibit A) and keep a copy in their WIC Manual. These forms are reviewed during monitoring visits WIC makes to the store.
- **Retailer Guide to eWIC (Strongly Suggested)** - This short guide is available for retailers' use at the check stand. This guide summarizes information in the training video and provides a quick reference for commonly asked questions. Copies should be kept available at every cashier.
- **Training Post Tests (Strongly Suggested)** - A post test is an optional training tool and is available on [www.ColoradoWIC.com](http://www.ColoradoWIC.com). Retailers may use this test in conjunction with the training video to confirm that employees are aware of WIC policies and procedures. An answer key is also available. (Retailers are responsible for making copies of the post test and answer key as needed. Completed tests should not be sent to Colorado WIC.)



## Other Types of WIC Training

### **New Store Training- the Orientation**

Before a store is WIC-authorized an orientation visit is conducted. Colorado WIC (usually through the LA) will present the training to at least one store representative during the orientation visit. Store management is responsible to ensure cashiers and other store employees who will deal with WIC transactions and payment (bookkeepers, managers, stockers) are trained before WIC authorization. Training and orientation must be completed and documentation submitted to Colorado WIC prior to authorization. The Colorado WIC Retailer Coordination team is available to work with chain store headquarter training units and other store representatives to assist with training options. Upon completion of training by the Colorado WIC Retailer Coordination team, in-house trainers will be authorized for up to three years to conduct new store training.

### **Monitoring Visit Training**

Periodically, WIC will perform on-site, face-to-face training with at least one store representative; this is typically in the form of a monitoring visit to ensure compliance and provide assistance. (For details, see Section VII.)

### **Mandatory Training**

Stores that are identified as having specific problems or violations will be notified and required to attend mandatory training sessions conducted by WIC.

## Section VII. WIC Responsibilities

### A. Roles of State & Local WIC Staff

WIC operates on two levels in Colorado: a) the state level (referred to as Colorado WIC), where a Colorado Retailer Coordination team is responsible for overall WIC retailer coordination, and b) the local level where a network of Local Agency Retail Coordinators (LARC) located throughout Colorado conducts the day-to-day WIC retailer management. Both levels are committed to providing retailers with a high degree of customer service.

Colorado Retailer Coordination Unit Role	LARC Role
<ul style="list-style-type: none"> <li>❖ Working with retailers and LARC to foster positive working relationships.</li> <li>❖ Developing, implementing and enforcing procedures to ensure Program integrity.</li> <li>❖ Providing retailers and LARC with support and information; answering questions about the <i>Allowable Foods List</i>, etc.</li> <li>❖ Providing guidance for LARC on enforcing policies and procedures.</li> <li>❖ Coordination of Retailer Agreements and applications; authorizing and reauthorizing retailers to participate in Colorado WIC.</li> <li>❖ Providing training for LA WIC staff and retailers.</li> <li>❖ Working with LARC and retailers to resolve ongoing problems.</li> <li>❖ Facilitating communication between state staff and WIC LA's regarding retailer issues.</li> <li>❖ Enforcing federal regulations and initiating actions for sanctions against retailers who are in violation of Colorado WIC's policies and procedures.</li> <li>❖ Providing general oversight of the retailer component of Colorado WIC.</li> <li>❖ Implement cost containment processes.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Conducting pre-authorization and orientation reviews.</li> <li>❖ Providing training for retailers and WIC educators.</li> <li>❖ Working with store personnel to handle questions about the <i>Allowable Foods List</i>, obtaining special formulas, ensuring minimum stocking requirements are met and resolving ongoing retailer issues.</li> <li>❖ Conducting site visits and monitoring visits.</li> <li>❖ Responding to participant/retailer complaints and forwarding copies to the Colorado Retailer Coordination Unit.</li> <li>❖ Reporting ongoing or serious retailer problems to the Colorado Retailer Coordination Unit for follow up.</li> <li>❖ Working with the Colorado Retailer Coordination Unit and LA Director to develop procedures that address retailer problems.</li> <li>❖ Enforcing federal and state regulations, policies and procedures.</li> <li>❖ Communicating policy and procedural changes to retailers.</li> <li>❖ Participating in Retailer Coordinator conference calls to facilitate communication between state staff and WIC LA regarding retailer issues.</li> <li>❖ Recommending investigations against retailers who are in violation of Colorado WIC.</li> <li>❖ Assisting with disqualification/sanction implementation including, but not limited to, providing written documentation supporting the case against the retailer, testifying at Fair Hearing Procedures, etc.</li> <li>❖ Providing general oversight of retailers within service area.</li> <li>❖ Working with Colorado Retailer Unit on recommendations on retailer related policy.</li> </ul>

## B. Monitoring Visits

Retailers are monitored by WIC to:

- Identify ways that WIC can assist the store.
- Review the WIC Manual and WIC training documentation.
- Review the benefits and nutritional goals of Colorado WIC.
- Review the *Allowable Foods List*, why specific foods are prescribed and the minimum stocking requirements.
- Review WIC transaction and WIC procedures.
- Review Program policies, procedures and sanctions.
- Discuss any problems/concerns.
- Identify any areas that are out of compliance with Program policies and procedures and set a mutually agreed upon plan and due date for correction.
- Violation points and/or sanctions will be issued for non-compliance as outlined in Section VIII of this Handbook. Retailers may be required to submit a Corrective Action Plan (CAP) within 30 days of notification of non-compliance or during the monitoring visit.



The retailer must provide at least one representative to meet with state, federal or LA representatives to complete the monitoring visit. This representative is responsible for ensuring that all personnel involved with WIC transactions are trained. This representative must have legal authority to act on behalf of the store, for example signing a corrective action if required at the time of the monitoring visit. WIC suggests that the store manager be available for at least a portion of the monitoring visit and/or discuss any findings. They may designate an appropriate individual to act as the store's representative during the visit.

Periodically, Colorado WIC conducts a type of monitoring visit called an education buy in coordination with a store manager/representative. In an education buy, a representative of Colorado WIC poses as a WIC shopper and conducts a WIC transaction. The store manager or store representative is typically aware of the visit beforehand (and sometimes has requested the visit). The shopper reveals during the buy that he or she is a WIC representative. The purpose of an education buy is to assist WIC, the store manager and the cashier to observe a WIC transaction and identify enhancements.

## C. Site Visits

When appropriate, the state and/or LARC conduct site visits. These visits are a way of mitigating issues as well as identifying ways to enhance the partnership.

## D. Investigations

An investigation is a method used by Colorado WIC to determine if violations are occurring or have occurred in the past. Stores are selected as candidates to receive an investigation based on past WIC compliance, reported issues and retailer management and redemption data. They may also be selected as part of a random sample.

An investigation may include an administrative review, covert compliance buy, monitoring or site visit, inventory audit and/or coordinated efforts with the Supplemental Nutrition Assistance Program (SNAP) to determine fraud. A violation is an infraction of a Program policy or procedure, the federal regulations as outlined in 7 CFR Part 246, the Retailer Agreement and/or WIC Handbook. Multiple violations detected during a single investigation may result in either a disqualification for the most serious violations or multiple Civil Money Penalties (CMP). The length of the disqualification period that is imposed for violations investigated as part of a single investigation may not exceed the disqualification period corresponding to the most serious violation.

### Compliance Buys

Colorado WIC conducts and/or contracts for compliance investigations to identify and document violations, including those requiring federally mandated sanctions. Colorado WIC may also use compliance investigations conducted by other federal, state or local law enforcement agencies.

Compliance investigations may be closed when an inventory audit is complete, or when two or more compliance buys have been conducted in which no retailer violations are found, or when two or more compliance buys have been conducted to collect evidence of retailer non-compliance. Within 120 days of the close of a compliance investigation Colorado WIC shall provide a findings letter to the retailer with identified findings.

### Invoice Audit

An inventory audit is an examination of food invoices or other proofs of purchase by the retailer to determine whether the retailer has purchased sufficient quantities of foods and/or formula to provide WIC shoppers the quantities specified as redeemed by the retailer during a given period of time.

Up to 12 months of the most current purchase invoices may be requested from the retailer for analysis. The retailer shall be given a specific timeline (generally 14 to 60 days) to submit purchase invoices to Colorado WIC as time is of the essence. The retailer's failure to supply purchase invoices to Colorado WIC within the timeline period shall result in sanctions and/or violation points.

An acceptable purchase invoice shall legibly reflect the name and address of the retailer and the wholesaler or supplier, as well as the date of the purchase, list of the items purchased, size, stock number, quantity, unit price and dollar extension for the quantity purchased.

Retail cash receipts/tickets shall clearly include the name and address of the store or a code number by which the store location can be identified, the date of purchase, description of the exact items purchased (e.g., 14 ounces Malt-O-Meal), the unit price of the items purchased and total amount purchased. If the cash tickets do not completely describe the actual item, they shall have a computer code that can be verified by contacting the store at which the merchandise was purchased. If the cash tickets do not specifically identify the product purchased (e.g., 14 ounces Malt-O-Meal), the Colorado WIC Retailer Coordination Unit shall ask the store manager or representative to list the exact WIC items purchased (brand, type, size) on the back of the receipt and sign the receipt.

Affidavits, statements of fact nor oral statements shall be accepted as evidence of inventory. Only purchase invoices shall constitute acceptable evidence of inventory. If acceptable purchase invoices do not support amounts paid to the retailer for WIC claims submitted to Colorado WIC, the Program shall recover monies overpaid to the retailer.

## Section VIII. Violations, Sanctions & Corrective Actions

Colorado WIC has designed systems to detect retailers who abuse or defraud the Program. These systems also identify retailers who, through misinformation or lack of training, may intentionally or unintentionally violate federal regulations, Program policies and procedures, or the terms of the Retailer Agreement. Violations that trigger sanctions do not require the Program to distinguish between fraudulent (intentional) and abusive (unintentional) violations because both types of violations result in loss of Program funds.

The Program shall determine the type and level of action to be applied against retailers based upon the severity, nature and pattern of the Program violations observed and other factors as appropriate (for example: whether the offenses represented retailer policy or whether they represent the actions of an individual employee who did not understand the Program rules). The objectives of the Program can best be met through education, training and the voluntary cooperation of retailers, participants and the state and local WIC Programs.

To ensure the integrity of the Program it is necessary to impose corrective actions and sanctions consistently against retailers who are in violation of federal regulations and Program policies and procedures. There are several types of actions that may be applied:

- Nonpayment (or required return) of WIC funds
- Warning/notification letter
- CAP
- Mandatory training
- CMP sanction; may be imposed if the Program determines disqualification would result in inadequate participant access
- Disqualification sanction.

Administrative Review Procedures for Retailer Appeals: Colorado WIC Program appeal procedures are outlined in this document (Exhibit G).

Retailer Fraud/Abuse: A retailer who commits fraud or abuse of the Program is liable to prosecution under applicable federal, state or local laws. Retailers who have willfully misapplied, stolen or fraudulently obtained Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years, or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.



## A. Federal Disqualification

Mandatory federal sanctions are defined in 7 CFR Part 246.12. These sanctions are in response to flagrant violations (also referred to as Class A violations) of Program policies.

- The Program does not have to provide the retailer with prior warning that violations were occurring before imposing any of the sanctions described.
- A pattern of violations does not need to be present when applying a permanent disqualification.
- Those violations identified as requiring a pattern are assigned sanctions based upon at least two independent documented violations during any compliance buy investigation. When conducting inventory audits, a pattern can be established during a single review of the retailer's redemption records and depends on the magnitude of shortfalls and the period of time over which they occur.
- Those Class A violations identified as requiring a pattern will be sanctioned as follows for the same finding(s) committed within two years from the date of the receipt of the first violation notice:

### Mandatory Sanction #1: Permanent Disqualification from the WIC Program

- a. Convicted of trafficking in WIC food instruments (i.e., Colorado WIC checks or eWIC cards) or selling firearms, ammunition, explosives or controlled substances (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802) in exchange for WIC food instruments.
- b. Permanent disqualification from SNAP.

### Mandatory Sanction #2: Six (6) Year Disqualification from the WIC Program

- a. One incidence of buying or selling WIC food instruments for cash (trafficking); or
- b. One incidence of selling firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. 802, in exchange for WIC food instruments

### Mandatory Sanction #3: Three (3) Year Disqualification from the WIC Program

- a. One incidence of the sale of alcohol or alcoholic beverages or tobacco products in exchange for WIC food instruments.
- b. A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time;
- c. A pattern of retailer overcharges;
- d. A pattern of receiving, transacting, and/or redeeming WIC benefits outside of authorized channels, including the use of an unauthorized retailer and/or an unauthorized person;
- e. A pattern of charging for supplemental food not received by the participant; or
- f. A pattern of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances as defined in 21 U.S.C. 802, in exchange for WIC food instruments.

### Mandatory Sanction #4: One (1) Year Disqualification from the WIC Program

- a. A pattern of providing unapproved food items in exchange for WIC benefits, including charging for WIC-approved foods provided in excess of the available balance.

### Second Mandatory Sanction

When a retailer, who previously has been assessed a sanction for any of the mandatory sanctions listed above, receives another sanction for any of these violations, the Program must double the second sanction. CMP's may only be doubled up to the limits allowed as defined by this Handbook.

### Third or Subsequent Mandatory Sanction

When a retailer, who previously has been assessed two or more sanctions for any of the mandatory sanctions listed above, receives another sanction for any of these violations, the Program must double the third sanction and all subsequent sanctions. The Program may not impose CMP's in lieu of disqualification for third or subsequent mandatory sanctions.

## B. Violation Points

Findings of Program violations are assigned specific points.

- Points can be assigned for a single occurrence or a pattern of the violation.
- Points are cumulative and will be kept current for a period of two years as long as the retailer is authorized. Points will be removed two years after the date of the violation.
- In addition to points, the Program may initiate a claim for payment upon detecting that a violation has occurred in the redemption of a WIC transaction, e.g., sales tax was charged or a WIC shopper was required to make a payment to a retailer. Such payments are due within 30 days of claim.
- The Program may not provide prior warning before imposing points.
- The Program may impose a *CMP* in lieu of a state agency disqualification if it determines such action would result in inadequate participant access.
- A retailer shall be given a written notice of a violation, unless the Colorado WIC determines, in its discretion, on a case-by-case basis, that notifying the retailer would compromise an investigation.

Corrective actions (i.e., nonpayment, notification, CAP, mandatory training) are meant to resolve and document findings. A CAP is a formal, written plan provided to WIC by the retailer outlining the steps that will be taken to correct findings/violations. It includes the appropriate store training. Corrective actions are commensurate with the number of points accumulated for one or more of these violations in any combination. State agency sanctions of disqualification and/or a *CMP* are based on a pattern of volatile incidences.

Any combination total of:

0-9 points = Initial or follow-up warning letter or request for CAP\*

10-19 points = CAP

20-35 points = CAP and mandatory training

36-40 points = 3 month disqualification

41-45 points = 6 month disqualification

46 or > = 1 year disqualification

## Colorado WIC Violation Points

- 1) Approved produce is not mapped and/or is not scanning as WIC approved. 2 points
- 2) Failure to accept a certified letter or leaving a certified letter unclaimed from Colorado WIC. 3 points
- 3) Use of the acronym “WIC” or the WIC logo in total or in part without the written consent of Colorado WIC. 4 points
- 4) Prohibiting WIC shoppers from using discount coupons, loyalty cards or promotion specials to reduce the WIC benefit amount. 4 points
- 5) Failing to post current prices for WIC foods on food items or shelf. 4 points
- 6) Requiring WIC shoppers to produce identification. 4 points
- 7) Non-allowed items mapped as produce. 4 points
- 8) Discourteous or discriminatory treatment of a WIC shopper. 5 points
- 9) Limiting authorized WIC shoppers in their choices of WIC products, e.g., allowing only an expensive brand of cereal. 6 points
- 10) Charging sales tax on WIC food items. 6 points
- 11) Failing to provide receipts to a WIC shopper. 6 points
- 12) Failing to allow the purchase of up to the full amount of WIC foods if such foods are available and desired by the WIC shopper. 6 points
- 13) Participating in a transaction that is a conflict of interest. 7 points
- 14) Failure to submit information including, but not limited to, receipts, CAP’s, Price Lists, change of address, etc., requested by Colorado WIC within the time period specified by the Program. 7 points
- 15) Failure to maintain an up-to-date WIC Manual, including not maintaining WIC’S WORLD newsletters or training documentation adequately. 7 points
- 16) Failure to attend or complete a scheduled monitoring visit. 7 points
- 17) Treating WIC shoppers differently than non-WIC customers. 8 points
- 18) Seeking payments from WIC shoppers for WIC transactions. 9 points
- 19) Entering a WIC shopper’s PIN or asking a WIC shopper for their PIN. 9 points
- 20) Discriminating against WIC shoppers because of race, color, national origin, sex, age or disability. 9 points
- 21) Allowing WIC shoppers to return items purchased with WIC funds for credit, cash or non-food items. 9 points
- 22) Stocking infant formula past the “use by” date. 9 points
- 23) Failing to train employees who handle WIC transactions regarding Colorado WIC procedures set forth in the Retailer Agreement and WIC Handbook. 10 points
- 24) Failing to allow monitoring or training of retailer or staff by WIC personnel after one missed session and/or a mutual opportunity to reschedule. 11 points
- 25) Failure to attend or complete a mandatory training session after one mutual opportunity to reschedule. 14 points
- 26) Allowing a WIC transaction in a self-checkout lane that has not been approved by Colorado WIC. 14 points
- 27) Giving false information to the state or local WIC Program, including knowingly entering false information or altering information on WIC receipts or benefits. 19 points
- 28) Providing infant formula that was not purchased from approved wholesalers, distributors and retailers licensed in Colorado and through manufacturers registered with the FDA that provide infant formula. 19 points
- 29) Failing to provide complete purchase sales records, receipts and/or invoices upon request. 19 points
- 30) Entering a WIC shopper’s card number (PAN) manually into the POS system without the card present. 19 points
- 31) Failing to reimburse/refund Colorado WIC for payments already made to the retailer and/or found to be in error. 19 points

## Section IX. Penalty, Disqualification & Appeals

### A. Administrative Appeals Procedures

Retailers may appeal actions taken against them in accordance with the Administrative Review Procedures for Retailer Appeals (Exhibit G). Retailers will only be allowed to continue accepting WIC transactions, pending an appeal, if an inadequate participant access determination is made.

Appealing an action does not relieve a retailer that is permitted to continue Program operations while its appeal is in process from the responsibility of continued compliance with the terms of any written agreement with the Program.



### B. Participant Access Criteria

The impact on participants' access to supplemental foods is a consideration in determining whether to disqualify a retailer or impose a CMP in lieu of disqualification. Prior to the disqualification of a retailer, the Program shall make a determination as to the adequacy of participant access to WIC foods.

When making the determination, the Program shall consider the availability of authorized retailers within the service area of the WIC LA from which participants receive WIC benefits, if there are other WIC-authorized stores within 20 miles, and any geographic barriers to using such retailers. Participant access will be determined as adequate when:

- There are an adequate number of authorized retailers operating in the area to meet participant demand.
- There are no specific geographic barriers that would significantly restrict participants' access to using other authorized retailers operating in the area.

Participant access determinations are at the Program's discretion and are not subject to administrative review. The Program must include documentation of its participant access determination and any supporting documentation in the file of each retailer who is disqualified or receives a CMP in lieu of disqualification. If disqualification of the retailer would result in inadequate participant access, then a CMP will be imposed. The Program will consider participant access when determining reciprocal disqualification based on SNAP disqualification or CMP.

### C. Civil Money Penalty (CMP)

A retailer shall be assessed a CMP in lieu of disqualification only if the disqualification would result in inadequate participant access as defined above. The CMP is calculated as follows: 10 percent of the retailer's average monthly WIC redemptions multiplied by the number of months the retailer would have been disqualified will determine the CMP. The retailer's monthly WIC redemption for the previous six months will be used to determine the average monthly WIC redemptions.

For example:

January	\$10,000	
February	\$ 8,500	
March	\$10,300	
April	\$ 9,000	
May	\$ 7,000	
June	\$ 5,000	
<hr/>		
	\$49,800 ÷ by 6 months =	\$8,300 Average monthly WIC redemptions
		<u>x .10 (10 %)</u>
		\$830
		<u>x 12 Months disqualification period</u>
		\$9,960 Civil Money Penalty (CMP)

A CMP will not exceed \$11,000 for each violation. In addition, the total amount of CMP's will not exceed \$49,000 per investigation.

If a retailer does not pay, only partially pays or fails to timely pay a CMP within 30 days of the notice of the CMP, the Program will disqualify the retailer for the length of the disqualification corresponding to the violation for which the CMP was assessed.

### D. Disqualification - WIC & SNAP

The Retailer Agreement does not constitute a license or a property interest. If a retailer is disqualified, the Program will terminate the retailer's WIC agreement and the retailer will have to reapply in order to be authorized after the disqualification period is over. In all cases, the retailer's new application will be subject to the Program retailer authorization criteria in effect at the time of reapplication.

The retailer may not voluntarily withdraw from the Program as an alternative to disqualification from mandatory federal sanctions. Disqualification must be entered on the record. In addition, retailers may not use nonrenewal of the agreement as an alternative to disqualification from the mandatory federal sanctions.

When during the course of a single investigation, the Program determines that the retailer has committed multiple violations, which may include violations subject to Program sanctions, the Program shall disqualify the retailer for the period corresponding to the most serious mandatory violation. However, the Program shall include all violations in the notice of sanction. If a mandatory federal sanction is not upheld on appeal, then the Program may impose a Program-established sanction and the appropriate number of sanction points.

### WIC/SNAP Disqualification

- 1) Uniform federally mandated sanctions (defined in 7 CFR Part 246.12) have been established for both WIC and SNAP, therefore, retailers assessed a CMP by the WIC Program may be disqualified from SNAP for an equal period of time. Disqualification from WIC may result in disqualification as a retailer in SNAP per section 278.6(e)(8) of the federal SNAP regulations. Such disqualification may not be subject to administrative or judicial review under SNAP.
- 2) Retailers disqualified from SNAP or any other WIC Program for a federally mandated sanction (Class A violations) will be disqualified from the WIC Program.
- 3) The reciprocal WIC disqualification will be for the same length of time as SNAP disqualification. However, the period of disqualification may begin at the same time or a later date than the SNAP/WIC disqualification.
- 4) Prior to disqualifying a retailer for a SNAP disqualification, the Program will determine if disqualification of the retailer would result in inadequate participant access. If the Program determines that disqualification of the retailer would result in inadequate participant access, the Program will impose a CMP in lieu of disqualification. The Program cannot impose a CMP in lieu of disqualification for third or subsequent sanctions for Class A violations.
- 5) Reciprocal disqualifications are not subject to Administrative Appeal in the WIC Program.
- 6) Retailers assessed a CMP by SNAP in lieu of disqualification, due to participant hardship, may also be disqualified from the WIC Program. Retailers disqualified from the WIC Program as a result of a SNAP CMP may file an Administrative Appeal with the WIC Program.
- 7) If the disqualification period extends beyond the expiration date of the Retailer Agreement, the reauthorization period will be delayed to allow for the completion of the disqualification period.

### **E. WIC & SNAP Program Cooperation**

In order to promote cooperation and reduce vendor/retailer abuse in both SNAP and WIC, information related to retailers, including violations, sanctions and program disqualification may be shared between the two programs subject to federal and state Freedom of Information Act laws and regulations. Information exchanged must be disclosed and used only in direct connection with the administration and enforcement of WIC and SNAP regulations and procedures, except when authorized by law.

## Section X. Authorization Selection Criteria

Colorado WIC, as required by federal regulations, authorizes a limited number of retail stores that will ensure that WIC food funds are being spent in the most efficient and cost-effective manner, ensure adequate participant access, and allow for effective Program management, oversight and review of store performance. Authorized retailers are made up of grocery stores, commissaries, pharmacies and farmers. Selection criteria for the authorization of farmers are detailed in the Farmer Handbook. Colorado WIC will review retailers' compliance with the authorization selection criteria throughout the agreement period. Failure to remain in compliance with these criteria may result in Program sanctions or termination of the WIC agreement.

### A. Criteria: Grocery Stores, Commissaries & Pharmacies

Retailers must meet the following authorization selection criteria at the time of application and throughout the agreement period:

- ✓ **Infant Formula:** Retailers authorized to participate in the WIC Program shall only purchase infant formula from wholesalers, distributors and retailers licensed in the state and in accordance with state law (including regulations) and infant formula manufacturers registered with the FDA that provide infant formula. A listing of the current approved wholesalers, distributors, retailers and manufacturers is available from Colorado WIC and on the website. Retailers may be required to produce purchase invoices to document compliance.
- ✓ **Regular Hours:** The retailer maintains regular business hours. This includes a minimum of two four-hour blocks of time at least five days per week. Daily operating hours shall be consistent from week-to-week and shall be posted.
- ✓ **Training:** The retailer must accept training on WIC Program regulations and processes and must provide training to employees who will handle WIC transactions, prior to accepting eWIC cards.
- ✓ **WIC redemptions less than 50%:** Retailers must derive no more than 50% of their annual food sales revenue from WIC food instruments. New retailer applicants expected to derive more than 50 % of their annual food sales revenue from WIC food instruments will not be authorized. Upon initial application, retailers must make available amounts sales data and may be required to provide documentation of sales amounts. If not yet opened, expected sales are required. Colorado WIC will monitor the food transactions of newly authorized retailers to determine if WIC redemptions remain less than 50% of revenue of food sales. Retailers found to derive more than 50% of their annual food sales revenue from WIC food instruments will be terminated. The term "food sales" refers to sales of SNAP eligible items, unless otherwise noted. A list of SNAP eligible items is provided (Exhibit H).
- ✓ **Preventing WIC Returns:** The store has a policy in place that will ensure no WIC foods will be returned or exchanged (as outlined in Section IV-E).
- ✓ **Accuracy:** True and correct information was submitted on the application.
- ✓ **No Discrimination:** The store must not discriminate on grounds of race, color, national origin, sex, age or disability, and make reasonable accommodations for shoppers with disabilities.
- ✓ **No Current Disqualification:** The owner must not currently be disqualified from the SNAP or WIC Programs or been assessed a CMP for hardship and the disqualification period that would otherwise have been imposed has not expired.
- ✓ **Documentation/Financial Statements:** Retailers agree to maintain and provide upon request the following information monthly, quarterly or annual total volume of business and/or gross edible food sales and purchase and inventory records of WIC foods purchased for a set period of time such as invoices, receipts and bank deposits, inventory/shelf price records of WIC food items and SNAP sales volume. Colorado WIC may request specific records to validate this information at any time during the agreement period, such as: invoices for staple food items from a wholesaler, distributor and/or manufacturer; financial statements, reports, tax forms or other records sufficient in establishing SNAP-eligible food sales (for example: Form 1065 for partnerships, Form 1040, schedule C for sole proprietorships or Form 1120 for corporations). Acceptable invoices shall legibly and clearly reflect the name of the retailer, name and address of the wholesaler or supplier, date of purchase, unit and total prices, and list of items purchased including description, size stock number and Universal Product Code (UPC).

- ✓ The retailer is responsible for the validity of this information and sanctions, up to disqualification, may be assigned if the information is proven inaccurate or records cannot be produced. Purchase records (e.g., invoices and receipts) must clearly describe the items or have computer codes which can be verified by the seller. Hand dated documents are not acceptable.
- ✓ **Competitive Pricing:** Shelf prices must be found at application and remain competitive with other retailers in peer grouping (i.e., like stores in same geographical type area) within 10%.
- ✓ **No Conviction:** In accordance with 7CFR Part 3017 (Subpart A-6), the owner, officers or managers must not have been convicted of or had a civil judgment entered against them for any activity indicating lack of business integrity (see Definitions) at any time during the last six years. No history of business-related criminal convictions.
- ✓ **Email Address:** A valid email address that is checked regularly must be provided.

## B. Additional Criteria: Grocery Stores & Commissaries

Grocery stores and commissaries must also meet the following criteria at the time of application and throughout the agreement period:

- ✓ **SNAP:** The store must be authorized to accept SNAP.
- ✓ **Food Source:** Retailers authorized to participate in the WIC Program shall purchase staple food items directly from a wholesaler supplier or other non-retail supplier, such as distributors, manufacturers and/or fresh produce suppliers. Retailers may be required to produce purchase invoices to document compliance.
- ✓ **Stocking Requirements:** The store meets the Minimum WIC Food Stocking Requirements of Colorado WIC approved food items (based on the current *Allowable Foods List*) as outlined in Section III, at all times, in sufficient quantities and variety to meet the needs of participants. Before authorization and throughout the agreement period, Colorado WIC reviews applicant stocking levels of WIC-approved items so that adequate amounts are available for participant redemption. Retailer stock is examined by the LA during the application process and reported to Colorado WIC.
- ✓ **Full-Service:** The store is a full-service grocery store with a primary function of selling groceries. Retailers that are primarily convenience stores and/or gas stations will not be considered as full-service grocery stores and will not be Colorado WIC authorized. Retailers will be asked upon application—both at original authorization and at renewal—for retail sales, SNAP authorization and stocking information. The information provided by the retailer will be compared to SNAP information as appropriate and available. Retailers that are found to be identified in SNAP as not meeting the criteria below as a full service grocery store will be denied authorization or terminated. The store provides a variety of staple foods to include:
  - a. At least three different types of items in each of these staple food categories:
    - i. Fresh meat (e.g., poultry, fish, ham; prepackaged luncheon meats do not qualify);
    - ii. Grains (e.g., bread, rice, cereal);
    - iii. Dairy products (e.g., milk, cheese, butter); and
  - b. At least two different types of items in each of these staple food categories:
    - i. Fresh fruits (e.g., apples, oranges, pears)
    - ii. Fresh vegetables (e.g., squash, spinach, cabbage)
  - c. At least one of the following is true:
    - i. Store is identified by SNAP with a store type as a Large Grocery Store, Medium Grocery Store, Military Commissary, Small Grocery Store, Supermarket, Super Store/Chain Store.
    - ii. Annual food sales (i.e., food items eligible for purchase with SNAP benefits) are greater than or equal to 65% of total annual sales.
    - iii. Annual food sales exceed \$1 million.
  - d. The annual sale of hot and/or cold freshly prepared foods that are ready-to-eat does not exceed 50% of total sales.
  - e. The store must have a valid food service license as defined in the Colorado Retail Food Establishment Rules and Regulations.



### C. Additional Criteria: Pharmacies

Pharmacies meeting the definition (please see Definitions) must also meet the following criteria at the time of application and throughout the agreement period:

- Licensed- The applicant is licensed as a pharmacy.
- Pharmacies agree not to provide standard infant formula unless requested by Colorado WIC.

### D. Exception to WIC Selection Criteria for Authorization

An exception to WIC retail selection criteria may be made (excluding competitive prices and meeting the minimum stocking requirements), in writing, between the Program and the retailer, if inadequate participant access would result from denial of a retailer's application.

### E. Sale of Store to Circumvent Sanction

Authorization will be denied or terminated if it is determined that the store has been sold in an attempt to circumvent a WIC sanction.

### F. eWIC Authorization Selection Criteria

In applying for WIC authorization, the retailer agrees to comply with Electronic Benefit Transfer (EBT) operating rules, the Colorado WIC Agreement and the following stipulations:

1. Demonstrate its capability to accept WIC benefits electronically prior to authorization. If a retailer is necessary for participant access and cannot accept WIC benefits electronically, Colorado WIC may provide the retailer with a stand-beside POS system.
2. Comply with EBT operating rules, standards and technical requirements, as amended from time to time, including but not limited to WIC EBT Operating Rules, Specifications for WIC EBT transactions, 7 CFR 246 and Implementation Guidelines.
3. Not ask the WIC participant/parent/caretaker/proxy to pay cash for the sales tax amount that is applied to manufacturer's coupons, but instead shall subtract the sales tax on the coupon from the face value of the coupon and then shall subtract the remaining value of the coupon from the retail price of the WIC food(s). 7 CFR 246.12(h)(3)(vii).
4. Allow the participant/parent/caretaker/proxy to purchase only those WIC approved foods listed on the participant's benefit balance receipt and the *Colorado Allowable Food List*. Provide only the approved foods in authorized quantities and size specified.
5. Not seek restitution from participants/parents/caretakers or proxies for WIC supplemental foods purchased in a Colorado WIC transaction that were not paid for or only partially paid for by the Colorado WIC Program. The Colorado WIC Program is not obligated to pay for improperly handled or voided EBT transactions. 7 CFR 246.12(h)(3)(x).
6. Not provide or allow change (i.e., cash) to a WIC customer for purchases less than the total value of the cash value benefit (CVB) for produce. 7 CFR 246.12 (h)(3)(x).
7. Reimburse Colorado WIC for claims submitted for payments already made by the Colorado WIC Program for charges of more than the actual purchase of the supplemental foods. The Colorado WIC Program may make price adjustments to the purchase price on WIC transactions submitted by the retailer for redemption to ensure compliance with the price limitations applicable to the retailer. When Colorado WIC determines the retailer has committed a retailer violation that affects the payment to the retailer, Colorado WIC will delay payment or establish a claim. The retailer must submit payment for the claim or an adequate justification for the excessive charge to the Colorado WIC Program within 30 days of written notification. The Colorado WIC Program may offset the claim against current and subsequent amounts to be paid to the retailer. In addition to denying payment or assessing a claim, the Colorado WIC Program may sanction the retailer for retailer overcharges or other errors in accordance with the Colorado WIC sanction schedule. 7CFR 246.12(h)(3)(viii)(ix).

8. Maintain a Colorado WIC Program certified in-store Electronic Cash Register (ECR) system in a manner necessary to ensure system availability for WIC EBT redemption processing during all hours the retailer is open. The retailer agrees that its ECR system shall transact cash value for authorized fruits and vegetables. Execution of this Retailer Agreement is conditioned on the retailer maintaining its state certified in-store ECR system that accommodates cash value. After execution of this Agreement, the retailer's failure to maintain a state-certified ECR system on an on-going basis that ensures system compliance with WIC policies and procedures, transacts cash value, and/or ensures the accuracy of data, shall result in termination of the Retailer Agreement.
9. Not conduct WIC transactions in a separate liquor portion of the store.
10. Not conduct WIC transactions in self-checkout lines without pre-approval.
11. Have a current, paid maintenance agreement in place with their system dealer/technical support personnel.
12. Ensure the certified in-store EBT redemption process allows a reasonable degree of security for protecting the PIN used by WIC shoppers. Only the WIC shopper may enter the PIN to initiate the transaction. The retailer must not enter the PIN for the WIC shopper.
13. Provide necessary receipts for the WIC shopper to accept/approve or reject the WIC transaction. Retailer personnel shall NOT accept/approve or reject/cancel the WIC transaction for the WIC shopper.
14. Scan or manually enter UPC or Price Look-Up (PLU) codes only for WIC-authorized items being redeemed. Never scan codes from UPC/PLU codebooks, reference sheets or from any product not actually purchased with the eWIC card.
15. Request state re-certification of the retailer's in-store ECR system if retailer alters/revises the system in any manner that impacts the WIC EBT redemption/claims processing after initial certification is completed. In the event an in-store ECR system is reconfigured or modified by the retailer and/or other parties in such a way that the ECR system no longer exhibits the required system accuracy, integrity, or performance required and under which requirements the ECR system was certified, the Colorado WIC Program will not accept a claim file from the system. The retailer is liable for the costs of all recertification events needed to return the ECR system covered by this Agreement to full compliance with the Colorado WIC Program's system requirements. Failure to seek re-certification when the retailer's ECR system is altered/revised shall subject the retailer to financial liabilities and/or disqualification.
16. Comply with Colorado WIC Program policies for creating and updating the in-store UPC/PLU category/subcategory table of WIC authorized foods. Map only approved produce items (e.g, new, seasonal, random weight produce) to the appropriate corresponding PLU. Failure to comply shall result in the retailer's financial liability for WIC EBT sales transactions involving invalid or unauthorized UPC/PLU codes and other sanctions as appropriate.
17. Adhere to the International Federation for Produce Standards (IFPS) for PLU codes for the purpose of WIC EBT claim submission. Any fruit/vegetable UPC/PLU reserved for store use must map back to an International Standard PLU for the same produce.
18. Submit information (e.g., UPC/PLU, description, picture, etc.) of new approved items to Colorado WIC via: a) completing the *Item Request Form*, Exhibit B) found on [www.ColoradoWIC.com](http://www.ColoradoWIC.com) (under section *eWIC: EBT*), b) texting a picture to (720) 630-3391, or c) providing an excel file containing item details to [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us).
19. Reimburse the Colorado WIC Program pro-rata for WIC EBT system costs, if applicable, if the retailer is disqualified, terminated or closed.
20. Have an authorized Colorado WIC Retail Agreement and operate a certified system implementation prior to accepting eWIC cards for purchase.
21. Notify the Colorado WIC Program within three days in the event of eWIC transactions becoming inoperable.
22. Accept and assume payment for equipment, ongoing maintenance and operational costs. (Unless the retailer is identified as needed for participant access to WIC foods.)

## Section XI. Becoming (& Remaining) WIC Authorized

### A. The Application

Please call Colorado WIC at (303) 692-2400 or email [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us) to request a blank retailer application. Submit application packets via email or mail/deliver to:

Colorado Department of Public Health & Environment  
C/O: Retailer Unit  
WIC Program-PSD-NS-A4  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

Only completed applications will be assessed for eligibility. Colorado WIC will notify the applicant of any deficiency. Colorado WIC reserves the right not to process any new applications received during the last 120 calendar days of the current agreement period.

PLEASE NOTE: Retailers cannot reapply for WIC authorization for at least 12 months from the date an application is denied, unless local conditions change, e.g., the only store in the area closes or is disqualified (farmers and pharmacies are exempt from this waiting period).

### B. Steps in the Approval Process

#### Step 1: Application

Submit an application packet that includes:

- Application
- Agreement\*
- Price List\* (if applying as a grocery store, commissary or pharmacy)

*\*The majority of chain stores have a master WIC Retailer Agreement that covers each of their WIC-authorized stores. Additional stores within the chain are added to the master Retailer Agreement as they are approved. Chain store headquarter representatives are, therefore, generally required to only submit an application for additional stores requesting authorization; submission of duplicate Agreements and Price Lists for chain stores are not required.*

#### Step 2: Meeting Authorization Criteria

Colorado WIC will review the application in accordance with WIC authorization selection criteria. If it is determined that the criteria are not met, the application will be denied and the retailer notified within 90 days.

#### Step 3: Pre-Authorization Visit

If the store is applying under a new Agreement, the LARC will complete a pre-authorization visit within 45 days of receipt of the application. However, Colorado WIC Program may require a pre-authorization visit within 14 days to confirm retailer's compliance with the selection criteria. If it is determined that the criteria are not met, the application is denied.

#### Step 4: Orientation Visit

The local WIC agency will conduct an orientation session with at least one representative of the store within 45 days after receipt of the application. (Steps 3 and 4 may be conducted simultaneously.) The purpose of the orientation visit is to:

- Provide training to store representative(s) on WIC training topics (Section VI-E), including, benefits/nutritional goals of Colorado WIC, why specific foods are prescribed and details of the *Allowable Foods List*.
- Review WIC transaction procedures.
- Discuss Program policies and procedures and the sanctions for non-compliance.
- Identify any areas that are out of compliance with Program policies and procedures and set a mutually agreed upon plan and date for correction.
- Provide support to the store representatives through information and tools so that they can successfully train appropriate store staff in WIC policies and procedures. (Typically, a WIC Manual is provided to the store at the visit.)

#### Step 5: Training & Documentation

Store and chain managers are responsible for training cashiers, as well as other staff involved with WIC transactions, on accepting eWIC cards. (Section VI-E details the WIC training requirements.) Store trainers are welcome and strongly encouraged to be in attendance at the orientation visit that is conducted by WIC staff and to use the tools and materials provided by WIC.

Trainers from chain store headquarters who have received training within three years from the Colorado WIC Retailer Coordination Unit are eligible to conduct the initial training with new stores.

The *WIC Retailer Training Documentation Form* should be completed and a copy maintained in the WIC Manual. The retailer will send a copy to the Colorado WIC Retailer Coordination Unit and/or their local WIC contact.

#### Step 6: Review of Criteria

Upon completion of training, orientation and the appropriate documentation, Colorado WIC (through its Retailer Coordination Unit) will complete the initial criteria review and assess the retailer for meeting the authorization selection criteria, with the exception of EBT capability. Retailers not in compliance will be notified of denial.

The capability for EBT will then be assessed. The retailer must demonstrate that their POS system can accept WIC purchases, obtain a benefit balance, and complete an eWIC transaction accurately and securely and exchange files pursuant to Colorado WIC's eWIC system requirements and eWIC authorization selection criteria.

A WIC Manual, signed agreement and approval letter will be sent to the retailer with a notice to the local WIC contact.

### C. Providing False or Incomplete Information

Colorado WIC may deny authorization or terminate an executed agreement if it determines that the applicant provided false or incomplete information in connection with its application.

### D. Location & Facility Change

WIC authorized retailers changing physical location or temporarily closing for remodeling should inform the WIC Program at least one month before the change and provide the following information: changes in SNAP number, staffing, contact information/address, store name and/or store number. Reapplication may not be required if confirmed by Colorado WIC that the change does not constitute a new store.

### E. Ownership Change

If ownership of a retailer changes during the agreement period, the Retailer Agreement becomes void on the date of ownership change. The new owner must file an application and be approved prior to accepting WIC transactions. Retailers must provide written notification to Colorado WIC 30 days in advance of such changes in order for the LA to contact participants affected by the change. Failure to notify Colorado WIC of ownership change may result in the repayment of WIC funds issued to the unauthorized store owner.

### F. Emergency Situations

At the Program's discretion, a retailer may be authorized outside of the normal authorization process when determined an inadequate participant access exists. Emergency situations may be caused by, but are not limited to, the following circumstances:

- Disqualification (or agreement termination) of the only authorized retailer in the area,
- A change of ownership or location of an authorized retailer, or
- Disaster or other causes for the loss of an authorized retailer.



## G. Re-authorization Criteria

*Retailer Agreements* are valid only for the period of time specified and a Retailer may not continue accepting WIC food instruments (i.e., Colorado WIC checks or eWIC cards) past the *Agreement* expiration date. Information for reauthorization will be sent directly to independent retailers and to the headquarters of chain retailers at least 30 days in advance of the expiration date of the *Retailer Agreement*.

Grocery store, pharmacy and commissary retailers must maintain levels of WIC check redemption. For those located in a metropolitan area, if monthly WIC sales fall below \$750 for three consecutive months prior to the time of the *Retailer Agreement* renewal evaluation, the Agreement will not be renewed. For those located outside a metropolitan area, if monthly WIC sales fall below \$250 for three consecutive months prior to the time of the *Retailer Agreement* renewal evaluation, the Agreement will not be renewed. If retailer redemptions fall below the above levels for three consecutive months throughout the agreement period, the Agreement may be terminated by the Program or the retailer. There are two exceptions to this criterion: 1) if inadequate Participant access would result from the denial of a Retailer's reauthorization and 2) if the retailer has been authorized less than four consecutive months prior to the time of the redemption evaluation.

## Definitions

Administrative Appeal	A hearing procedure whereby a retailer adversely affected by a WIC action may appeal the action to an impartial hearing officer provided by the Colorado WIC state agency.
Administrative Finding	A factual or legal determination made by the Program through investigations, complaints, data analysis or administrative reviews.
Allowable Foods List	List of WIC-approved foods developed by the Program.
Alternate Shopper	Any person designated by a participant, or by a parent or caregiver of an infant or child participant, to obtain the eWIC card and corresponding PIN, or to obtain supplemental foods on behalf of a participant.
Applicant	A grocery store, commissary, farmer or pharmacy that applies to Colorado WIC to be an authorized WIC retailer.
Approved/ Allowable Foods	Only those types, brands, sizes and varieties of foods and infant formulas as listed in the current <i>Allowable Foods List</i> .
Approved Product List (APL)	Electronic files identifying WIC food items authorized by the Colorado WIC Program for purchase with WIC benefits.
Authorized Broker or Distributor	Manufacturer, distributor or wholesaler with a valid Federal Tax Identification Number. (For a listing of WIC authorized formula sources, please go to <a href="http://www.ColoradoWIC.com">www.ColoradoWIC.com</a> , under section <i>Retailer</i> , tab <i>Retailer authorization</i> , click the link called: <a href="#">approved suppliers</a> .)
Benefits	Items purchased with WIC funds at an authorized retailer.
Benefits Balance	A listing of benefits available with eWIC benefit card that specifies the quantity, food category, size, dollar amount and sometimes brand of food prescribed to a WIC household that must be redeemed with a designed time.
“Best if used by”	Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.
Business Integrity	Conviction or a civil judgment for any activity indicating a lack of business integrity, including fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims and obstruction of justice.

Cash Value Benefit (CVB)/ Also referred to as: Cash Value Voucher (CVV)	A fixed-dollar amount associated with the eWIC card used by a WIC cardholder to obtain authorized fruits and vegetables. In the event the amount of fruits and vegetables exceeds the dollar amount available, it is the cardholder's responsibility to pay the difference.
Change of Ownership	Any transfer of the right to control the assets or management of a retailer, or any majority changes in ownership of a sole proprietorship, of a partnership or of the stock of a corporation which owns a retailer location.
Civil Money Penalty (CMP)	A monetary fine assessed against a retailer for Program abuse.
Claim	A bill or request for reimbursement of funds.
Class A Violations	Mandatory federal violations and sanctions as defined in 7 CFR Part 246.12. These violations are flagrant violations of Program policies and undermine the goals of the Program.
Colorado WIC/ Colorado WIC Program	Colorado's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as administered by the Colorado Department of Public Health and Environment (CDPHE). Also referred to as Colorado WIC, WIC Program and the Program.
Compliance Investigation	An investigation is a method used by the Program to determine if violations are occurring or have occurred in the past. An investigation may include an administrative review, covert compliance buy, monitoring or site visit, inventory audit and/or coordinated efforts with other organizations.
Compliance Buy	Covert, on-site investigation, in which a representative of Colorado WIC poses as a WIC shopper, conducts a WIC transaction and does not reveal during the visit that he or she is a Colorado WIC representative.
Confidential Retailer Information	Based upon § 246.26(e), confidential retailer information is any information about a retailer that identifies the retailer except for the retailer's name, address, authorization status, telephone number, website/email address and store type.
Conflict of Interest	A conflict of interest exists when there is a pecuniary relationship between the retailer and the Program or the LA; when relatives serve WIC participants; and/or when training or monitoring visit is conducted by a LA staff person who may be related to the store owner or other store management staff.
Convenience Store	A store that offers a limited line of convenience items, typically open long hours. Primarily engaged in retail sale of a variety of canned goods, dairy products, pre-packaged meats and other grocery items in limited amounts, usually sell a large variety of ineligible products, such as hot coffee, alcohol or tobacco products or gasoline.
Conviction	A finding of guilt by a judge or jury or an entry of a plea of guilty.



Contract Brand Infant Formula	Infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract by the Program.
Corrective Action Plan (CAP)	A written plan the retailer develops that outlines the steps that will be taken to correct violations identified during monitoring visits, compliance buys, complaints or administrative reviews.
Custom Data Processing, Inc. (CDP)	Colorado's WIC EBT contractor and FIS business partner. FIS and CDP process eWIC transactions. CDP is the main contact for the integrated retailers.
Days	Calendar days.
Disqualification	Termination of a retailer's authority to participate in the Program.
Drug	(A) A beverage containing alcohol, (B) A controlled substance (having the meaning given it in section 102(6) of the Controlled Substance Act (21 U.S.C. 802(6)), or (C) A controlled substance analogue.
Educational Buys	On-site investigation in which a representative of Colorado WIC poses as a WIC Shopper and conducts a WIC transaction. The store manager or store representative is typically aware of the visit beforehand (and sometimes has requested the visit). The shopper reveals during the buy that he or she is a WIC representative. The purpose of an education buy is to assist WIC, the store manager and the cashier to observe a WIC transaction and identify enhancements.
Electronic Cash Register (ECR)	The electronic cash register (ECR) system that is used at the point of sale (POS). This can be integrated or non-integrated (stand-beside).
Endorser	Participant, parent or caregiver of an infant or child participant who is authorized to obtain supplemental foods on behalf of a participant.
Family	A group of related or non-related individuals who are living together as one economic unit, except that residents of a homeless residence or an institution shall not all be considered as members of a single family.
Farmer	A Colorado farmer is defined as an individual/sole proprietorship, partnership, non-profit or corporation who owns, leases, rents or sharecrops land in Colorado to grow, cultivate or harvest fruit and/or vegetable crops on that land.
Findings	A determination made by the Program or the LA WIC staff regarding retailer violations. This may include, but is not limited to, the results of administrative reviews, investigations, data analysis, complaints or monitoring visits.
Fidelity Information Services (FIS)	Colorado WIC Program's eWIC contractor CDP business partner. FIS and CDP processes WIC transactions and also lease stand-beside equipment to non-integrated retailers through a Merchant Agreement.

Food Delivery System	The method used by the Program to provide supplemental foods to WIC participants.
Food Instrument	The instrument used by the WIC program to conduct WIC transactions, (e.g., eWIC cards and WIC checks).
Full-Service Grocery	A store primarily engaged in retail sales of a variety of food products and general merchandise as a full line grocery store. A full line grocery store stocks on a continuous basis, multiple varieties of the following product categories: (i) canned foods, (ii) frozen foods, (iii) dairy products, (iv) fresh and frozen meat, fish and poultry, (v) fresh fruits, (vi) fresh vegetables, (vii) juices, (viii) bakery/grain goods including, but not limited to, breads, pastries, rice, crackers and tortillas, (ix) dried grains and beans, (x) baby products, (xi) household cleaners, (xii) laundry products and (xiii) health care products.
Grocery Store	A retail store in a fixed and permanent location that maintains regular business hours, whose primary business is the sale of food.
High-Risk Retailer	Retailer who has been flagged by criteria used by the WIC Program to detect Program abuse. High-risk are prioritized for investigation.
Identical Authorized Supplemental Food Item	A food item that is the exact brand and size as the original authorized supplemental food item obtained and returned by the participant.
Inadequate Participant Access	A hardship on WIC participants that limits their access to an authorized retailer. A situation where WIC participants would be adversely affected by an action such as disqualification of retailer, non-authorization, etc.
Infant Formula	A food that meets the definition of an infant formula in section 201(z) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(z)) and that meets the requirements for an infant formula under section 412 of the Federal, Food, Drug, and Cosmetic Act (21 U.S.C. 350a) and the regulations at 21 CFR parts 106 and 107.
Infants	Individuals under one year of age.
Inventory Records	Up-to-date records that are required for tax purposes and that include records on purchases, receipts and inventory.
Inventory Audit	The examination of food inventory invoices or other proofs of purchase to determine whether a retailer has purchased sufficient quantities of supplemental foods to provide participants the quantities reported as redeemed by the retailer during a given period of time.
Investigation	An administrative review, compliance buy, monitoring or site visits, and/or coordinated efforts with SNAP to determine whether violations are occurring or have occurred.

Lack of Business Integrity	Activities indicating a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
Local Agency Retailer Coordinator (LARC)	Also called LARC- Staff from the Local WIC Agency located within the retailer's service area. Specific roles and responsibilities are listed in Section VII.
Local WIC Agency (LA)	A) A public or private, nonprofit health or human service agency that provides WIC services through contract with the Program; or B) Intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a local WIC clinic.
Military Commissary	Department of Defense-established retail outlet for the sole use of active and retired military personnel and their dependents.
Minimum WIC Foods Stocking Requirements	The minimum quantities and varieties of approved foods and/or infant formulas a grocery store is required to keep in the customer area as specified in this Handbook.
Not to Exceed (NTE)	The maximum price for individual food items/peer group.
Nutrition Education	Individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural and socio-economic preferences.
Nutritional Risk	A) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, B) Other documented nutritionally-related medical conditions, C) Dietary deficiencies that impair or endanger health, or D) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related, medically-related conditions.
Overcharge	Intentionally or unintentionally charging the Program more for approved supplemental foods than is permitted under the Retailer Agreement and/or intentionally or unintentionally charging participants more than non-WIC customers or more than the posted shelf prices.
Participants	Pregnant women, breastfeeding women, postpartum women, infants and children who are receiving WIC benefits. As referenced in this Handbook, may also include parents or caregivers of infant and child participants (endorsers), proxies or alternate shoppers.
Pattern	Regarding federally mandated violations/sanctions requiring a pattern: 1) two or more incidences of a violation that occur during any two-year period, 2) two or more failed compliance buys during an investigation, or 3) two or more instances of violations during an inventory audit.

Pharmacy	An establishment issued a license to operate as a pharmacy under Colorado laws, whose business is to provide pharmaceutical products and nutritional supplements.
Point of Sale (POS) device	The equipment used to ring up food items in a grocery store.
Postpartum Women	Women up to six months after termination of pregnancy.
Poverty Income Guidelines	The poverty income guidelines prescribed by the Federal Department of Health and Human Services, with each annual adjustment effective July 1.
Price Look-Up (PLU)	A 4-or 5-digit number defined by the International Federation for Product Stands (IFPS) used to identify products that are typically of variable measure.
Program	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended.) In Colorado, the Program is also referred to as Colorado WIC.
Program Abuse	A pattern of violations of Program policies and procedures as outlined in this Handbook.
Rebate	Money refunded under cost-containment procedures to the Program from manufacturers.
Receipt	Documentation that delineates the items purchased and the price paid for items, including discounts and other adjustments.
Retailer	A retailer that enters into an agreement with Colorado WIC (via the Colorado eWIC Retailer Agreement); A full-service grocery store, commissary, farmer or pharmacy in a fixed and permanent location authorized by the Program, by signed agreement, to sell approved foods and/or infant formulas to participants. Also referred to as vendor.
Retailer Agreement	A signed Colorado WIC Retailer Agreement that authorizes retailers to conduct WIC transactions from participants of the Program (WIC shoppers) in accordance with the Program's policies and procedures.
Retailer Authorization	The process, by which the Program assesses, selects and enters into agreements with stores that apply or subsequently reapply to be authorized as retailers.
Retailer ID Number	The unique WIC identification number assigned to WIC-authorized retailers.
Routine Monitoring	Overt, on-site monitoring during which Program representatives identify themselves to retail personnel.

Sanctions	Administrative action taken against a retailer as a result of a violation of the Program's policies and procedures including, but not limited to, corrective action plans, mandatory training, non-payment of WIC transactions, disqualification and civil money penalty.
Selection Criteria	The criteria established by the Program to select individual retailers for authorization.
"Sell by"	Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.
Shelf Price	Non-sale price of the food item as marked on the shelf or item.
Stand-Beside Point-of-Sale Device	Point-of-sale (POS) device that is directly connected to FIS for retailers that are not running an integrated point-of-sale (POS) system.
Standard Formula	Formulas items provided by WIC unless a physician diagnoses a medical condition that warrants a specialty formula.
State Agency	WIC funds are made available to state and Indian tribal agencies to administer WIC across the country. The Colorado Department of Public Health and Environment (CDPHE) is the state agency in Colorado that administers Colorado WIC Program.
State Retailer Coordination Unit	WIC staff located at the state level responsible for the overall management and the day-to-day retailer coordination activities. Specific roles and responsibilities are listed in Section VII. (Also referred to as the Colorado WIC Retailer Coordination Unit or team.)
Store Location	Specific store location as indicated by the store name and/or store number.
Supplemental Nutrition Assistance Program (SNAP)	Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program.
SNAP Vendor Identifiers: Criteria Store Type	Supplemental Nutrition Assistance Program (SNAP) assigns designations such as criteria and store type to retailers applying for SNAP. These identifiers are assigned based on the retailer's total sales, food and staple food sales and stock and type of foods (e.g., staple, perishable and product type), etc.
Supplemental Foods	Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children prescribed by the Program.
Third Party Processor (TPP)	An intermediary that processes the electronic transactions and payments to the retailer.
Trafficking	The exchange of WIC benefits for cash.

Transaction Date	The date a WIC shopper purchases WIC items at a retailer via purchase with an eWIC card.
Universal Product Code (UPC)	A specific type of barcode used to identify products sold by the WIC retailer. Approved WIC food item codes are entered on the APL file.
Unauthorized Channel	Retailers or individuals who are not authorized to accept WIC transactions. An example of accepting eWIC cards outside authorized channels may be a retailer who owns more than one store, some of which are not authorized, accepting WIC eWIC cards at an unauthorized store and redeeming through an authorized store.
“Use By” Date	Date limiting sale or use of a food item as provided for in Federal Food Drug and Cosmetic Act.
Vendor	A full-service grocery store, pharmacy, farmer or commissary in a fixed and permanent location or a farmer (see definition above) authorized by the Program, by signed agreement, to sell approved foods and/or infant formulas to participants. Also referred to as retailer.
Vendor ID Number	The unique and individual 3- or 4-digit numeric code assigned to each retailer by the Colorado WIC Program for identification purposes. A retailer must have a number assigned prior to accepting eWIC benefits.
Violation	Any intentional or unintentional actions of a retailer, owner, agents, officers, managers or employees (with or without the knowledge of management) which violate the Program’s policies and procedures, retailer Agreement, federal or state statutes, and/or regulations governing the Program.
eWIC Card	An EBT card that is used by a participant to obtain specific supplemental foods via an electronic benefit transfer.
WIC Handbook	The Colorado WIC Retailer Handbook is a publication developed by the Program that describes the policies and procedures for WIC-authorized retailers and is an integral part of the Retailer Agreement. Also referred to as Handbook.
WIC Shopper	The participant or any person designated by a participant, or by a parent or caregiver of an infant or child participant, to obtain an eWIC card and corresponding PIN, or to obtain supplemental foods on behalf of a participant.
WIC Manual	The Colorado WIC Retailer Manual is a notebook provided to all authorized WIC retailers by the Program. Commonly referred to as the WIC Manual. The WIC Manual must be maintained on site for the duration of the Retailer Agreement and should include this Handbook, Retailer Agreement, WIC’S WORLD newsletters, policy letters and training documentation.

## **Exhibits**

- A. Training Documentation for WIC Retailers Form**
- B. Colorado UPC Request Form**
- C. Price List Form**
- D. Formula Price List Form**
- E. Minimum Stocking Waiver Form**
- F. Retailer Agreement**
- G. Administrative Review Procedures for Retailer Appeals**
- H. Food Sales Fact Sheet**
- I. Materials Order Form**

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## Colorado WIC Training Documentation for WIC Retailers

Store Name & #: \_\_\_\_\_ WIC Retailer ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_

My signature below verifies that I have attended the WIC retailer training session and/or watched the Colorado WIC Retailer Training Video. The following agenda items were discussed:

- Purpose of WIC and WIC food packages
- Allowable WIC foods
- Program policies and procedures (including minimum variety and quantity of foods that must be stocked, required sources of formula and use of incentive items)
- WIC transactions and WIC benefit redemption procedures (including the steps in taking a WIC check and/or eWIC card)
- Retailer violation point system and sanctions for non-compliance (from non-payment to disqualification)
- Retailer complaint process and how to handle special circumstances
- Claims procedures
- Changes to the WIC Program

As an employee at a WIC-approved store, I understand the importance of accepting and processing WIC checks and eWIC cards correctly to ensure that our store is paid and WIC shoppers receive only the nutritious foods that are prescribed for them. Refer to your Retailer Handbook or call your local WIC clinic with questions about the WIC Program.

Print Name	Title	Signature	Date

Please note: This document must be maintained in the WIC Manual, Section V. All store employees involved in WIC transactions, including store management, must be trained and listed on this form.



## WIC Item UPC Review Form

Colorado WIC keeps a list of the food items that can be purchased through WIC called the Approved Product List (APL). For new items or items that appear to be missing from the WIC list, please send us the product details and we will review the item. (The brand and item name as well as barcode/UPC information is needed to research the item, and pictures help make sure we find the correct item to review.)

Pick one of the following ways to easily submit an item for review:

- Text a picture of the label name and barcode/UPC to (720) 630-3391.
- Report the barcode/UPC and item details to the store manager or chain representative.
- The shopper can provide details and/or pictures of the label and barcode to their local agency WIC clinic.
- Fill out the online *Item Request Form* at [www.ColoradoWIC.com](http://www.ColoradoWIC.com).
- Complete the form below and fax to (303) 756-9926.

Your Name	
Phone Number	
Email	
Store Name	
Store Location/City	
Food Item- Type (cheese, peanut butter, etc)	
Food Item- Brand Name	
Package Size (16 oz, 1 pound, 1 gallon, etc.)	
UPC (12 digits below barcode)	
Comments	



**Price List  
Colorado WIC**

WIC ID #: \_\_\_\_\_ Store Name & #: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Instructions:**

- Please enter the HIGHEST cost WIC ALLOWED item that your store stocks.
- Certain items need additional information. Specifically, the brand name is needed for cereal and the number of ounces are needed for cereal, bread, salmon/sardines and tortillas.
- Providing the brand names (for items other than cereal) is optional.
- WIC uses the prices that stores provide to calculate the allowed amounts and determine payment of WIC transactions. Please complete as thoroughly as possible.
- Please provide a price for each item in Part A (which lists required stocking items).
- Parts B and C (and the Formula Price List) are optional; please provide prices for items that your store stocks.
- Per Federal regulations, a shelf price list is required to be completed/submitted AT LEAST every six months.
- Please remember to enter the contact information and date on the back. Thanks!

**Part A: Required WIC Stock**

Food Item	Brand Name (or Notes)	Size	Price
Enfamil (Premium) Infant Powder	Mead Johnson (UPC: 300871365421)	12.5 oz	\$
Enfamil ProSobee Powder	Mead Johnson (UPC: 300871214415)	12.9 oz	\$
Infant Cereal		8 oz	\$
Milk- Whole, Skim, 1% or 2%		Gallon	\$
Cheese- Block		Pound	\$
Baby Food- Fruit &Vegetables		4 oz	\$
Baby Food- Meat		2.5 oz	\$
Eggs- Large		Dozen	\$
Dry Beans/Peas/Lentils		Pound	\$
Peanut Butter		16-18 oz	\$
100% Juice- Frozen Can		11.5 - 12 oz	\$
100% Juice- Bottle		64 oz	\$
Breakfast Cereal- Highest cost per ounce -Fill in brand & number of ounces.	Brand: _____	_____ oz	\$
Bread, Rolls or Buns- 12-16 ounce -Fill in number of ounces.		_____ oz	\$
Fish, Canned- Chunk Light Tuna		5 oz	\$

**Part B: General**

Fish, Canned- Pink Salmon or Sardines -Fill in number of ounces, 7.5 - 14.75 oz		_____ oz	\$
Corn Tortillas -Fill in number of ounces, 8 or 16		_____ oz	\$
Brown Rice- Box or bag		16 oz	\$
Cheese- Kosher		Pound	\$
Bananas		Pound	\$
Tofu Tub		Pound	\$
Beans- Canned		15 - 16 oz	\$
Milk- Whole, Skim, 1% or 2%		½ Gallon	\$
Milk- Whole, Skim, 1% or 2%		Quart	\$
Milk- UHT Long-Life		Quart	\$
Milk- Evaporated		12 oz	\$
Milk- Lactose Free		Quart	\$
Milk- Lactose Free		½ Gallon	\$
Milk- Meyenberg Goat Milk		Quart	\$
Milk- Kosher		½ Gallon	\$
Soy Beverage		Quart	\$

## Part C: Optional Specialty WIC Formula- Provide Price if Item is Stocked

Formula Name	Type*	Manufacturer	Size	Price
Boost Kid Essentials 1.5 cal with Fiber	RTF	Novaris Nutrition	27 pk 8 oz	\$
Bright Beginnings Soy Pediatric Drink	RTF	PBM Products	6 pk 8 oz can	\$
Compleat Pediatric	RTF	Nestle Infant Nutrition	8.45 oz can	\$
E028 Splash Box	RTF	Nutricia North America	27 pk 8 oz	\$
EleCare Infant	Powder	Abbott	14.1 oz	\$
EleCare Jr.	Powder	Abbott	14.1 oz	\$
Enfagrow Toddler Transitions Soy	Powder	Mead Johnson	21 oz	\$
Enfamil AR	Powder	Mead Johnson	12.9 oz	\$
Enfamil AR	RTF	Mead Johnson	32 oz	\$
Enfamil EnfaCare	Powder	Mead Johnson	12.8 oz	\$
Enfamil EnfaCare	RTF	Mead Johnson	32 oz can	\$
Enfamil Gentlease	Powder	Mead Johnson	12.4 oz	\$
Enfamil Gentlease	RTF	Mead Johnson	32 oz	\$
Enfamil (Premium) Infant	CONC	Mead Johnson	13 oz	\$
Enfamil (Premium) Infant	RTF	Mead Johnson	32 oz	\$
Enfamil ProSobee	CONC	Mead Johnson	13 oz	\$
Enfamil ProSobee	RTF	Mead Johnson	32 oz	\$
Ensure	RTF	Abbott	6 pk 8 oz	\$
Gerber Good Start Nourish	Powder	Nestle Infant Nutrition	12.6 oz	\$
Neocate Infant with DHA & ARA	Powder	Nutricia North America	14.1 oz	\$
Neocate Junior powder	Powder	Nutricia North America	14 oz	\$
Nutramigen w/Enflora LGG	Powder	Mead Johnson	12.6 oz	\$
Nutramigen	RTF	Mead Johnson	32 oz	\$
Nutren Jr.	RTF	Nestle Infant Nutrition	8.45 oz	\$
Nutren Jr. with Prebio Fiber	RTF	Nestle Infant Nutrition	8.45 oz	\$
Pediasure (Any Flavor)	RTF	Abbott	6 pk 8 oz	\$
Pediasure with Fiber (Any Flavor)	RTF	Abbott	6 pk 8 oz	\$
Pediasure 1.5 cal	RTF	Abbott	6 pk 8 oz	\$
Pediasure 1.5 cal with Fiber	RTF	Abbott	6 pk 8 oz	\$
Peptamen Jr. with Fiber	RTF	Nestle Infant Nutrition	8.45 oz can	\$
Pregestimil	Powder	Mead Johnson	16 oz	\$
PurAmino (formerly Nutramigen AA)	Powder	Mead Johnson	14.1 oz	\$
Similac Expert Care Alimentum	Powder	Abbott	16 oz	\$
Similac Expert Care Alimentum	RTF	Abbott	32 oz	\$
Similac Expert Care Neosure	Powder	Abbott	13.1 oz	\$
Similac Expert Care Neosure	RTF	Abbott	32 oz	\$
Similac PM 60/40	Powder	Abbott	14.1 oz	\$

\*RTF= Ready to Feed; CONC= Concentrate

**Shelf Price Lists must be submitted every six months, more often if prices change.**

I certify the above information is true and correct.

**WIC ID # or Store Name:**

**Signature:**

**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN (WIC)**

Choose the most convenient option to submit:

**MAIL:** Colorado Department of Public Health & Environment

WIC Program-Retailer Unit

PSD-NS-A4

4300 Cherry Creek Drive South

Denver, CO 80246-1530

**FAX:** (303) 756-9926 (ATTN: Retailer Unit)

**EMAIL** scanned copy to: [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us)

**Excel spreadsheet** can be requested at: [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us)

## Formula Price List (Optional)

### WIC-Allowed Infant Formula & Nutritional Items

Pharmacy/Store Name: \_\_\_\_\_ WIC ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

UPC	Item Name	Size	Price
041679021934	Boost High Protein, Chocolate, RTF (12-pk)	12-pk of 8-oz bottles	\$
041679940662	Boost High Protein, Chocolate, RTF (6-pk)	6-pk of 8-oz bottles	\$
041679821978	Boost High Protein, Strawberry, RTF (12-pk)	12-pk of 8-oz bottle	\$
041679944363	Boost High Protein, Strawberry, RTF (6-pk)	6-pk of 8-oz bottles	\$
10043900941391	Boost High Protein, Vanilla, RTF (27-pk)	27 pack-8 oz	\$
041679022009	Boost High Protein, Vanilla, RTF (12-pk)	12-pk of 8-oz bottles	\$
041679941669	Boost High Protein, Vanilla, RTF (6-pk)	6-pk of 8-oz bottles	\$
10043900335886	Boost Kid Essentials 1.5, Chocolate, RTF	27 pack-8 oz (case)	\$
10043900335992	Boost Kid Essentials 1.5, Strawberry, RTF	27 pack-8 oz (case)	\$
10043900335442	Boost Kid Essentials 1.5, Vanilla, RTF	27 pack-8 oz (case)	\$
10043900335008	Boost Kid Essentials 1.5 with Fiber, Vanilla RTF	27 pack-8 oz (case)	\$
683744350091	Bright Beginnings Soy Pediatric Drink, RTF	6 pack-8 oz	\$
070074533292	Calcilo XD, Pwd	13.2 oz	\$
043900142401	Compleat Pediatric, RTF	8.45 oz	\$
070074511450	Cyclinex-1 Pwd	14.1 oz can	\$
070074511474	Cyclinex-2 Pwd	14.1 oz can	\$
749735126707	E028 Splash, Grape, RTF	27 pack-8 oz (case)	\$
749735110508	E028 Splash, Orange-Pineapple, RTF	27 pack-8 oz (case)	\$
749735126660	E028 Splash, Tropical Fruit, RTF	27 pack-8 oz (case)	\$
070074535111	EleCare Infant, Pwd	14.1 oz can	\$
070074552545	Elecare Jr., Unflavored, Pwd	14.1 oz can	\$
070074565866	Elecare Jr., Vanilla, Pwd	14.1 oz can	\$
300871409446	Enfagrow Soy Toddler Transitions, Pwd	20 oz	\$
300870201423	Enfamil AR, Pwd	12.9 oz	\$
300875103005	Enfamil AR, RTF	6 pack-8 oz	\$
300870019448	Enfamil EnfaCare, Pwd	12.8 oz	\$
300875102985	Enfamil EnfaCare, RTF	6 pack-8 oz	\$
300875100691	Enfamil Gentlease, Pwd	12.4 oz	\$
300875115626	Enfamil Gentlease, RTF	32 oz bottle	\$
300875103418	Enfamil Gentlease, RTF	6 pack-8-oz	\$
300871367418	Enfamil Infant, Conc	13 oz	\$
300871365421	Enfamil Infant, Pwd	12.5 oz	\$
300875115602	Enfamil Infant, RTF	32 oz bottle	\$
300875102428	Enfamil Infant, RTF	6 pack-8 oz	\$
300871195417	Enfamil ProSobee, Conc	13 oz	\$
300871214415	Enfamil ProSobee, Pwd	12.9 oz	\$
300875102503	Enfamil ProSobee, RTF	6 pack-8 oz	\$
300875111321	Enfamil Reguline, Pwd	12.4 oz	\$
300875111086	Enfamil Reguline, RTF	6 pk-8 oz	\$
300875105252	Enfaport, RTF	6 pack-6 oz	\$
070074517858	Ensure, Butter Pecan, RTF	6 Pack 8 oz bottles	\$
070074536231	Ensure, Chocolate, RTF	16 pack 8 oz bottles	\$
070074560168	Ensure, Coffee Latte, RTF	6 Pack 8 oz Bottles	\$
070074633893	Ensure, Strawberry, RTF	16 pack 8 oz bottles	\$
070074534329	Ensure, Vanilla, RTF	16 pack 8 oz bottles	\$
070074407012	Ensure Shake, Chocolate, RTF	6 Pack 8 oz Bottles	\$

# Exhibit D- Formula Price List

070074538075	Ensure Shake, Dark Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074407050	Ensure Shake, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074407111	Ensure Shake, Vanilla, RTF	6 Pack 8 oz Bottles	\$
070074517872	Ensure Plus, Butter Pecan, RTF	6 Pack 8 oz Bottles	\$
070074504674	Ensure Plus, Chocolate, RTF	24 - 8 oz (case)	\$
070074407029	Ensure Plus, Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074538105	Ensure Plus, Dark Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074583020	Ensure Plus, Strawberry, RTF (institutional)	24 - 8 oz (case)	\$
070074506470	Ensure Plus, Strawberry, RTF	24- 8 oz (case)	\$
070074407180	Ensure Plus, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074504650	Ensure Plus, Vanilla, RTF	24 - 8 oz (case)	\$
070074407074	Ensure Plus, Vanilla, RTF	6 Pack 8 oz Bottles	\$
749735002179	GA1 Anamix Early Years, Pwd	400 gm	\$
070074511412	Glutarex-1, Pwd	14.1 oz can	\$
070074511436	Glutarex-2, Pwd	14.1 oz can	\$
749735001691	HCU Anamix Early Years, Pwd	400 gm	\$
070074511177	Hominex-1, Pwd	14.1 oz can	\$
070074511191	Hominex-2, Pwd	14.1 oz can	\$
749735002117	IVA Anamix Early Years, Pwd	400 gm	\$
070074511375	I-Valex-1, Pwd	400 gm	\$
070074511399	I-Valex-2, Pwd	400 gm	\$
070074511139	Ketonex-1, Pwd	400 gm	\$
070074511153	Ketonex-2, Pwd	400 gm	\$
749735002155	MMA-PA Anamix Early Years, Pwd	400 gm	\$
749735001684	MSUD Anamix Early Years, Pwd	400 gm	\$
749735023600	MSUD Maxamaid, Pwd	1 lb	\$
749735023402	MSUD Maxamum, Pwd	1 lb	\$
749735025956	Neocate Infant, Pwd	14.1 oz	\$
749735026908	Neocate Junior, Chocolate, Pwd	14.1 oz	\$
749735021248	Neocate Junior, Tropical, Pwd	14.1 oz	\$
749735017906	Neocate Junio,r Unflavored, Pwd	14.1 oz	\$
749735064566	Neocate Junior with Prebiotics, Strawberry, Pwd	14.1 oz	\$
749735029121	Neocate Junior with Prebiotics, Unflavored, Pwd	14.1 oz	\$
749735006276	Neocate Junior with Prebiotics, Vanilla, Pwd	14.1 oz	\$
749735144510	Neocate Splash, Unflavored, RTF	27 pack-8 oz (case)	\$
300870498014	Nutramigen, Conc	13 oz	\$
300875115640	Nutramigen, RTF	1 quart (32 oz)-new-bottle	\$
300871239418	Nutramigen with Enflora LGG, Pwd	12.6 oz	\$
798716062107	Nutren 1.0, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716060561	Nutren 1.0 with Fiber, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716062206	Nutren 1.5, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716062305	Nutren 2.0, Unflavored, RTF	8.45 oz Tetra Prisma	\$
798716060622	Nutren Junior, Vanilla, RTF	8.45 oz	\$
798716060639	Nutren Junior with Fiber, Vanilla, RTF	8.45 oz	\$
070074407357	Osmolite 1Cal, RTF	8 oz	\$
070074538198	PediaSure, Berry, RTF	6 Pack 8 oz Bottles	\$
070074580531	PediaSure, Banana Cream, RTF	6 Pack 8 oz Bottles	\$
070074580593	PediaSure, Chocolate, RTF	6 Pack 8 oz Bottles	\$
070074580562	PediaSure, Strawberry, RTF	6 Pack 8 oz Bottles	\$
070074580500	PediaSure, Vanilla, RTF	6 Pack 8 oz Bottles	\$
070074563695	PediaSure with Fiber, Strawberry, RTF	6pk 8oz	\$
070074580623	PediaSure with Fiber, Vanilla, RTF	6pk 8oz	\$
070074518053	PediaSure Enteral, Vanilla, RTF	8 oz can	\$
070074518077	PediaSure Enteral with Fiber, Vanilla, RTF	8 oz can	\$



# Exhibit D- Formula Price List

070074564104	PediaSure1.5 Cal, Vanilla, RTF	8 oz can	\$
070074564128	PediaSure1.5 Cal with Fiber, Vanilla, RTF	8 oz can	\$
798716062695	Peptamen, Unflavored, RTF	8.45 oz	\$
798716181853	Peptamen with PREBIO, Vanilla, RTF	8.45 oz	\$
798716601405	Peptamen Jr., Strawberry, RTF	8.45 oz	\$
798716062534	Peptamen Jr., Unflavored, RTF	8.45 oz	\$
798716062527	Peptamen Jr., Vanilla, RTF	8.45 oz	\$
798716364157	Peptamen Jr. with Prebio fiber, Chocolate, RTF	8.45 oz	\$
798716162616	Peptamen Jr with Prebio fiber, Vanilla, RTF	8.45 oz	\$
070074511214	Phenex-1, Pwd	400 gm	\$
070074511238	Phenex-2, Pwd	400 gm	\$
070074557564	Phenex-2, Vanilla Pwd	400 gm	\$
300875101728	Phenyl-Free 1, Pwd	16 oz	\$
300875100035	Phenyl-Free 2, Pwd	16 oz	\$
300875100103	Phenyl-Free 2HP, Pwd	16 oz	\$
700847095015	PhenylAde Essential Drink Mix, Chocolate, Pwd	16 oz Cans	\$
700847095039	PhenylAde Essential Drink Mix, Orange Crème, Pwd	16 oz Cans	\$
700847095046	PhenylAde Essential Drink Mix, Strawberry, Pwd	16 oz Cans	\$
700847095084	PhenylAde Essential Drink Mix, Unflavored, Pwd	16 oz Cans	\$
700847095022	PhenylAde Essential Drink Mix, Vanilla, Pwd	16 oz Cans	\$
749735101643	PKU Periflex Early Years	400 gm	\$
749735094778	PKU Periflex Junior Plus, Unflavored, Pwd	400 gm	\$
749735094747	PKU Periflex Junior Plus, Berry, Pwd	400 gm	\$
749735094761	PKU Periflex Junior Plus, Orange, Pwd	400 gm	\$
749735094785	PKU Periflex Junior Plus, Vanilla, Pwd	400 gm	\$
300870387011	Portagen, Pwd	14.4 oz	\$
300870367013	Pregestimil, Pwd	16 oz	\$
070074511498	Pro-Phree, Pwd	400 gm	\$
070074511337	Propimex-1, Pwd	400 gm	\$
070074511351	Propimex-2, Pwd	400 gm	\$
070074502618	ProViMin, Pwd	5.3 oz can	\$
300875104804	PurAmino, Pwd	14.1 oz	\$
070074401089	RCF, Conc	13 oz	\$
070074647128	Similac Alimentum, Pwd	12.1 oz	\$
070074575131	Similac Alimentum, RTF	32 oz	\$
054598111759	Similac Human Milk Fortifier, Pwd	50 (0.90-gm) packets	\$
070074574318	Similac NeoSure, Pwd	13.1 oz	\$
070074574561	Similac NeoSure, RTF	1 qt (32 oz)	\$
070074608501	Similac PM 60/40, Pwd	14.1 oz can	\$
043900458052	Tolerex, Unflavored, Pwd	2.8 oz pkg/6-pk	\$
749735002186	TYR Anamix Early Years, Pwd	400 gm	\$
070074511290	Tyrex-1, Pwd	400 gm	\$
070074511276	Tyrex-2, Pwd	14.1 oz can	\$
300875101919	TYROS 1, Pwd	16 oz	\$
300875100240	Tyros 2, Pwd	16 oz	\$
043900713106	Vivonex Pediatric, Pwd	6 packets-1.7 oz	\$
043900712772	Vivonex T.E.N., Unflavored, Pwd	2.84 oz/10 pk	\$
749735023648	XLeu Maxamaid, Pwd	16 oz	\$
749735023433	XLeu Maxamum, Pwd	16 oz	\$
749735023594	XLys, XTrp Maxamaid, Pwd	16 oz	\$
749735023440	XLys, XTrp Maxamum, Pwd	16 oz	\$
749735023631	XMet Maxamaid, Pwd	16 oz	\$
749735023419	XMet Maxamum, Pwd	16 oz	\$
749735023617	XMTVI Maxamaid, Pwd	16 oz	\$

## Exhibit D- Formula Price List

749735023426	XMTVI Maxamum, Pwd	16 oz	\$
749735023570	XPhe Maxamaid, Orange, Pwd	16 oz	\$
749735023716	XPhe Maxamaid, Strawberry, Pwd	16 oz	\$
749735023587	XPhe Maxamaid, Unflavored, Pwd	16 oz	\$
749735023020	XPhe Maxamum, Orange, Pwd	16 oz	\$
749735023013	XPhe Maxamum, Unflavored, Pwd	16 oz	\$
749735023624	Xphe, XTyr Maxamaid, Pwd	16 oz	\$

WIC formulas are generally fortified with iron, unless otherwise noted.  
This list should be submitted at least every six months, more often if prices change.

I certify the above information is true and correct.

Preparer Name: \_\_\_\_\_ Preparer Signature: \_\_\_\_\_

Choose the most convenient option to submit:

**MAIL:**

Colorado Dept. of Public Health & Environment  
C/O Retailer Unit  
PSD-NS-A4  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**FAX:**

(303) 756-9926 (ATTN: Retailer Unit)

**EMAIL & SCAN:**

[cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us)

Excel spreadsheet can be requested at: [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us)

## Minimum Stocking Waiver Form

Retailer: \_\_\_\_\_

Address: \_\_\_\_\_

Retailer WIC ID #: \_\_\_\_\_

Only currently-authorized retailers may request waivers from the minimum stocking requirements. Waivers are provided only if the store has no sales of the item within the previous 3 months.

Item description: \_\_\_\_\_

Upon request by a WIC participant and/or WIC staff, the item will be made available within 24-72 hours of the request. Once the request has been made this waiver becomes void.

\_\_\_\_\_  
Store Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Agency WIC Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Colorado Retailer Unit Representative

\_\_\_\_\_  
Date





**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

## Colorado WIC Retailer Agreement

Colorado Department of Public Health & Environment (CDPHE)  
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Store Name and WIC ID# \_\_\_\_\_  
(Attach list of store names and ID #'s if multiple locations)

This Retailer Agreement 2017-2019 (“Agreement”) is made by and between the state of Colorado, acting by and through Colorado WIC, the Colorado Department of Public Health and Environment, Prevention Services Division, whose address and principal place of business is 4300 Cherry Creek Drive South, Denver, Colorado 80246, and the entity named below, hereinafter referred to as the “Retailer.”

\_\_\_\_\_  
Legal name of entity

\_\_\_\_\_  
Principal place of business—street address, city, state and zip code

Agreement effective until: December 31, 2019.

### PURPOSE

This document, upon signature by the retailer and Colorado WIC, is an agreement for the purpose of providing an authorized source from which qualifying women, infants and children can obtain nutritious supplemental foods in accordance with the rules, regulations and policies of the Special Supplemental Nutrition Program for Women, Infants and Children established by the Food and Nutrition Service (FNS), United States Department of Agriculture (USDA) and the Colorado Department of Public Health and Environment (CDPHE).

### FACTUAL RECITALS

#### Section I: Partnering with the Program

1. This Agreement authorizes the above-named Retailer to accept WIC food instruments (i.e., WIC checks and eWIC cards) issued by the State’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (hereinafter referred to as the Program).
2. The Retailer shall comply with all applicable federal regulations contained in the Federal Register, 7 C.F.R. Part 246, and Program policies and procedures which are contained in the current version of the Colorado WIC Retailer Handbook (Handbook). This Handbook, and all relevant policy letters issued by the Program, are incorporated herein by this reference and made part hereof.
3. The Retailer agrees to remain in compliance with the authorization selection criteria as outlined in the Handbook throughout the term of this Agreement.
4. The Retailer, or an authorized representative of the Retailer, shall participate in training sessions offered by the Program on its policies and procedures. Annual retailer training may be provided by the Program in a variety of formats, including newsletters, videos, and interactive training. Face-to-face interactive training shall be conducted at least once during the term of this Agreement. The Program shall have sole discretion to designate the date, time and location of all interactive training, except that the Program shall provide the Retailer with at least one alternative date on which to attend this interactive training. The Retailer is responsible for training cashiers on how to correctly process WIC-authorized transactions. The Retailer shall provide all affected employees with any new information it receives from the Program. The Retailer is ultimately liable for the actions of its owners, officers, managers, agents and employees with respect to WIC-authorized transactions.
5. The Retailer shall provide time to federal, state or local agency representatives for periodic, announced and unannounced visits to determine its compliance with federal or state rules, regulations, policies and procedures of the Program. The Retailer shall provide access to its shelf price and transaction records in its possession at the time of the visit upon request.

6. The Retailer shall maintain inventory records used for federal tax reporting purposes and other records the Program may require for the time period covered by this Agreement. Upon request, the Retailer shall make available to representatives of the Program, the Department, and the Comptroller General of the United States, at any reasonable times and places for inspection and audits, Program-related records.
7. The Retailer shall accept WIC transactions using the procedures outlined in the Handbook, including those listed below:
  - a. The retailer shall accept payment based on the retailer's peer group (i.e., like stores in the same geographical type area) price levels.
  - b. The Retailer shall provide WIC-authorized foods to a WIC participant at the same price charged to a non-WIC participant.
  - c. The Retailer shall not apply tax of any kind to authorized foods purchased with a WIC food instrument.
  - d. The Retailer shall not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for a WIC food instrument.
  - e. The Retailer shall not provide refunds or permit exchanges for authorized supplemental foods obtained with a WIC food instrument, except for exchanges of an identical authorized supplemental food item when the original authorized supplemental food item is defective, recalled, spoiled, or has exceeded its "sell by," "best if used by," or other date limiting the sale or use of the food item.
  - f. As described in the 7 CFR 246 and the Handbook, all sanctions for WIC Program fraud and abuse and penalties apply to eWIC cards and are interchangeable with all references to WIC checks, food instruments and benefits.
8. The Retailer shall notify the Program at least 30 calendar days in advance of the date it intends to cease operations or change location or ownership. This Agreement is null and void upon the effective date of a change of ownership.
9. The Retailer shall have approval to redeem SNAP benefits, is in good standing with the USDA Food and Nutrition Service, shall be licensed as a Retail Food Establishment and shall comply with the Colorado Retail Food Establishments Rules and Regulations as in effect on January 1, 2017, or as amended and revised.
10. The Retailer shall not discriminate against a WIC participant on the basis of race, color, national origin, sex, age or disability. The Retailer shall offer WIC participants the same courtesies as those offered to non-WIC participants.
11. The Retailer shall not attempt to seek additional reimbursement from a WIC participant under any circumstances in connection with a WIC transaction.
12. The Program may issue a claim and bill the Retailer for payments it has already made to the Retailer in error, or upon detection of a Program violation. Retailers have 30 calendar days to pay the claim. Failure to pay the claim shall result in future payments being withheld to offset the claim.
13. The Retailer is responsible for fees, including but not limited to interchange fees, its bank or point-of-sale processor may charge.
14. The Retailer shall submit shelf price surveys as requested by the Program.
15. If the Retailer fails to comply with the Program requirements, as defined in the Handbook, applicable federal regulations, and this Agreement, including any changes made by policy letter, then the Retailer may be disqualified from further participation in the Program, may be required to pay a civil money penalty, may be required to participate in mandatory remedial training, may be required to submit a corrective action plan, or may be denied payment by the Program.
16. If the Program disqualifies or imposes a civil money penalty against the Retailer then the Retailer may also be disqualified from participation in the Supplemental Nutrition Assistance Program (SNAP), which is administered by the USDA, for an equal period of time. A reciprocal disqualification from SNAP, based on a disqualification by the Program, is not subject to administrative appeal to SNAP or judicial review.
17. If the Retailer is disqualified from SNAP because of a failure to comply with the requirements of that program then the Retailer shall also be disqualified from this Program. The reciprocal Program disqualification shall be for an equal period of time as the SNAP disqualification.

However, the Program period of disqualification may begin at the same time as the SNAP period of disqualification or on a later date than the SNAP disqualification. If a potential disqualification of the Retailer from the Program is based on a SNAP disqualification but would result in inadequate WIC participant access in the service area of the Retailer, then the Program shall not disqualify the Retailer but may impose a civil money penalty in lieu of disqualification. Subsequent sanctions may result in disqualification. A reciprocal disqualification by the Program, based on a SNAP disqualification, is not subject to administrative appeal to the WIC Program or judicial review.

18. If SNAP assesses a civil money penalty against the Retailer, instead of disqualification, to avoid creating inadequate SNAP participant access in the service area of the Retailer, then the Program may disqualify the Retailer from participation in its Program. If the Retailer is disqualified from the Program because of the imposition of a civil money penalty by SNAP, then the Retailer may file an administrative appeal with the Program of that disqualification.
19. The Program may impose a sanction of disqualification and/or the imposition of a civil money penalty against the Retailer only after the Program has given the Retailer 15 calendar days' advance written notice of its intent to impose a sanction. In deciding whether or not to postpone the imposition of a sanction until a hearing decision has been rendered, the Program shall determine whether inadequate WIC participant access would result from the imposition of its proposed sanction. The Program is not required to give the above-referenced notice to the Retailer if the sanction is based on the conviction of the Retailer for: buying or selling a WIC check or an eWIC card (trafficking); or selling firearms, ammunition, explosives or controlled substances in exchange for a WIC check or an eWIC card. The effective date of the WIC Program sanction shall be the date the Retailer receives written notice of that sanction. The Program will notify a retailer in writing of an initial violation for which a pattern is required to sanction; unless it is determined that notification would compromise an investigation. Refer to the Handbook for a listing of retailer sanctions.
20. The Program shall immediately terminate this Agreement if it determines that the Retailer has provided false information in connection with its application for authorization.
21. The Program shall terminate this Agreement if the Program identifies a conflict of interest, as defined by applicable state laws, regulations and policies between the Retailer and the Program or its local agencies.
22. A retailer who commits fraud or abuse in the Program is liable for prosecution under applicable federal, state or local laws. Anyone who willfully misapplies, steals or fraudulently obtains Program funds shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of no more than \$1,000 or imprisonment for not more than one year, or both.
23. This Agreement does not constitute a license or a property interest. If the Retailer wishes to continue to be authorized beyond the term of the current Agreement, then the Retailer must apply for reauthorization. If the Retailer is disqualified, then the Program may terminate this Agreement. If this Agreement is terminated, then the Retailer must reapply in order to be authorized after the disqualification period expires. In all cases, the Retailer's new application shall be subject to the Program's authorization criteria in effect at the time of the reapplication. Neither the Program nor the Retailer has an obligation to renew this Agreement. Expiration of this Agreement shall not be subject to appeal or administrative review.
24. The Retailer has the right to appeal, through a fair hearing process, a Program decision which denies an application of the Retailer to participate in the Program or disqualifies the Retailer from participation in the Program. The expiration or non-renewal of this Agreement is not subject to administrative appeal or judicial review. If a hearing has been scheduled, then the Retailer shall have one opportunity to reschedule the hearing date upon written request to the Program. (Administrative review procedures and actions subject to review are provided in the Handbook.)
25. The Program may terminate this Agreement by providing the Retailer with 15 calendar days advance written notice of its intent to terminate. The Retailer may terminate this Agreement by providing 30 calendar days advance written notice of its intent to terminate. The parties shall not be released from their respective duties to perform their obligations until the effective date of termination has passed.
26. This Agreement is effective as of the date the last party signs it and shall remain in effect, unless otherwise terminated, until December 31, 2019.
27. Retailers authorized as pharmacies agree not to provide standard infant formula unless by request from Colorado WIC.

### Section II: eWIC Definition

1. Approved Product List (APL) - Electronic files identifying WIC food items authorized by Colorado WIC for purchase with WIC benefits.
2. Cash Value Benefit (CVB) - A fixed-dollar amount associated with the eWIC card used by a cardholder to obtain authorized fruits and vegetables.
3. Electronic Cash Register (ECR) - A type of cash register used by stores with an integrated system to accept eWIC transactions.
4. eWIC Cardholder - An authorized person (i.e., participant, parent, legal guardian, caretaker, proxy) in possession of a eWIC benefit card. This eWIC benefit card and Personal Identification Number (PIN) allows the cardholder to purchase approved food items prescribed to one or more participants assigned to a family's account.
5. eWIC Transaction - An on-line, real time payment method that electronically pays authorized retailers for food items purchased by an eWIC cardholder. An eWIC card is issued by Colorado WIC to each eligible family account. The eWIC card is used by the eWIC cardholder to purchase approved foods at authorized retailer locations.
6. eWIC Contractor - EBT contractor hired by WIC.
7. Personal Identification Number (PIN) - A secret identification number selected by the eWIC cardholder to access their WIC benefits.
8. Price Look Up (PLU) - A 4 or 5 digit number defined by the International Federation for Produce Standards (IFPS) used to identify products that typically are of variable measure.
9. Universal Product Code (UPC) - A specific type of barcode used to identify products sold by retailers. Approved WIC food item UPC codes are entered on the APL file.
10. Balance Inquiry (BI) - A shopping list and/or to the balance of the items in the eWIC benefit balance provided to WIC shoppers prior to beginning a purchase.
11. Void - The cancellation of a transaction (before the entire transaction has been completed). A voided transaction shall not be used to return or provide credit for WIC foods.
12. Reversal - To partially or completely nullify the effects of a previous purchase transaction and add benefits back to the WIC prescription benefit because the transaction cannot be processed as instructed.
13. Food instrument - The instrument used by the WIC Program to conduct WIC transactions (e.g., eWIC cards and WIC checks).

### Section III: eWIC Processing Requirements

The Retailer shall demonstrate its capability to accept WIC benefits electronically (i.e., the retailer has an Electronic Benefit Transfer (EBT) capable register system) prior to authorization and shall comply with WIC EBT operating rules, standards and technical requirements such as those in the Technical Implementation Guide. If a retailer is necessary for participant access and cannot accept WIC benefits electronically, Colorado WIC may provide the retailer with a stand-beside Point-of-Sale (POS) system.

The Retailer shall redeem Colorado WIC benefits in the form of an EBT process using eWIC cards during normal business hours as indicated by the retailer in its application or otherwise. It is also understood that the retailer shall continue to accept paper checks during normal hours until such time as Colorado WIC no longer has valid paper checks. A retailer's normal hours of operations must be submitted to the Colorado WIC as part of the application and selection process.

The provisions in this section apply to authorized retailers that are using either an integrated system (i.e., operate a certified integrated ECR POS system) or a stand-beside device (i.e., using a POS stand-beside device(s) leased from Fidelity Information Services (FIS) Government Solutions) to accept eWIC transactions. For retailers that use a stand-beside device(s), certain provisions, outlined in this section may not apply and will be identified as such.



In order to be authorized by Colorado WIC to accept eWIC transactions, the retailer shall:

1. Process all transaction types that are required by Colorado WIC. At a minimum this includes balance inquiry, purchase, void and reversal. (In compliance with 7 CFR 246.12(h)(3)(xxxi) and 7 CFR 246.12(bb)(1).)
2. All eligible integrated ECR/POS systems must be capable of processing on-line, real time eWIC transactions that originate from Colorado WIC. To ensure that the integrated ECR system you own or will be purchasing is certified for Colorado eWIC transactions contact the eWIC contractor. At the time of this writing the eWIC contractor contact is:  
Custom Data Processing, Inc. (CDP)  
Jim Chilcoat, Retailer Relationship Manager  
Office: 502-695-1999  
Cell: 859-779-5332  
Email: [jim.chilcoat@cdpehs.com](mailto:jim.chilcoat@cdpehs.com)
3. All self-checkout lanes must be separately certified by CDP and pre-approved by Colorado WIC.
4. Implement a certified system prior to accepting eWIC benefit cards for purchase that performs online eWIC transactions in accordance with published rules, policies and specifications, including:
  - a. USDA-FNS WIC EBT Operating Rules as amended from time to time.
  - b. USDA-FNS Technical Implementation Guide. (For access to the most recent version of these documents visit: <http://www.fns.usda.gov/wic/wic-electronic-benefits-transfer-ebt-guidance>)
5. Accept liability for any redemption of eWIC benefits:
  - a. For which an approval has not been received from Colorado WIC; and
  - b. For the incorrect redemption of benefits (e.g. providing an item not authorized by Colorado WIC or not available in the cardholder's account).
6. Accept as payment in full for each WIC authorized product redeemed the lesser of (i) the shelf price requested for the product or (ii) the Colorado WIC calculated Not-To-Exceed (NTE) price for that product within the store's assigned peer group. Coupon discounts, coupon reductions, price matching or free items are applied to the purchase transaction prior to accepting payment from the WIC cardholder.
7. Ensure that the most current Colorado APL is downloaded to the ECR system or stand-beside device.
8. Scan (or manually enter) the actual UPC or PLU that is affixed to the approved food presented by the eWIC cardholder. For stores with a stand-beside device, all fresh or frozen fruit or vegetable dollar amounts will be entered on the CVB screen.
9. The retailer must never scan codes from UPC codebooks or reference sheets. The retailer is prohibited from scanning any UPC as a substitute, replacement or scanning a UPC that is otherwise not actually affixed to the item being purchased by the eWIC cardholder. (Formula Warehouses authorized as Pharmacy retailers may apply for approval of an exemption.)
10. Follow Program procedure to submit new UPC codes for consideration to the APL.
11. Assure that only WIC approved fruits and vegetables are sold in exchange for the CVB amount; mapping only allowed produce as WIC eligible. Retailer may submit the listing of the UPC and product descriptions of produce to Colorado WIC for approval before mapping to the closest PLU.
12. Provide the capability for eWIC cardholders to retrieve their currently available food benefits balance while in the store (BI) without requiring a purchase to be made.
13. Provide the eWIC cardholder with a receipt which, at a minimum, shows the store name and address, the date of the transaction, product(s) purchased, price charged for each purchase, and the remaining balance of available benefits.
14. Maintain the certified ECR integrated system or stand-beside device in a manner necessary to ensure system availability for eWIC processing during all hours the store is open for business.
15. Authorized retailers that have \$2 million dollars or more in food sales annually MUST have 1 device for every \$11,000 in monthly WIC redemption. Authorized stores that have less than \$2 million dollars in food sales annually MUST have 1 device for every \$8,000 in monthly WIC redemption. Retailers shall not restrict eWIC cardholders to a single lane when multiple lanes are eWIC capable.

16. Authorized retailers using a POS stand-beside device may elect to provide eWIC processing capabilities to more lanes than the number required by the WIC Program. If this option is elected, any additional cost incurred must be directly paid by the retailer unless pre-approved by the program. The retailer must contract with the eWIC Contractor for any additional equipment and support services. The WIC program will lease POS devices, during the implementation period, for up to four lanes. Stores that become WIC authorized after the implementation period is over will not be eligible for this compensation without pre-approval.  
(Colorado WIC will not impose cost on participating retailers using a stand-beside that is single function (i.e., used exclusively for WIC transactions). Colorado WIC will share in the cost of multi-function POS equipment that supports both eWIC and SNAP if the state agency identifies the retailer is necessary for participant access to WIC foods.)
17. Appropriately display signage as pre-approved by Colorado WIC at checkout lanes that can process eWIC transactions. Ensure signs are posted in a manner consistent with lane identifiers for other payment types at all lanes that accept eWIC transactions.
18. Ensure the eWIC redemption process requires the eWIC cardholder to use a PIN in a manner that protects the security of the PIN and in which no one other than the eWIC cardholder will have knowledge of the PIN. The PIN, along with a valid eWIC benefit card, is the sole source of identification needed in processing a eWIC transaction. The eWIC card must be available at the transaction.
19. Provide only currently authorized WIC foods in exchange for valid benefits issued by the WIC program as follows:
  - a. Sell only approved foods to eWIC cardholders as identified in their electronic benefit account and on their shopping list/benefit prescription.
  - b. Sell only foods that are approved on the Colorado APL to eWIC cardholders.
  - c. Sell only approved fresh or frozen fruits and vegetables. In processing fruit and vegetable benefit transactions on the stand-beside device, use CVB Button (please see user manual).
20. Ensure that all cashiers are trained in the proper acceptance and processing of eWIC transactions.
21. Not charge the WIC program for any fee arising out of, or associated with, operating, maintaining or processing eWIC transactions.
22. Not charge the eWIC cardholder any fee, either directly or indirectly, arising out of or associated with operating, maintaining or processing eWIC transactions.
23. Ensure eWIC cardholders are never given cash in exchange for redeeming their food benefits. Never buy or sell food benefits or food instruments (i.e., WIC checks or eWIC cards) for cash (trafficking).
24. Sell each WIC approved item at the same price charged to other customers, and charge the WIC program for only those items actually purchased and received by the eWIC cardholder.
25. Keep all eWIC cardholder information confidential, at no time confiscate the eWIC benefit card(s), or ask for, or enter the cardholder's PIN.
26. Request WIC re-certification if you or the company that supports your ECR revises the system in any manner that impacts its eWIC transaction processing capabilities.
27. Provide timely transaction documentation as requested and fully cooperate in the resolution of any dispute arising in relation to eWIC transactions and redemptions.
28. Maintain required records for the greater of three years after final payment is received or after all pending matters have been resolved. This includes the purchase and inventory records for approved WIC food items which the Retailer has claimed reimbursement from the WIC program.
29. Accept manufacturer's coupons and other store promotions for WIC approved items in processing eWIC transactions in compliance with FNS EBT Operating Rules.
30. Be responsible for updating price changes in the POS device including, but not limited to, changes due to sales or other promotions.
31. Any eWIC cards found in the store or on the store property, if left unclaimed for 24 hours, should be returned to the Colorado WIC office by mailing the cards to WIC, PSD-NS-A4, 4300 Cherry Creek Drive South, Denver, CO 80246.
32. Colorado WIC Program may deny payment for improperly transacted WIC purchases or may initiate a claim for payments already made on improperly redeemed eWIC purchases.

33. Comply with terms of the FIS Merchant's Agreement. (This provision applies to retailers using a stand-beside device(s) only).
34. The eWIC card must be present at the time of purchase. The card number may be manually keyed if the magnetic stripe is not functioning correctly only if the card is present.
35. Retailer must be certified to accept eWIC transactions during statewide implementation or at the time of authorization if after implementation.
36. Additional sanctions for fraud and abuse:
  - a. Colorado WIC Office may send a warning letter to the Retailer, require training for designated personnel, require implementation of a corrective action plan, require payment of a forfeiture, require recoupment, disqualify the Retailer for no more than six months, or impose any combination of these sanctions if they:
    - i. Fail to maintain a current Food Dealers or Pharmacy License.
    - ii. Fail to notify the Colorado WIC Retailer Unit of any civil or criminal convictions.
    - iii. Fail to pay child support, taxes and money judgments.
  - b. When a store location is currently involved in the audit process or has been sanctioned by WIC or SNAP and is in the appeal process, authorization of a new owner may be denied at this location until completion of audit or appeal decision is rendered.
37. A Retailer that utilizes a Value Added Reseller, an Acquirer or a Third Party Processor (TPP) shall incorporate these requirements into agreements with those parties. The retailer is responsible for expenses, cost and fees related to SNAP and the utilization of a Value Added Reseller, an Acquirer or a TPP.

### Section IV: Colorado WIC Responsibilities

In order to support retailers in processing eWIC transactions the Program agrees to:

1. Encourage commercial development of integrated eWIC systems and offer a stand-beside device via a designated eWIC Contractor to authorized retailers electing to use this option.
2. Provide, during the implementation period, stand-beside devices as needed, based on the store's average monthly WIC redemptions, number of cash registers or other agreed upon factors, if applicable.
3. Provide networks and host processing for eWIC transactions that provide on-line and real time approval, 24 hours a day, seven days a week at least 99.9% of the time. Occasionally system maintenance will occur and will be scheduled between 1am and 5am local time.
4. Make available daily the most current APL containing a complete listing of products that are approved for redemption by Colorado WIC through its eWIC Contractor.
5. Provide training to store representatives, as needed, on the eWIC policies and procedures.
6. Establish a calculated NTE price for each WIC approved food item and use this NTE in reimbursing retailers for items purchased by the eWIC cardholder.
7. Reimburse (settle to) the Retailer for approved eWIC transactions that are made in accordance with applicable state and federal rules and requirements. Settlement will make use of commercial payment system settlement practices. Settlement amounts may differ from requested amounts because:
  - a. The price of the food items within a transaction exceeds the NTE price designated by WIC program for that food item and quantity or exceeds the Retailer's shelf price for the food purchased;
  - b. Not all of the food items within a transaction are approved; or
  - c. Adjustments for previous transactions are applied.
8. Reimburse the Retailer for all approved eWIC redemptions that are made in accordance with applicable state and federal requirements.
9. Provide administrative oversight to ensure authorized stores meet compliance and integrity requirements in accepting and processing eWIC transactions.

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**Section V: Signatures**

The Retailer agrees that the Retailer has read, understands and will comply with the terms in this Agreement. The Retailer also agrees to comply with conditions stated in: 7 CFR 246, the completed application form, stock price surveys, the Colorado WIC Retailer Handbook, approved foods list, memos, other formal instructions, and terms of participation issued to retailers by the Colorado WIC Office.

The undersigned represents that he/she is an owner or has other legal authority to obligate the retailer:

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Owner/Corporation Name

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Please Print Your Name

---

SIGNATURE

---

Please Print Your Title

---

Date Signed

The undersigned has the authority to sign this Agreement on behalf of the Colorado WIC Program Director (Erin Ulric).

---

Name

---

SIGNATURE

---

Title

---

Date Signed

## COLORADO WIC (State Agency)

### ADMINISTRATIVE REVIEW PROCEDURES FOR RETAILER APPEALS

#### A. Definition of an Administrative Review

Administrative Review Procedures allow affected retailers, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have a formal hearing by an impartial Administrative Hearing Official (hearing officer). Hearings will be conducted at the state level in accordance with the Administrative Procedures Act §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246, and WIC policies and procedures.

These procedures provide a mechanism to ensure that:

1. Retailers have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by Colorado WIC (Program) and/or Local WIC Agency (LA); and
2. Program standards, policies, procedures and regulations are being applied without prejudice.

#### B. Actions subject to Administrative Review

1. Denial of authorization based on the application of the retailer selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the retailer is attempting to circumvent a sanction;
2. Termination of an agreement for cause;
3. Disqualification; and
4. Imposition of a fine or a civil money penalty in lieu of disqualification.

#### C. Actions subject to Abbreviated Administrative Review

1. Denial of authorization based on the WIC selection criteria for business integrity or for a current Supplemental Nutrition Assistance Program (SNAP) disqualification or civil money penalty for hardship;
2. Denial of authorization based on the application of the WIC selection criteria for competitive price;
3. The application of State agency's retailer peer group criteria and the criteria used to identify vendors that are above-50-percent retailers or comparable to above-50-percent retailers; application of peer group criteria and above 50% status determination when the application for this criteria is the basis of the adverse action.
4. Denial of authorization based on a State agency-established retailer selection criterion if the basis of the denial is a WIC retailer sanction or a SNAP withdrawal of authorization or disqualification;
5. Denial of authorization based on the State agency's retailer limiting criteria;
6. Denial of authorization because a retailer submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
7. Termination of an agreement because of a change in ownership or location or cessation of operations;
8. Disqualification based on a trafficking conviction;
9. Disqualification based on the imposition of a SNAP civil money penalty for hardship;
10. Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
11. A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification;
12. Denial of an application based on a determination of whether an applicant retailer is currently authorized by SNAP.

D. Actions not subject to an Administrative Review

1. The validity or appropriateness of the State agency's retailer limiting criteria or retailer selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current Supplemental Nutrition Assistance Program disqualification or civil money penalty for hardship;
2. The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, retailer peer group criteria and the criteria used to identify retailers that are above-50-percent retailers or comparable to above-50-percent retailers;
3. The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
4. The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to Sec. 246.12(g)(11);
5. The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent retailer's request to provide an incentive item to customers;
6. The State agency's determination whether to notify a retailer in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction;
7. The State agency's determination whether a retailer had an effective policy and program in effect to prevent trafficking and that the ownership of the retailer was not aware of, did not approve of, and was not involved in the conduct of the violation;
8. Denial of authorization if the State agency's retailer authorization is subject to the procurement procedures applicable to the State agency;
9. The expiration of a retailer's agreement;
10. Disputes regarding food instrument or cash-value voucher payments and retailer claims (other than the opportunity to justify or correct a retailer overcharge or other error; and
11. Disqualification of a retailer as a result of disqualification from SNAP.

E. Procedures for an Administrative Review

1. Notification of Action
  - a. When the adverse action is a denial of authorization or permanent disqualification based on a conviction for trafficking in WIC food instruments (checks and eWIC cards) or selling firearms, ammunition, explosives or controlled substances, no advance notice will be issued. The effective date of the action will be on the date of receipt of the notice.
  - b. For all other adverse actions Colorado WIC will provide the retailer with a written notice of adverse action at least fifteen (15) calendar days prior to the effective date of the action.
  - c. The notice of adverse action shall include the action being taken, the cause(s) for the action, and the right to appeal the action. A copy of the Administrative Review Procedures will also be provided.
2. Appealing an Action
  - a. Within thirty (30) calendar days of the receipt of the notice of action the retailer must submit a written request for an Administrative Review to Colorado WIC. The request must include the following information: retailer name, retailer ID, action(s) being appealed, reason for appeal and date of request.
  - b. A request for a hearing will be denied or dismissed if:
    - i. the request is not received within thirty (30) calendar days from the date the notice is received by the retailer;
    - ii. the request is withdrawn in writing by the retailer or representative; and/or
    - iii. the retailer or representative failed, without good cause as determined by the hearing officer, to appear at scheduled hearing.
  - c. Appealing an action does not relieve a retailer, permitted to continue participating in Colorado WIC while its appeal is in process, from the responsibility of continued compliance with the terms of the Agreement. Continued participation in Colorado WIC, pending an appeal decision, will be granted only in situations when a Civil Money Penalty has been assessed due to inadequate participant access.

3. Administrative Review Hearing - General Rules and Procedures
  - a. Upon receipt of an appeal request, Colorado WIC will acknowledge to the retailer, in writing, that it has received the request. An explanation of the hearing procedures will be sent with the acknowledgement.
  - b. Retailer will receive a minimum of ten (10) calendar days advance written notice of the time and place of the hearing.
  - c. CDPHE will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, the federal regulations and Colorado WIC policies and procedures.
  - d. The retailer shall have the opportunity to:
    - i. present its case and at least one opportunity to reschedule the hearing date upon request;
    - ii. cross-examine adverse witnesses;
    - iii. be represented by counsel; and
    - iv. examine prior to the hearing the evidence upon which the adverse action is based.
  - e. The hearing shall be conducted in accordance with provisions of §24-4-105 C.R.S.
  
4. Administrative Review Decision
  - a. Within ninety (90) calendar days of the receipt of the appeal, the hearing officer must issue an initial Administrative Review Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
  - b. The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to Colorado WIC and the retailer.
  - c. The retailer or Colorado WIC may file a written appeal of the initial decision with the Department's Executive Director within twenty (20) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with §24-4-105 C.R.S.
  - d. If an appeal is not received within twenty (20) calendar days the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action.
  - e. If the decision is in favor of the retailer, and authorization was denied or disqualification occurred, the retailer will be authorized on as soon as administratively feasible after receipt of administrative review decision.
  - f. If the decision is in favor of Colorado WIC and the disqualified retailer was permitted to continue accepting WIC food instruments the retailer will be terminated as soon as administratively feasible. Retailers will be allowed to continue accepting WIC food instruments during an appeal only if an inadequate participant access was determined.
  - g. If the decision regarding a civil money penalty is in favor of Colorado WIC, efforts to collect the penalty will resume immediately.
  - h. Upon receipt of notice of the initial decision, Colorado WIC shall comply with the decision unless an appeal is filed pursuant to §24-4-105 C.R.S.
  - i. After unsuccessful appeal, retailer and Colorado WIC shall comply with decision.
  - j. The effective date of the action is the date retailer receives the decision.
  
5. Withdrawal or Default of an Appeal
  - a. A withdrawal of an appeal occurs when the retailer states, in writing, that he or she no longer wishes a hearing.
  - b. A default occurs when the retailer fails to appear at the hearing without good cause as determined by the hearing officer, or the retailer cannot be located through his or her last address of record.

### F. Judicial Review

If the Department's final decision is rendered against the retailer, judicial review may be pursued in accordance with §24-4-106 C.R.S.

### G. Civil Rights

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



## Food Sales Fact Sheet

### A Guide to Food Sales Questions on the Colorado WIC Application

The application for WIC asks for the store's annual food sales. What does that mean?

A retailer may include any item that may be purchased with SNAP benefits in the food sales amount reported to Colorado WIC.

#### "Food sales" includes sales of:

- ✓ Staple foods for the household to eat, such as:
  - grains, breads and cereals;
  - fruits and vegetables (fresh, frozen, canned)
  - meats, fish and poultry; and
  - dairy products.
- ✓ Coffee, tea, cocoa, carbonated and noncarbonated drinks, ice, candy, condiments and spices, when sold along with the items above.
- ✓ Snacks foods (e.g., potato chips and cupcakes).
- ✓ Cold ready-to-eat foods intended for off-premises consumption only.
- ✓ Specialty foods (such as diabetic and dietetic foods), enriched or fortified foods, infant formulas and certain health food items. Examples include weight loss products (e.g., Slim Fast), Pedialite, Ensure, wheat germ, and brewer's yeast. If the ordinary use of the item is as a food, rather than as a medicine or therapeutic agent, it may be included in food sales.
- ✓ Vegetable oils, shortening and food coloring.
- ✓ Cooking wine, wine vinegar, flavorings, extracts.

#### "Food sales" does NOT include sales of:

- ✓ Any nonfood items, such as:
  - pet foods;
  - soaps, paper products; and
  - household supplies.
- ✓ Beer, wine, liquor, and all other alcoholic beverages.
- ✓ Cigarettes, cigars, and all other tobacco products.
- ✓ Vitamins and medicines.
- ✓ Foods that will be eaten in the store.
- ✓ Hot foods and hot food products (soups, roasted chicken, coffee, steamed seafood).

#### Summary:

*Food sales* means sales of all SNAP eligible foods intended for home preparation and consumption, including meat, fish and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store. (§246-2 C.R.S.)

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## MATERIALS ORDER FORM

Store Name/Chain #: \_\_\_\_\_ WIC ID #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Ship to Attention: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_

Item Requested	Amount Requested*
Allowable Foods List- English	
Allowable Foods List- Spanish	
Retailer Guide to eWIC	
WIC Authorized Store Window Cling/Door Display	
Training Guide (Tool for Training Store Cashiers)	
WIC Cashier Training (Partnering with WIC)- DVD	
Post Test & Answer Key	
WIC Retailer Handbook	

*\*Number of items returned is based on availability & may be different than requested.*

To order these materials:  
 Call your local WIC representative or Colorado WIC at (303) 692-2400

*OR*

Fax this form to Colorado WIC (ATTN: Retailer Unit) at (303) 756-9926

*OR*

Email your request to: [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us)

*OR*

Mail to: CDPHE/WIC Retailer Unit  
 PSD-NS-A4  
 4300 Cherry Creek Drive South  
 Denver, CO 80246-1530

*OR*

Go on-line to [www.ColoradoWIC.com](http://www.ColoradoWIC.com) for all the latest updates, information and materials.

Available on our website: [www.ColoradoWIC.com](http://www.ColoradoWIC.com)

Check out the Colorado WIC website for lots of great information on Colorado WIC Program activities, events & resources.

Plus—you'll find many online materials available to print, including the following:

Training Post Test  
Training Post Test - Answer Key  
Retailer Guide to eWIC  
Applications  
Orientation Reports  
Monitoring Reports  
Pre-authorization Reports  
Who Do I Call When . . .

Previously Section 9 - Nutrition Services

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## WIC Nutrition Education Policies

### Nutrition Education: Definition and Requirements

The USDA definition of nutrition education reads as follows: *Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.*

Nutrition education shall be considered a benefit of the Program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be integrated into participant care plans, the delivery of supplemental foods, and other program operations. Nutrition education is a partnership between the WIC staff and the participant.

At the time of certification, local agency staff shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities.

### Recipients:

Nutrition education must be offered to the following participants or their representatives:

- All adult participants
- Parents or guardians of infant and child participants
- Child participants, when possible

### Nutrition Education Goals

Nutrition education shall be designed to achieve these goals [246.11(b)]:

- Reinforce the relationship between proper nutrition and good health, with special emphasis on the nutritional needs of pregnant, postpartum, and breastfeeding women, infants, and children less than five years of age; and raise awareness about the danger of using drugs and other harmful substances during pregnancy and while breastfeeding.
- Assist the individual who is at nutritional risk in achieving positive change in food habits, resulting in improved nutritional status and the prevention of nutrition-related problems through optimal use of the WIC supplemental foods and other nutritious foods. This is to be taught in the context of the ethnic, cultural, and geographic preferences of the participants and with consideration for educational and environmental limitations experienced by the participants.

### Exit Nutrition Counseling for Women

Exit nutrition counseling must be provided to all women participants at the end of the pregnancy certification period and again at the end of the postpartum or breastfeeding certification period. If previous exit counseling has occurred and is documented, abbreviated exit counseling should be provided.

Exit counseling must reinforce important health messages previously received and an exit pamphlet offered, with emphasis on:

- Importance of folic acid intake;
- Continued breastfeeding;
- Health risks of alcohol, tobacco and other drugs.
- A well-balanced diet; and
- Immunizations for herself and her children.

The exit counseling pamphlet *Focus on You* shall be given during the women's pregnancy certification period and offered again during a women's postpartum or breastfeeding certification period.

The information provided in the exit counseling must not replace nutrition education that addresses a participant's nutritional risk factors and individual nutrition needs/concerns as well as emerging health issues.

The Nutrition Education panel in Compass must be used to record "exit counseling" and the appropriate pamphlet for each exit counseling session.



### Local Agency Responsibilities for Nutrition Education

According to section 246.11(d) of the WIC Program Federal Regulations, local agencies shall perform the following activities when carrying out their nutrition education responsibilities:

- Make nutrition education available or enter into an agreement with another agency to make nutrition education available to all adult participants, and to parents or caregivers of infant and child participants, and whenever possible, to child participants. Nutrition education may be provided through the use of individual or group sessions. Educational materials designed for program participants may be utilized to provide nutrition information to pregnant, postpartum, and breastfeeding women, and to parents or caregivers of infants and children participating in local agency services other than the Program.
- Develop an annual local agency nutrition education plan consistent with the State's nutrition education component of program operations (refer to the *Colorado WIC Program Local Agency Nutrition Education Plan* at the end of this section).

### WIC Staff Competency Requirements

All local WIC agency employees of the Colorado WIC Program must complete the Colorado WIC Certification Program. This Certification Program is designed to train staff on WIC policy and procedures relating to eligibility determination, nutrition assessment, screening techniques, food benefit issuance and nutrition education. Modules and other activities are posted on the Colorado WIC web site and tests are administered on-line.

### Colorado WIC Certification Program

The Colorado WIC Certification Program's purpose is to ensure that all new employees achieve a certain level of knowledge and skill. Once a new employee successfully completes all Level I training requirements, they are considered a Certified WIC Authority (CWA). A CWA is qualified to determine WIC Program eligibility, assign nutrition risk factors, perform nutrition assessments, provide nutrition education, facilitate participant goal setting, and issue food benefits.

Until a newly hired WIC staff person or intern fulfills the CWA requirements, a CWA (either a WIC High Risk Counselor or WIC Educator) reviews the Compass records of participants seen by the new employee to confirm correct eligibility determination, nutrition assessment, and participant care plan notes. The CWA creates a separate Participant Care Plan that includes a note in the Plan section indicating review of eligibility determination, nutrition assessment and participant care plan notes of the new employee. Because a goal is required for each new care plan, the goal created by the new employee can be copied and pasted into the CWA's review care plan to ensure it populates into the Family Panel. For staffing guidelines and requirements of local agency staff members with partial WIC Program duties, refer to *Local Staffing* section of this manual.

Local WIC programs are encouraged to pair up identify a trainer for each new employee to oversee the many aspects of new employee training. This trainer:

- ✓ Ensures new employee completes the required modules, online courses, post-tests, record reviews, observations;
- ✓ Ensures new employee is scheduled participant visits and has ongoing access to expert support;
- ✓ Ensures all participant records entered by the new employee are reviewed and signed off by a CWA;
- ✓ Is available to assist with questions and evaluate progress throughout the training process;
- ✓ Enters new employee training completion by accessing the *Staff Competency* panel under Operations in Compass.

### Orientation Checklists

New employees are required to complete the online modules, post-tests, videos and other requirements as listed on the Level I, II and III Orientation Checklists located on the CO WIC web site ([Colorado WIC Program](#)). Each activity is designed for self-paced learning. Some tests require a passing score.

**Level I:** Focuses on screening, nutrition risk factors and food package assignment, WIC eligibility, and includes Compass Training. Instructions for completing Compass Training are posted on the CO WIC Program website. All Level I activities must be completed within 3 months of date of hire. It is recommended that all new employees successfully complete Level I modules and post-tests before beginning the online Compass Training course.

**Level II:** Contains information on baby behavior, nutritional needs and general guidelines for the WIC population including: basic, infant, child, pregnancy, breastfeeding, and postpartum nutrition. All Level II activities must be completed within 6 months of hire date.

**Level III:** Includes a participant- centered care online course. This course offers ten self-paced modules focused on providing Participant-Centered Education (PCE) to support positive behavior change. All Level III activities must be completed within 9 months of hire date.

Instructions for accessing the Colorado WIC Certification Program activities and obtaining a certificate of completion are posted on the Colorado WIC website.

### Online Module Tests

Every module and online course contains online post-tests to measure the learner's comprehension and knowledge.

### Delivery Methods for Nutrition Education

A nutrition education contact is typically a face-to-face visit with the participant, either individually or in a group, where nutrition issues of consequence to the participant are discussed. Alternate nutrition education methods may be offered to participants for follow up visits, such as [wichealth.org](http://wichealth.org), telephone or interactive video call to meet the needs of participants while still providing an effective second nutrition education contact. This is commonly referred to as Education Choice.

### Alternate Methods for Follow up Appointments

Note: An alternate nutrition education option should not be provided to participants when current data needed to make an accurate assessment is needed (such as anthropometric measurements, hemoglobin values).

**Wichealth.org:** is an internet-based, online nutrition education website that can qualify as a nutrition education contact for follow up WIC visits of low-risk pregnant, breastfeeding or postpartum woman; infant; or child. It cannot be used for participant's who require a certification, recertification, mid-certification, or high risk appointment. Verification that a [wichealth.org](http://wichealth.org) nutrition education lesson has been completed by the endorser automatically uploads into the household's *Nutrition Education* panel in Compass. Completion of a corresponding *Care Plan* is not required. The goal that was created at the certification, recertification or mid-certification may be followed-up on at the next in-person nutrition education contact. Upon completion of an online lesson and during the month the participant's food benefits expire, staff will verify the lesson completion, issue food benefits remotely, and notify the participant. Technical and nutrition-related assistance and follow up must be available to address questions and to provide feedback to endorsers.

**Telephone:** is an option for follow up WIC visits for low-risk pregnant, breastfeeding or postpartum woman; infant; or child. All required components of a WIC visit must be performed per policy, including documentation. It cannot be used for participants who require a certification, recertification, or mid-certification. During the end of the telephone contact, staff will issue food benefits remotely and schedule or notify the participant on how to schedule the next in-person nutrition education contact.

**Interactive Video Call:** is technology that allows video conference calls, such as Skype or FaceTime. This option may be provided for follow up WIC visits for low-risk pregnant, breastfeeding or postpartum woman; infant; or child. All required components of a WIC visit must be performed per policy, including documentation. It cannot be used for participants who require a certification, recertification, or mid-certification. During the end of the video call contact, staff will issue food benefits remotely and schedule or notify the participant on how to schedule the next in-person nutrition education contact. The local agency will provide for installation and maintenance of the equipment necessary for the video call contact. Interactive video calls should occur in an environment that promotes effective communication between the WIC staff and the participant and ensures that both are actively involved in the interaction. Confidentiality of participant information must be protected.

### Participant Eligibility for Alternate Nutrition Education

- Participants should have access to an appropriate device for doing online [wichealth.org](http://wichealth.org) lessons, telephone or video calls.
- For [wichealth.org](http://wichealth.org), participants should have the ability to read and comprehend English or Spanish.

- A clinic visit for high risk participants is preferable; however, when not feasible a telephone/video call with the High Risk Counselor can be considered a high risk nutrition education contact per the high risk referral protocol.
- For pregnant women, a weight measurement is required for all in-person clinic visits, at least once per each trimester, if applicable. An Education Choice option may be offered one time to low-risk pregnant women after the certification/recertification visit, allowing one measurement to be excused (exception: if the woman has no health care provider, a clinic visit must be scheduled and weight taken unless physical presence presents hardship due to a disability or health condition).

#### Staff Training Required to Provide Alternate Nutrition Education

WIC staff members involved in providing alternate nutrition education contacts must receive training on how to fill this role effectively. At a minimum, training is to include the following elements:

- Familiarity with the [wichealth.org](http://wichealth.org) website, including the format and topic areas, the names of the lessons available, how to access the lessons, and how to access client search to electronically verify lesson completion for WIC participants if needed.
- Completion of the online module, *Providing Phone Nutrition Education for Follow Up Visits*, required prerequisites for the module, and pass the phone counseling observation.

Successful completion of training is documented in Compass under Operations/Staff/Staff Training.

WIC services provided using alternate nutrition education methods must meet the same criteria as nutrition education that take place in the WIC clinic. Education provided is based on the participant's unique nutritional needs, socioeconomic status, food preferences, cultural values, and resources available. The education addresses the area of greatest nutritional risk and greatest concern to the participant. It is offered in a skillful, practical, and empathic manner and includes an assessment of the participant's readiness and ability to participate in the process and his/her receptivity, understanding, and ability to carry out plans. Goals are set to help the participant change nutrition-related behaviors according to the participant's stage of change. All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons.

#### **Nutrition Education Contact Requirements**

During each six-month certification period, at least two nutrition education contacts must be made available to all adult participants and the parents and caretakers of infant and child participants, and wherever possible, the child participants themselves. Nutrition contacts shall be made available at a quarterly rate to all adult participants and the parents or caretakers of infant and child participants certified for a period in excess of six months. Documentation of a nutrition education contact includes both the *Nutrition Education* and *Care Plan - Participant* panels in Compass. The only exception to the requirements above includes those participants/endorsers who complete the nutrition education contact for follow-up appointments via [wichealth.org](http://wichealth.org) or for those who complete a nutrition education contact via a nutrition education class. [Wichealth.org](http://wichealth.org) will create a Nutrition Education panel record which includes the [wichealth](http://wichealth.org) lesson completed, however staff are not required to complete a Care Plan. For those participants who attend a Nutrition Education class, the system will automatically create a record in the Nutrition Education panel with those counseling points assigned to the class in the Compass Scheduler.

#### **Missed Nutrition Education Appointments and Non-Denial of WIC Benefits**

Although local agencies are required to make reasonable efforts to provide nutrition education to each participant, individuals cannot be denied supplemental foods for failure to attend an educational activity or for lack of willingness, readiness, or ability to participate in the activity.

When a participant does not attend or participate in a scheduled nutrition education contact, document why this occurred in the Participant Care Plan.

When a participant misses a scheduled appointment, offer the nutrition education contact the next time you make contact with the participant. If it is not possible to counsel the participant at that visit, issue food benefits for one month and schedule the nutrition education contact the next month.

## High and Low Risk: Identification and Follow Up

### Identification

At the certification and recertification visits, the assigned nutrition risk factors (NRFs) determine whether a participant is high or low risk.

For participants identified as high risk, a high risk visit must be scheduled with the WIC High Risk Counselor per the High Risk Referral Protocol provided below. The purpose of the high risk visit is to assess the participant's nutrition risk factor (NRF) status, provide nutrition education/counseling, make referrals, and reinforce her health care provider's nutrition therapy recommendations.

### High Risk Referral Protocol

Time Requirements for a visit with the WIC High Risk Counselor:

- Within 30 Days:

In most cases, the WIC High Risk Counselor must counsel the high risk participant within 30 days from the date of certification/recertification.

Exceptions to the 30-day rule are:

- Within 24 Hours of NRF Assignment -

The WIC High Risk Counselor must counsel the high risk participant within 24 hours from the time of the high risk NRF was assigned. When an in-person contact between the endorser/participant and the WIC High Risk Counselor is not possible within 24 hours, the Educator may issue 1 month of food benefits, the WIC High Risk Counselor contacts the participant by telephone/video call within 7 days, documents the high risk contact and determines if a clinic visit is needed before the next date of food benefit issuance and, if so, how soon. For example, a participant is consuming alcohol while pregnant and the High Risk Counselor is not available but calls the participant 1 day later by phone. After talking with the participant she decides to stop drinking. Using professional judgment, the High Risk Counselor decides to schedule a return clinic visit in 3 months.

#### NRF 201b - Severely Low Hemoglobin/Hematocrit

*Child, pregnant woman, breastfeeding woman and non-breastfeeding woman*

When a participant's blood value falls within a range specified in the *Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition* table and permission:

- Has been granted for WIC to contact the health care provider: Print two *Abnormal Blood Work Notices*. Give one copy of the *Notice* to the endorser/participant. On the second *Notice*, write in the WIC High Risk Counselor's name and contact information and fax or email that *Notice* to the health care provider within 24 hours. Schedule an appointment with the WIC High Risk Counselor within the next 30 days.
- Has not been granted for WIC to contact the health care provider: Print one *Abnormal Blood Work Notice*. Give the *Notice* to the endorser/participant and urge that it be shared with the participant's health care provider. Also, WIC staff must notify the WIC High Risk Counselor of this abnormal blood value within 24 hours.

#### NRF 135 - Inadequate Growth

*Infant birth to 1 month of age:*

Current weight -

- Excessive weight loss after birth (Current weight is  $\leq$  92% of birth weight); or
- Is not back to birth weight by 2 weeks of age

#### NRF 372A - Alcohol Use (current)

*Breastfeeding woman* - Routine current use of 2 or more drinks per day or binge drinking (5 or more drinks on the same occasion in the past 30 days)

*Pregnant woman* - Any current use of alcohol

#### NRF 372B -Illegal drug use (current) - includes marijuana

*Breastfeeding, pregnant and non-breastfeeding woman*

**NRF 602 - Breastfeeding Complications or Potential Complications**

*Breastfeeding woman* with any of the following:

- Severe breast engorgement
- Recurrent plugged ducts
- Mastitis
- Flat or inverted nipples
- Cracked, bleeding or severely sore nipples
- Failure of milk to come in by 4 days postpartum
- Tandem nursing
- Age 40 years or older\*

\*The 24 hour high risk counseling rule applies to all complications or potential complications that comprise NRF 602 except for "age 40 years and older." This is low risk and has no requirement for a referral to the WIC High Risk Counselor.

**NRF 603 - Breastfeeding Complication or Potential Complications:**

*Breastfed infant* with any of the following:

- Jaundice
- Weak or ineffective suck
- Difficulty latching onto mother's breast
- Inadequate stooling (for age, as determined by a physician or other health care professional) or less than 6 wet diapers per day.

Initial (24 hour high risk) counseling for NRFs 602 and 603 can be conducted via phone or in-person, as determined by the clinical judgment of the WIC High Risk Counselor, Educator CLC/IBCLC, or Educator Lactation Management Specialist (LMS). (See \*Note regarding use of Breastfeeding Peer Counselor LMS/CLC/IBCLC's)

**If initial (24 hour high risk) counseling is provided by:**

- WIC High Risk Counselor or Educator CLC/IBCLC:
  - Document "High Risk Follow up Appointment" on the Nutrition Education panel and complete the participant's care plan.
  - Provide a phone follow up within two weeks (as best practice).
  - Refer a participant to a health care provider when warranted.
- WIC Educator LMS:
  - Document as individual counseling in the participant's care plan.
  - Schedule a high risk follow up appointment with WIC High Risk Counselor or Educator CLC/IBCLC within two weeks of risk assignment. Can be conducted via phone or in-person, as determined by the clinical judgment of the WIC High Risk Counselor or Educator CLC/IBCLC.
  - Refer participant to a health care provider when warranted.

**Note: Use of Breastfeeding Peer Counselor LMS/CLC/IBCLC's**

Per local agency discretion, if a WIC High Risk Counselor or Educator LMS/CLC/IBCLC is not available, local agencies may allow a Breastfeeding Peer Counselor with advanced training (LMS, CLC, or IBCLC's) to address assigned NRFs 602 and/or 603.

*(See protocol below)*

**If initial (24 hour high risk) counseling is provided by:**

- ✓ Breastfeeding Peer Counselor CLC/IBCLC:
  - ✓ Document counseling in BFPC Documentation panel.
  - ✓ Request WIC Educator mark "High Risk Follow up Appointment" on the Nutrition Education panel and document in the participant's care plan: "BF Complication counseling provided. See BFPC Documentation panel."
  - ✓ Provide a phone follow up within two weeks (as best practice).
  - ✓ Refer participant to a health care provider when warranted.
- Breastfeeding Peer Counselor LMS:
  - Document counseling in BFPC Documentation panel.

- Request WIC Educator document in the participant's care plan: "BF Complication counseling provided. See BFPC Documentation panel."
- Request WIC Educator schedule a high risk follow up appointment with WIC High Risk Counselor or Educator CLC/IBCLC within two weeks of risk assignment. Can be conducted via phone or face-to-face, as determined by the clinical judgment of the WIC High Risk Counselor or Educator CLC/IBCLC.
- Refer participant to a health care provider when warranted.
  
- **Within 90 Days from date of NRF assignment:**

**NRF 113 - Obese**

*Child 2-5 years of age*

**Subsequent Appointments for High Risk Participants:**

A minimum of one education contact with the WIC High Risk Counselor is required per certification period. The WIC High Risk Counselor decides whether the subsequent visits will be with the WIC High Risk Counselor or with the WIC Educator and determines if the participant is eligible for an alternate nutrition education contact if the subsequent visit is for follow up with the Educator. When a visit with the WIC High Risk Counselor has been scheduled, the Educator does not have the authority to cancel the visit, even when high risk NRFs appear to be resolved.

**Documentation:**

All high risk visits must have a separate nutrition education record entered into the *Nutrition Education* section of Compass (including Nutrition Education Covered Topics and Pamphlets provided) and a separate *Participant Care Plan*. The WIC Educator and WIC High Risk Counselor create separate *Nutrition Education* and *Participant Care Plans* when the participant is seen by both staff members on the same day.

**High Risk Resolved:**

Clicking the *High Risk Resolved* check box on the *Risk* panel changes the participant's risk status from high to low risk. The *High Risk Resolved* check box may only be selected when a user incorrectly assigns a high risk nutrition risk factor (NRF) to a participant who, in actuality, is low risk. If two or more high risk NRFs have been assigned and one high risk NRF is assigned in error, do not select this check box as the participant's risk status must remain as high. Only the WIC High Risk Counselor has the authority to check the *High Risk Resolved* check box.

**Requirements for Low Risk Follow up:**

Participants are classified as low risk when they qualify for WIC with conditions or risks other than those defined as "High Risk." WIC Educators provide nutrition education for these participants. A low risk classification does not mean that the identified risk factors are less important.

For example, even though WIC defines smoking as low risk, clearly explain that smoking is a significant risk for poor pregnancy outcome. Nutrition education visits for low risk participants must occur within a maximum of three months following the certification/recertification visit.

In the Compass system, the *Nutrition Interview* must be completed at every certification and recertification visit for all categories and at the mid-certification visit for infants and children as part of a complete nutrition assessment. Although completion of the Nutrition Interview is not required at every follow-up visit, it still must be accessed to update the breastfeeding status and to issue the appropriate food package.

Responses to the **bolded** questions in the *Nutrition Interview* were submitted to the Center for Disease Control (CDC) for data surveillance purposes through 2011. Even though CDC no longer publishes this data, it is required that answers to these bolded questions continue to be entered so that this data is available for future data collection efforts.

## Guidelines for: Nutrition Assessment, Nutrition Education, and Behavior Change Counseling

To complement the provision of healthy foods, WIC provides nutrition education to guide participants towards a healthier lifestyle and to help them make changes to improve their dietary intake. The provision of nutrition education involves a number of related activities that occur during the WIC appointment such as: completing a nutrition assessment, providing nutrition information, counseling on behavior change, goal setting and follow-up of previous goals. Utilizing a participant-centered approach helps to enhance the effectiveness of these activities.

*Participant-centered:* the term participant-centered refers to having an orientation that takes into account the participant's unique circumstances and perspective. Participant-centered does not mean that the visit should be participant-driven. Instead, WIC staff will direct the visit and follow all protocols while also striving to develop partnerships with participants based on trust and respect.

The following section describes different parts of the WIC appointment and their contribution to the overall provision of nutrition education.

### Nutrition Assessment

A thorough nutrition assessment paves the way for staff to provide individualized nutritional services, including tailored food packages, high risk identification, nutrition education, behavior change counseling and referrals.

A thorough WIC nutrition assessment evaluates the following areas:

- Growth
- Iron Screening
- Health/Medical
- Nutrition Practices
- Lifestyle
- Personal Factors

*Growth:* Growth is assessed by taking anthropometric measures on a regular basis and tracking growth patterns. Measures used to assess growth include: stature/weight, BMI, and prenatal weight gain. Growth is an important indicator of nutritional status. For example, poor growth may reflect inadequate nutritional intake or signal an underlying medical problem. Overweight can be associated with current or future health problems in both children and adults. Deviations from normal growth should be referred for follow up since early identification and intervention can prevent more serious health outcomes.

*Iron Screening:* Iron levels are measured regularly by performing either a hemoglobin or hematocrit test. The purpose of iron screening is to identify and prevent anemia (low iron in the blood).

*Health/Medical:* Health and Medical history and current conditions are assessed using the Nutrition Interview. Examples of medical conditions that have nutrition implications are: diseases (such as PKU, diabetes, high blood pressure), food allergies, and physical and mental disabilities. Additionally, medications can affect appetite. High-risked medical conditions require a follow up appointment with the high risk counselor within 30 days of each certification.

*Nutrition Practices:* The WIC nutrition practices assessment is conducted through dialogue with the participant about breastfeeding, if applicable, the foods they usually eat and their regular eating patterns. Using a discussion format, the WIC educator begins the interview with open-ended question asking the participant to describe their typical eating and drinking habits. The educator evaluates the participant's response against professionally recognized guidelines (e.g. Dietary Guidelines for Americans, My Plate Food Guide, and American Academy of Pediatrics) and the following criteria that are associated with a healthy diet:

- A variety of foods derived from different food groups
- Few processed foods in the diet
- Majority of foods consumed are nutrient dense (they contain a lot of vitamins and minerals)
- The amount of food eaten is appropriate
- Good eating habits (this includes having family meals, eating at set times rather than grazing, children not drinking from the bottle, etc.)

Then, based on the participant's responses, the WIC staff person asks further questions to obtain additional information and/or clarify what has been said. Breastfeeding complications and the breastfeeding description are included on the Infant Nutrition Interview under Nutrition Practices.

*Lifestyle:* Assessment of lifestyle involves finding out about physical activity and substance use (such as abuse or exposure to alcohol, drugs, cigarettes or second hand smoke). WIC staff will need to ask participants about the types and amounts of physical activity they get.

*Immunizations:* Immunization information is captured during the infant and child interview for DTaP shot records only.

*Oral Health:* Oral health information is captured during the infant and child interview to obtain information regarding dental and other oral health concerns.

*Breastfeeding Support:* For all breastfeeding women, breastfeeding support is included as part of the assessment during the nutrition interview. Breastfeeding complications and assignment of the BFPC are captured on this panel.

*Social Environment:* Social Environment includes: culture, family structure, education, living and work situations, abuse/neglect, family planning and primary caregiver with limited ability to make appropriate feeding decisions. Understanding social environment enables WIC staff to provide participant centered care and individualized referrals and counseling.

### **Prioritizing Assessment Information**

The purpose of conducting a thorough nutrition assessment is to both identify the participant's nutritional needs as well as to develop a holistic understanding of the factors affecting their lives. Once collected, this information is prioritized so that the most important (1-2) issues can be addressed that visit. Identified Nutrition Risk Factors often indicate high priority topics for discussion.

### **Providing Nutrition Information**

Following the nutrition assessment, the next part of the appointment consists of providing nutrition information and assisting with behavior change. Nutrition education should address participant needs (NRFs), participant concerns and/or relevant anticipatory guidance topics. Only 1-2 topics should be addressed during a single visit. Topics not discussed during the appointment should be entered in the participant's Plan to be addressed at a future visit.

The education part of the visit should flow naturally from the assessment because it ties in with the participant's questions and concerns. However, sometimes no clear direction emerges and in this case, the WIC staff person works with the participant to develop an agenda for topics to discuss. Ways to do this are:

- Ask the participant if she has any nutrition questions or concerns that she would like to discuss. Nutrition information provided during the visit should match the participant's needs and interests.
- The WIC staff person can suggest topics based on information she has learned during the assessment, including identified nutrition risk factors.
- The WIC staff person can suggest anticipatory guidance topics.

### **Tips for discussing nutrition information with participants:**

- Use a conversational format.
- Find out what the participant already knows about a topic and fill in the gaps.
- Affirm those things she is doing well.
- Be non-judgmental.
- Personalize education so the participant understands how making changes can improve her own health and well-being.

### **Handouts:**

Giving handouts helps to reinforce educational messages. The educational effectiveness of handouts can be enhanced if the WIC staff review handouts with participants and point out specific sections that reinforce information shared during the appointment. Staff can further individualize handouts by highlighting specific sections, and writing the participant's name and behavior change goal(s).



### Behavior Change Counseling

While sharing nutrition information, WIC staff should assess the participant’s interest in applying the information to their life by making behavior changes. According to the Stages of Change Model, behavior change is a process that takes place gradually as people move through different stages of change. The goal of behavior change counseling is to help participants move from one stage on to the next. Different counseling strategies for behavior change are used depending on the person’s stage of change. Although the model does not perfectly fit every participant or situation, it is useful for providing ideas for ways to approach participants who are in different stages of change. The chart below lists each stage of change and the recommended counseling strategy associated with it

**Stage Based Counseling**

Stage	Counseling Strategy
Not thinking about changing	Raise awareness (plant seeds)
Know they should change but are not ready	Explore pros/cons of change, concerns/fears
Planning to change	Support & encourage, discuss ways to deal with difficulties/barriers
Have made a change	Encourage, affirm, discuss difficulties to prevent relapse
Maintaining the change	Encourage, affirm, prevent relapse

### Goal Setting

Goal setting is an important component of behavior change counseling because it encourages the participant to put into action something that was discussed during the appointment. Consistent with the fact that participants are in different stages of change, the goals set with participants will differ depending on their stage of change. For participants in early stages of change, appropriate goals are ones that help to raise awareness or encourage the participant to think through the pros and cons of change. Examples of goals that are appropriate for early stages are to simply read over educational material, to talk to a spouse or to think about what it would look like to make a specific change. These goals may not seem very ambitious; however, they are realistic and consistent with moving someone through the early stages of change. As the participant becomes more committed to making a change, appropriate goals will be ones that are more action oriented. For example, the goal may be to have the participant take small steps toward making the behavior change.

When setting goals with participants it is important to remember these principles:

- Goal setting should be done interactively with the participant. WIC staff’s role is to suggest ideas for goals that might be appropriate for the participant’s stage of change. It is the participant’s role to make the decision about what they are able and willing to do.
- Goals should be specific. A clearly stated goal is easier to follow.
- Write down the goal (perhaps on a handout) as a reminder after they leave the appointment.

Documentation - Document the goal in the Participant Care Plan. The goal should be described clearly so that WIC staff can easily follow up on the goal with the participant at the next appointment.

Follow up - Since behavior change is a process, it is important to follow up at the next visit by asking the participant about their progress in achieving their goal. Offer praise for any efforts they have made and provide support as appropriate. It may be necessary to adjust the goal to make it more doable.

Following up on goals helps to increase the participant’s accountability, provides opportunities for support and problem solving, and demonstrates to the participant that WIC cares about helping them make changes. Document follow up discussion(s) about goals in either the Subjective or Assessment section of the Participant Care Plan.

### Nutrition Care Process

The Nutrition Care Process (NCP) is a systematic approach of providing high quality nutrition care, developed by the Academy of Nutrition and Dietetics. The use of the NCP provides a framework for the WIC High Risk Counselor Registered Dietitian (RD) to individualize care, taking into account the patient’s needs and values, and using the best evidence available, to make decisions. Most university based dietetic internship programs use this process when training upcoming nutrition professionals in both the clinical and community settings.

The Colorado WIC Program does not require that the NCP be utilized in the local agency clinics but does realize that general guidance is needed for those RDs that prefer this method of documentation.

Many WIC RDs, other health care professionals and WIC Educators who have not been exposed may encounter documentation in the NCP format following a participant transfer from another WIC agency. The purpose of this guidance is to inform WIC staff of this type of documentation used by some RDs and to standardize the documentation and process for consistency across the state.

There are four steps in the process:

- **Nutrition Assessment**

The RD collects and documents information such as food or nutrition-related history; biochemical data, medical tests and procedures; anthropometric measurements, nutrition-focused physical findings and client history.

Documenting NCP Nutrition Assessment in Compass

Subjective and objective data is pulled from the Nutrition Interview and other areas of Compass into the Subjective and Objective sections of the Participant Care Plan. Additional assessment data such as physical appearance, swallowing function, appetite, medical history, etc. can be added to the free form text boxes under the Subjective area. Additional assessment data such as biochemical tests, lab data, week's gestation and other anthropometric measurements can be added to the free form text boxes under the Objective area.

- **Nutrition Diagnosis**

Data collected during the nutrition assessment guides the RD in selection of the appropriate nutrition diagnosis (i.e., naming the specific problem). Standardized terminology for nutrition diagnosis is developed. Examples of nutrition diagnoses are: "inadequate energy intake", "physical inactivity", and "food and nutrition related knowledge deficit". It is suggested that the RD use a PES Statement to communicate the nutrition diagnosis (problem, etiology, and signs/symptoms). The PES statement names the **nutrition problem (P)**, identified its cause (or **etiology (E)**) and lists the assessment data (**signs and symptoms (S)**) that justify the problem.

It is written as: nutrition diagnosis term "related to" etiology "as evidenced by" signs and symptoms of the nutrition diagnosis. This is a concise way of describing a nutrition problem that the RD is responsible for treating.

Documenting NCP Nutrition Diagnosis in Compass

This format can be used and the documentation added in the Assessment section of the Participant Care Plan. The Colorado WIC Program does not utilize the electronic Nutrition Care Process Terminology (eNCPT) coding process for diagnosis purposes.

- **Nutrition Intervention**

The RD then selects the nutrition intervention that will be directed to the root cause (or etiology) of the nutrition problem and aimed at alleviating the signs and symptoms of the diagnosis by planning or implementing appropriate interventions tailored to the participants needs. These interventions can consist of food and/or nutrient delivery, nutrition education, nutrition counseling or coordination of nutrition care.

Documenting NCP Nutrition Intervention in Compass

This should be documented in the Counseling/Education section of the Participant Care Plan.

- **Nutrition Monitoring and Evaluation**

The final step of the process is monitoring and evaluation, which the RD uses to determine if the patient/client has achieved, or is making progress toward, the planned goals. Dietitians should monitor outcome indicators (e.g., weight status, hgb level etc.), that are relevant to the patient's nutrition diagnosis and intervention goals. The "as evidenced by" signs and symptoms in the PES statement are appropriate things to monitor.

Documenting NCP Monitoring and Evaluation in Compass

The monitor indicators should be included in the Plan section of the Participant Care Plan. This includes what will be measured or followed-up during the next visit.

At subsequent visits the high risk WIC participants often follow up with the WIC High Risk Counselor on a regular basis and determine if the previous identified nutrition problem (PES statement) is resolved or if progress is made. This should be documented in the Assessment section of the Participant Care Plan by the RD. Examples of documenting progress:

- ✓ *“Resolved”*- nutrition diagnosis no longer exists because it has been addressed
- ✓ *“Improvement shown/unresolved”*- nutrition diagnosis still exists but signs/symptoms showing improvement. Patient making progress.
- ✓ *“No improvement/unresolved”* - nutrition diagnosis still exists, little to no improvement shown, still appropriate for patient’s condition
- ✓ *“No longer appropriate”* - nutrition diagnosis is no longer exists because patient’s condition or situation has changed. The focus of nutrition interventions no longer supports the nutrition diagnosis.

## WIC Appointment Protocols

The following section describes information that must be provided during each type of WIC visit.

### Initial Certification Appointment

During the initial certification appointment, eligibility is determined, followed by an initial explanation of WIC. The following section describes the required topics that constitute the initial explanation of WIC as well as other services that WIC provides and brief summary of what to expect during a WIC visit. For a more detailed description of each the components of the initial certification visit, please refer to Section VII: Eligibility in this manual.

### Nutrition Assessment, Education and Behavior Change Counseling

After completing the eligibility determination and “Certify” the participant, WIC staff will:

- Conduct a thorough nutrition assessment
- Discuss relevant nutrition education topics
- Provide behavior change counseling
- Assist the participant in setting a stage appropriate goal

### Mid-Certification Appointment:

- ✓ Infants (5-7 months of age only);
- ✓ Children at 5-7 months between certification visits.

The mid-certification appointment is conducted for infants between the ages of 5-7 months and children at 5-7 months between certification visits.

- A thorough nutrition assessment including: Nutrition Interview, length/weight measurements and blood collection if required for children.
- Counseling regarding identified nutrition risk factors.
- Discussing relevant nutrition education topics (e.g. anticipatory guidance around feeding/introduction of solids, breastfeeding support).
- Behavior change counseling and goal setting (as appropriate)

### Follow up Appointment - Second Nutrition Education Contact

The follow up nutrition education appointment is typically the second educational contact within a certification period. For low risk participants, it generally occurs 3 months after the certification appointment. Since the certification period for infants, children and breastfeeding women can be longer than 6 months; these participants receive more than one follow up appointment per certification period. Low risk infants receive a 3 and a 9-month nutrition contact visit along with the 5-7 month mid-certification appointment. Children receive two nutrition education contact visits along with the mid-certification appointment (5-7 months between certification visits). Breastfeeding mothers receive follow up appointments quarterly or more often as needed. These appointments are important opportunities to check in with the participant and address questions or concerns. Low-risk participants may receive a nutrition education contact for follow up appointments using [wichealth.org](http://wichealth.org), telephone or video call.

During the follow up appointment, the following activities should take place:

- *Follow up of referrals, goals, and other plans made at the first visit.* Follow up on any goals that were set during the previous visit. Offer praise for any efforts that have been made and provide support as appropriate. If the participant has had difficulty achieving her goal, discuss possible problem solving ideas or consider rewriting the goal to make it more doable. Conversely, if the participant has achieved a goal, the educator should encourage her to set a new goal so that she can continue to make progress toward her desired behavior change.
- *Topics numbered listed under "Other WIC Services to Provide" (above), if not covered at the first visit.*
- *Growth Measures (as indicated):*
  - ✓ For infants: As a best practice, length and weight should be taken at each follow up visit.
  - ✓ For pregnant women: check weight at least once per trimester for all in-person clinic visits. An Education Choice option may be offered one time to low-risk pregnant women after the certification/recertification visit, allowing one measurement to be excused.
  - ✓ For all other participants: Height and weight checks should be done if anthropometric and blood risk factors have been assigned and/or there is a concern with weight status or growth. For additional guidance refer to the Blood Iron Frequency Tables located in the *Eligibility: Certification Procedures/Required Medical Data* section in the *WIC Program Manual*.

Procedures for follow up appointments via [wichealth.org](http://wichealth.org) for low-risk eligible participants:

- ✓ Offer the endorser/participant the option to complete their nutrition education online.
- ✓ Endorser/participant creates an account and profile at [wichealth.org](http://wichealth.org) using their Compass Family ID.
- ✓ Endorser/participant completes a lesson any time between the previous appointment and before the next date of food benefit issuance. This lesson can qualify as the nutrition education contact for all low risk members of that household requiring a follow up visit.
- ✓ Upon completion of a lesson and during the month current food benefits end staff will verify lesson completion, issue food benefits remotely and schedule the next clinic visit.
- ✓ Once a nutrition education lesson is completed by the endorser/participant in [wichealth.org](http://wichealth.org) it automatically transfers to the *Nutrition Education* panel in Compass, a *Care Plan* is not required. The goal that was created at the certification, recertification or mid-certification may be followed-up on at the next in-person nutrition education contact.
- ✓ A method to provide support and allow for questions should be available to the endorser.

Procedures for providing telephone/video call nutrition education for low- risk eligible participants:

- ✓ Offer the participant the option to complete their follow up nutrition education by phone or video call. Schedule the appointment for the telephone/video call contact in advance, whenever possible. When scheduling, select "Phone Follow-up" from Appointment Type in Compass Scheduler.
- ✓ Telephone/video call contact should occur at a time when the participant is available and has time to talk. If the participant is not available at the scheduled time, reschedule.
- ✓ Before the telephone/video contact, staff review recent information collected in the participant's record.
- ✓ During the call staff: 1) Provides nutrition education; 2) follow-up of previous goals; 3) Provides appropriate handouts and educational resources to the participant by email or mail during or after the telephone/video call contact; 4) Provides appropriate referrals over the phone and determine if the information would be beneficial to the participant if sent by email or mail; 5) sets goals; 6) Issues food benefits remotely and; 7) Schedules the next clinic visit according to the local agency's scheduling process.

Document each nutrition education telephone/video call contact in the Nutrition Education and Care Plan panel in Compass.

### Recertification Appointment

- Ask participant/endorser if he/she has any questions regarding Initial Explanation to WIC topics and follow up on requested information.
- Conduct a thorough nutrition assessment.
- Follow up on previous goals, referrals and other items in the care plan.
- Provide nutrition education and behavior change counseling.
- Discuss development of new goals, referrals and plans as needed.
- Inform the participant of their certification end date.

## Documentation

### Purpose of Documentation:

The main purpose of documentation is a means of recording information provided to and from the participant during a WIC visit. Quality documentation ensures continuity of care and enables staff to “pick-up” where the last visit ended by following up on participant goals, reinforcing nutrition education messages, and reviewing plans from previous visits.

### Elements of Quality Nutrition Services Documentation:

- Consistent:** Follows protocols set by Colorado WIC
- Clear:** Precisely stated and easily understood by any reader
- Organized:** Follows a logical order that minimizes duplication
- Complete:** Creates a picture of the participant, the services provided over time, and outlines a plan for future services
- Concise:** Contains minimal unnecessary information

### Documentation of Nutrition Education Contacts

- ✓ To help ensure quality care, federal regulations for the WIC Program require a minimum of two nutrition education contacts be documented in the participant’s WIC record per **each 6-month** certification period. For breastfeeding women, infants and children certified for more than six months, contacts must be offered on a quarterly basis. Actively participating breastfeeding women of an infant greater than 6 months of age receiving out of range formula do not receive food benefits but a nutrition education contact is still required.
- ✓ Should a participant refuse or be unable to attend nutrition education, staff should document this fact in the participant’s file for purposes of further education efforts and for monitoring purposes.
- ✓ Completing the *Nutrition Education* Panel at every visit for all participant categories documents a required nutrition education contact. The *Nutrition Education Covered* drop down list must be completed at each visit. The *Pamphlets Provided* drop down list is not required but nutrition education pamphlets are strongly encouraged to be given during each nutrition education counseling session. The *Nutrition Education* Panel is where the WIC High Risk Counselor indicates completion of a high risk follow up appointment.
- ✓ When entering a new record, select the “New” radio button at the top of the screen. This enables selection from the *Nutrition Education Covered* and *Pamphlets Provided* drop down list. Selected nutrition topics and pamphlets automatically populate into the Participant Care Plan.
- ✓ Also on this panel, the WIC High Risk Counselor selects the *High Risk Follow Up Appointment* checkbox indicating completion of a high risk appointment.

### Nutrition Education Care Plans

- ✓ **Each participant’s record must contain documentation of the education received.** It is required to create a separate participant care plan for each nutrition education contact. Nutrition education information includes subjective, objective, assessment, counseling, pamphlets, referrals, goals and plan.
- ✓ Compass automatically pulls the following information into certain sections of the participant care plan:
  - Information entered in the Nutrition Interview text boxes pulls into the *Subjective* or *Assessment* section of the care plan;
  - Information such as age, category, weight, height, hemoglobin and risk factors from information entered into the Intake, Nutrition Interview, Anthropometrics, and Blood panels pulls into the *Objective* section of the care plan;
  - Information entered into the *Nutrition Education* and *Referral* panels transfers to the Topics, Pamphlets, and Referral areas of the *Counseling/Plan* portion of the Care Plan.
- ✓ **Participants seen by WIC High Risk Counselor on same day as certification:** When a WIC educator identifies a participant to be high risk and the WIC High Risk Counselor provides high risk counseling that day, both WIC staff persons enter a separate education note. Only one education note is required when the WIC High Risk Counselor completes both the certification/recertification/follow up and high risk counseling in one visit. When the WIC High Risk Counselor provides high risk counseling, the *Nutrition Education* panel must be accessed and the *High Risk Follow Up Appointment* radio button clicked.
- ✓ **Note Dates:** The note’s creation date is system assigned and cannot be manually altered.

- ✓ **Storage of Participant Education Notes:** Education notes are stored in the Compass database and will be included with other data when a participant transfers to another clinic within Colorado.
- ✓ **Printing Participant Care Plans:** Individual care plans can be printed and can include the current visit or previous visits as indicated by the date range selected when clicking on the *Print* button on the Care Plan panel.
- ✓ **Documenting Group Education:** In order for a group education session to be counted as a nutrition contact, a class outline must be on file that specifies the topics covered, materials used, and the class title. Nutrition education class topics are chosen when a class is created in the Compass scheduler. A completed care plan is optional for every participant attending a Nutrition Education class.
- ✓ **Documentation of Other Contacts:** WIC staff should document other visits or contacts (i.e. phone follow up) in the participant's care plan, even when this contact does not qualify as an education contact. If goals are set, indicate the goal in the field labeled *Goals* and the plan for the next visit in the field labeled *Plan*.

### Documentation Requirements in Compass

The following are required components to nutrition education documentation in Compass:

- Nutrition Education Topics Covered must be selected in the *Nutrition Education* panel
- *High Risk Follow Up Appointment* check box must be checked if a high risk visit is performed.
- Participant Care Plan must be completed with at least one goal obtained and documented (exception, low-risk participants who complete a wichealth.org lesson or those that complete a nutrition education contact via a Nutrition Education class).
- Location in Compass:  
Nutrition Education documentation is located in the *Education and Care* branch of *Clinic Services*. The four panels of the *Education and Care* branch include *Nutrition Education*, *Care Plan - Participant*, *Care Plan - Family and BF Equipment*. The two panels, *Nutrition Education* and *Care Plan - Participant*, are the locations for documentation of WIC services provided.  
The *Care Plan - Family* panel will not be used by the Colorado WIC Program at this time and can be disregarded. The *BF Equipment* panel is reviewed in the BF Equipment section at the end of Nutrition Education.
- Education and Care - Nutrition Education:  
Documentation of nutrition education topics and pamphlets provided during a visit is recorded in the *Nutrition Education* panel located in *Clinic Services - Education and Care*. The *Nutrition Education Covered* field allows the user to select the category of topics as well as specific education topic by checking the corresponding boxes. These topics and pamphlets are automatically added to the *Counseling/Plan* section of the *Care Plan - Participant* panel. A high risk visit is documented by selecting the checkbox on this panel.

Document any pamphlets provided in the *Nutrition Education* panel under *Pamphlets Provided*. The categories of pamphlets include Pregnant, Breastfeeding, Not Breastfeeding, Infant and Child. Only pamphlets related to the participant category are available for selection. An error message will occur if the topics covered do not match the pamphlets selected. The *View All* feature allows you to view any pamphlets provided at previous visits.

Copying Nutrition Education from one participant to another:

Participant in the same family can have nutrition education topics, sub-topics, counseling points and pamphlets copied from one active participant to another active participant in the Nutrition Education record.

Select the *Copy* button on the Nutrition Education screen and in the pop-up box, click the name of the other family members for whom the nutrition education topics are to be copied and click OK. Only topics, counseling points and pamphlets that are applicable to the participant category and available in both participant category lists can be copied. Example: Constipation is listed for both children and infants so this topic can be copied from a child record to an infant record.

- Care Plan - Participant  
The *Care Plan - Participant* panel is where all subjective, objective, assessment, counseling and plan, goals and referral date is located. Here are lists of possible components within each section:
  - ✓ Subjective:
    - Participant comments will pull into the Subjective area from the text boxes in the current Nutrition Interview.
    - Staff may add additional information in the white text box under Subjective such as:

- Additional participant comments associated with the five assessment areas: medical, growth and iron, nutrition practices, lifestyle and/or personal factors.
- Reason why a subjective risk factor was assigned
- Other needs identified
- Comments related to follow up on previous goals
- Comments related to follow up on previous referrals
- Additional subjective information that was not collected during the Nutrition Interview can be added to the open text boxes by the WIC staff person
- ✓ Objective:
  - Participant information such as category, age, blood work, height, weight, week's gestation, and growth percentile data entered in previous Compass panels will pull into the objective area of the care plan. Additional objective information such as special dietary needs, special formulas, and tailored food packages can be added to the open text boxes by the WIC staff person.
- ✓ Assessment:
  - Compass risk factors added in previous Compass panels will pull into the assessment area of the Care Plan. In the white text box under Assessment, WIC staff members need to add their assessment. Justification for assignment of subjective risk factors such as nutrition practice risk factors and Minimum Expected Weight Gain (MEWG) calculation must be included. This is also the place for staff members to document their assessment statement such as "diet high in sugar sweetened beverages" or "participant has gained x amount of weight in x days/weeks." Agencies that use the Nutrition Care Process, (Problem, Etiology & Signs/Symptoms) PES statements may be added [here](#) also.
- ✓ Counseling/Plan/Pamphlets:
  - Selected counseling topics and pamphlets from the *Nutrition Education Panel* automatically populate into these text boxes when a new Participant Care Plan is selected.
- ✓ Counseling/Education:
  - Additional counseling and nutrition education information can be entered into the text box to clarify or enhance the topics and counseling points entered in the *Nutrition Education Panel*.
- ✓ Goals:
  - What the participant states they will work on or do (based on their stage of change).
  - One goal is required and should be participant centered, specific and time sensitive.
- ✓ Referrals:
  - Each agency has a list of organizations that was compiled and entered into Compass for outreach and referral purposes. Referrals provided to participants are pulled from those documented on the *Referral-Participant* panel in the *Family/Intake* area of Compass.
- ✓ Plan:
  - The plan is a place to record information to be covered at the next visit or additional measures to take. A plan is entered for future visits such as a referral to the WIC High Risk Counselor, the items that need to be completed for the next visit or additional referrals. WIC High Risk Counselors should enter when to schedule the next high risk visit with the WIC High Risk Counselor or WIC Educator.

### Copying Nutrition Education Goals:

Participants in the same family can have goals copied from one active participant care plan into another active participant care plan. A current, complete assessment (Nutrition Interview, Risks, etc.) is required for all participants prior to accessing the participant care plan, and copying goals. User selects the *Copy Goals* link on the participant care plan of the goal/s to be copied. Check the participant's name and mark OK. All goals will be copied to any participant selected in the family.

### Editing WIC Records

**Adding Information:** A participant care plan cannot be edited more than 3 days after it was created. If more information needs to be entered in Compass for a participant after 3 days, a new education note must be created. In this case you would not need to enter a new record in the *Nutrition Education* panel as you have already created a nutrition education contact for this visit. Create a new record in the *Participant Care Plan* panel and note the date of the original education note in the new note. Participant Care Plan information must be entered no more than 10 days after a visit.

## Mandatory Reporting

Colorado Revised Statute (CRS 19-3-304) designates all local agency WIC staff persons as mandatory reporters of child abuse or neglect. Local WIC programs should follow their own local agency's established guidelines and procedures for reporting these situations. It is recommended that local agencies develop written internal reporting procedures and resources (for staff and participants) with input from legal counsel, local law enforcement and child protective services. Written procedures should detail how staff members will respond to any reportable or potentially reportable situation, who is required to report, and to whom the report is made (child protective services or law enforcement agency). Depending upon the local agency's established reporting guidelines, these procedures may include calling Colorado's Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS (or 1-844-264-5437). The statewide hotline, launched in January 2015, efficiently routes all hotline calls to the county where the child resides. It is also recommended that local agencies provide mandatory reporting training and resources for staff members. The Colorado Department of Human Services (CDHS) provides the Child Welfare On-line Training System at <http://www.coloradocwts.com/>. This valuable resource introduces staff members to mandatory reporting requirements.

### Colorado's definition of child abuse or neglect

Child abuse is an act or omission that threatens the health or welfare of a child and includes signs of physical abuse or physical injury that is not justifiably explained, malnutrition, child is subjected to unlawful sexual behavior, child's parent or legal guardian or custodian does not provide adequate food, clothing, shelter, medical care, or supervision, emotional abuse, a controlled substance is manufactured or attempted to be manufactured either in the child's presence or on the premises where the child resides or is found, a child tests positive at birth for either a schedule I controlled substance or a schedule II controlled substance unless the positive test was for a prescribed medication that the mother was taking. (CRS 19-1-103, 19-3-201, 16-22-102, 18-3-401-405.4, 411, 502).

### Types of Child Abuse:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Human Trafficking
- Institutional Abuse

### There are five types of neglect:

- Physical Neglect
- Medical Neglect
- Educational Neglect
- Emotional Neglect
- Lack of Supervision

### How is a report made?

Reporting procedures are detailed in CRS 19-3-307, 25-1-122 (4) (d) and 25-4-1404 (1) (d).

Depending upon the local agency's reporting guidelines, a report is made immediately by calling the county's child protective service, local law enforcement agency, or Colorado's Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS (or 1-844-264-5437); followed by a written report prepared by the mandatory reporter.

Child protective services (CPS) personnel are required to assess reports of child abuse and/or neglect. CPS works with community professionals, who are mandated reporters, to prevent, identify, and respond to child abuse and/or neglect.

The Participant Care Plan should be used for WIC-related observations, verbal or written reports. All documentation must be done in a professional manner as any WIC record can be used for legal purposes.

### To whom should a report be made?

Generally, interfamilial abuse (includes abuse that occurs within a family context by a child's parent, stepparent, guardian, legal custodian, relative, spousal equivalent or any other person who resides in the child's home) is reported to the child protective services in the county where the victim lives.



Third party abuse (includes abuse by any person who is not a parent, stepparent, guardian, legal custodian, spousal equivalent) is reported to law enforcement where the crime occurred. Local child protective services can provide guidance regarding to whom a report should be made. (Definitions from CRS 19-1-103)

**Does a report need to be made? Issues to consider:**

1. Is there evidence or suspicion of physical, sexual or emotional abuse?
2. Are there signs of neglect (physical, medical, educational, emotional &/or lack of supervision)?
3. Is the parent/caregiver abusing substances in view of the child/ren?
  1. How is this impacting the safety/well-being of the child/ren?
  2. Are substances easily accessible to the child/ren, thereby increasing the risk of accidental ingestion?
  3. Is there a sober caregiver at home? Is the parent/caregiver driving under the influence with child/ren in the vehicle?

**Assistance for mandatory reporters:**

Staff should follow the reporting policies established by their local agency. A suspicion of abuse or neglect is adequate for reporting to child protective services. Staff should not attempt to further investigate or probe suspected child abuse or neglect. Staff making a report may find speaking with a fellow staff member or supervisor helpful but the mandatory reporter is ultimately responsible for complying with reporting laws.

If staff is unsure about whether a report should be made, they should contact their local child protective services for guidance.

**What happens when a report is made?**

When a report of suspected child abuse and/or neglect is made, child protective services collects relevant information from the reporting party and screens the call to determine if a report will be accepted for assessment. Child protective services will prioritize accepted reports and assign them for assessment or for referral to other agencies, community services or another jurisdiction.

After a report is made, the county is required to notify the person who made the report within 30 days regarding whether or not the referral was assigned for assessment. A call may also be made to the county to follow-up to see if the report was assigned. If the referral was assigned, the person making the report may be contacted for additional information.

Note: References are made to various Colorado statutes in the information. Staff should consult the Colorado Revised Statutes for the most current and complete wording of the child abuse and neglect reporting law.

<http://www.lexisnexis.com/hotttopics/colorado/>

## Miscellaneous Topics

**Participant Satisfaction Survey**

To comply with Federal Regulations, the State Office and local WIC agencies collaborate to conduct a participant satisfaction survey every other year. The purpose of the survey is to assess customer service, effectiveness of nutrition and breastfeeding promotion and support, and to collect information about participant needs and interests. Participant Satisfaction Survey results help both state and local agencies plan services for the following year.

**Time Study**

USDA requires WIC staff to document spending at least one-sixth of the total state administrative budget on nutrition education and a prescribed amount for breastfeeding promotion, as well as time spent on client services and administration each year.

As of October 1, 2004, all agencies are required to maintain daily time logs for either one week a month or one month a quarter listing time spent on nutrition education, breastfeeding promotion, client services, and general administration activities performed by WIC staff. Local agencies will report the percentage of time spent in each activity for each WIC staff on the Contract Reimbursement Statement.

### WIC Visit Assessment and Counseling Evaluation Tool

Local agency staff can use this tool to evaluate how well a specific staff person practices “Participant Centered Care” during a WIC visit. Suggested uses are for new employees, peer-to-peer feedback or employee performance reviews. This tool is located on the CO WIC web site.

## Local Agency Breastfeeding Promotion, Education and Support

Each local agency designates a Local Agency Breastfeeding Coordinator (See Position Description in Local Staffing Section). More than one person can be designated for agencies with multiple clinic sites.

The Local Agency Breastfeeding Coordinator is responsible for ensuring the local agency implements the following guidelines:

- All agency staff exhibits a positive attitude toward breastfeeding and, depending on their position, be expected to educate on, promote and support breastfeeding and make referrals for breastfeeding services beyond WIC. (See “Breastfeeding Roles in the Colorado WIC Clinic” following this section.)
- Clinic environments endorse breastfeeding as the preferred and normal method of infant feeding.
  - ✓ All printed (pamphlets, posters) and audiovisual materials used will be free of formula product names. Additionally, these materials should portray breastfeeding as the preferred infant feeding method.
  - ✓ Office supplies such as cups, calendars, pens, note pads, etc. will be free of formula product and sponsor names.
  - ✓ Formula samples, if available, must be stored out of the view of participants.
  - ✓ All local agency staff will exhibit a positive attitude toward breastfeeding.
- Appropriate breastfeeding education is offered to all pregnant WIC participants and their family/friends.
  - ✓ The local agency will use breastfeeding education protocols which:
    - Integrate breastfeeding promotion into the continuum of prenatal nutrition education.
    - Include an assessment of participant knowledge, concerns, attitudes and support networks related to breastfeeding.
    - Provide initial and follow-up breastfeeding education sessions to each participant based on the above assessment.
    - Define the role of all staff in the promotion, education, support and protection of breastfeeding.
    - Educate all pregnant women on the benefits of exclusive breastfeeding and inform them that WIC provides support to build their milk supply. The message that WIC does not routinely provide formula to breastfed infants who are younger than one month of age will be conveyed at a minimum of once during the WIC prenatal contacts (individual or group) before the expected delivery date.
  - ✓ The local agency will develop a mechanism to incorporate positive peer influence into the prenatal period. This could include activities such as a bulletin board showing pictures of breastfeeding moms and babies, or classes where breastfeeding women and/or peer counselors talk to pregnant women.
  - ✓ The local agency will prepare the mother to communicate effectively with hospital staff of her decision to breastfeed. This could include information on Baby-Friendly hospital practices and *The Ten Steps to Successful Breastfeeding*.
  - ✓ The local agency will prepare the mother to communicate effectively with her employer/school as she prepares for maternity leave.
- Breastfeeding education and support are provided throughout the postpartum period and particularly at critical times when the mother is most likely to need assistance.
  - ✓ Educate all breastfeeding women on the benefits of exclusive breastfeeding. Inform them that WIC does not provide formula to breastfed infants who are younger than one month of age to ensure mothers can fully establish their milk supply. This message will be conveyed at a minimum during the first postpartum contact. Furthermore, as best practice, WIC should not provide an infant’s first source of formula. If a mother has not begun formula feeding and expresses her intention to, staff will encourage her to try offering formula prior to receiving a food package with formula. This offers mother the opportunity to continue receiving the exclusive breastfeeding package while learning if feeding formula is acceptable to her infant.
  - ✓ Staff will document a mother’s plan for breastfeeding in her nutrition education record and provide education and support to help her achieve her breastfeeding goals.
  - ✓ Local agencies will develop a plan to assure that women have access to locally available breastfeeding support programs/services early in the postpartum period (when infant is 0-2 weeks of age).

- ✓ Local agencies will provide and/or identify education and support services for breastfeeding women in special situations, such as working mothers or those returning to school. This can be inside or outside the agency and would include providing mothers with phone numbers for La Leche League, local hospital support programs, or other support services.
- ✓ Local agencies ensure that all postpartum contacts provide positive reinforcement for the continuation of breastfeeding.
- ✓ Local agencies collaborate with other programs/groups that provide breastfeeding education and support.
- Breastfeeding infants receive a food package consistent with their nutritional needs.
  - ✓ All exclusively breastfed infants are enrolled on the program. All mothers of exclusively breastfed infants receive the food package for exclusively breastfeeding women.
  - ✓ Staff perform a nutrition assessment, provide education about the potential impact of formula on lactation, and use participant centered approaches to understand each mother's individual request for formula supplementation and to determine the appropriateness of supplementation.
  - ✓ When formula is issued to a breastfed infant, staff provide the minimum amount needed at the time of food benefit issuance, remembering that WIC is a supplemental program and mothers will have greater breastfeeding success if they continue to empty their breasts.
  - ✓ The long shelf life of powder formula allows mixing just the amount needed per feeding and does not create the temptation to feed the entire can's contents before it expires (as with concentrate and ready-to-feed).

## Scope of Practice

The core competencies of staff as defined by USDA include:

- Recognize own beliefs and attitudes regarding breastfeeding and the impact of those beliefs and attitudes on WIC participant decisions.
- Know the benefits of breastfeeding for baby, mother, family, and society, and apply to daily clinic activities.
- Self-identity as part of the WIC "Team" that promotes, protects, and supports the breastfeeding relationship.
- Understand how the WIC food packages for the breastfeeding dyad support breastfeeding.
- Understand how to assist mothers to overcome common barriers to initiation of, exclusive and continued breastfeeding.
- Develop rapport and foster open dialogue to successfully communicate with pregnant women and mothers.
- Identify factors that can impact breastfeeding during the prenatal assessment process.
- Identify physiological factors that impact breastfeeding.
- Understand optimal breastfeeding practices that help mothers initiate and maintain breastfeeding.
- Recognize common breastfeeding concerns and protocols for obtaining additional assistance for mothers.
- Assist employed women with tailored strategies for continuing to breastfeed after returning to work.
- Apply knowledge of lactation to supporting breastfeeding in varied situations.
- Understand the role of clinic and community support for breastfeeding.

The table on the following page defines general roles which staff with various training, education, and credentialing can practice. There are numerous trainings and certificate courses available nationwide. In general, WIC staff becomes Lactation Management Specialists (LMS) by attending a Colorado WIC training specifically designed to equip staff with the knowledge to counsel women and infants with the breastfeeding potential complications risk factor. All WIC High Risk Counselors are required to become LMS through this or a similar training such as Certified Lactation Counselor (CLC) or Certified Breastfeeding Educator training. Educators and breastfeeding peer counselors (BFPC) are invited to participate in the training and must successfully pass a test and observations of participant interactions to become LMS. WIC staff members who are Internationally Board Certified Lactation Consultants (IBCLC) are not required, but recommended to attend the LMS training, regardless of their WIC title (WIC High Risk Counselor, Educator, or BFPC).

**Breastfeeding Roles in the Colorado WIC Clinic**

Roles	Clerical reception staff	Educator completed BF Module	Educator LMS	RD/RN LMS	BFPC	BFPC LMS, CLC, IBCLC	RD/RN CLC, IBCLC	Educator CLC, IBCLC	IBCLC Hospital LC
Provides info on benefits of BF and WIC services	X	X	X	X	X	X	X	X	X
Aids in or conducts breastfeeding promotion projects in the clinic	X	X	X	X	X	X	X	X	X
Creates and sustains a clinic environment supportive of BF	X	X	X	X	X	X	X	X	
Offers praise for BF, refers moms to other WIC staff for BF info and support	X				X				
Offers praise for BF and refers moms to WIC LMS	X	X			X				
Offers praise for BF and refers moms to IBCLC or hospital LC			X	X		X		X	
Refers moms to other community breastfeeding resources	X	X	X	X	X	X	X	X	X
Refers moms to appropriate staff for breast pump	X	X			X	X			
Assesses need for and type of pump. Instructs on use & milk collection and storage			X	X		X	X	X	X
Educates on the benefits of BF	X	X	X	X	X	X	X	X	X
Provides general BF information through individual counseling and support calls.	X	X	X	X	X	X	X	X	X
Assesses, and provides counseling on, common breastfeeding problems: e.g., sore nipples, latch problems, weaning		X	X	X	X	X	X	X	X
Assesses, and provides counseling on, more complex problems, including those of WIC BF risk factor			X	X		X	X	X	X
Instructs on use of BF aides (e.g., shells)			X	X		X	X	X	X
Conducts BF education classes		X	X	X		X	X	X	X
Conducts BF support groups		X	X	X	X	X	X	X	X
Mentors Educator and BFPC LMSs				X			X		X
Provides initial counseling on high risk BF complication			X	X		X	X	X	X
Provides high risk BF follow up with mom/baby within two weeks if prior visit with Educator LMS or BFPC LMS				X		*BFPC (CLC or IBCLC) – per local agency decision	X	X	
Serves as agency's or clinic's BF coordinator			X	X			X	X	
Serves as agency's BFPC program coordinator				X			X	X	

## Assisting with Breastfeeding Techniques and Assessment

- **Assisting with Latch**  
WIC staff (WIC High Risk Counselors, Educators, BFPC, LMS, CLC, and IBCLC) can assist a mother with latch within the following guidelines:
  - ✓ Ask permission from the mother to assist with latch, such as “Would you like me to offer some help on latching your baby?”
  - ✓ Verbally direct mother, use a doll to model, or a video to demonstrate/show various positions.
  - ✓ If mother requests direct, hands on assistance, staff shall use their hands to manipulate or place the baby. Effort should be made to not directly contact mother’s breast.
- **Assisting with Nipple Shields**  
WIC staff (WIC High Risk Counselors, Educators, BFPC, LMS, CLC, and IBCLC) should not place nipple shields on mothers. Rather if use of a nipple shield is warranted, participants should be referred to a lactation consultant in the community. The WIC clinic setting and scheduling does not provide adequate timing and resources to perform the necessary support and follow up.  
  
WIC staff (all LMS, CLC and IBCLC) can offer guidance to a mother on how to wean from a nipple shield.
- WIC staff (WIC High Risk Counselors, Educators, BFPC, LMS, CLC, and IBCLC) should not perform test weights on infants to determine if mother’s milk is transferred. This procedure does not fit within a routine or high risk WIC visit in that it requires a more thorough assessment (including feeding history, elimination patterns, breast variables, infant health status, duration of feeding problem, etc...) than time permits. WIC staff should refer infants who are not gaining well to their physician. WIC staff can weigh infants and offer mothers to weigh their infants on a regular basis when the purpose is to assure the mother their infant is growing.

**NOTE:** WIC agencies with staff who are RN, IBCLCs and who also perform public health nursing positions which require greater technical expertise, may have expanded scope of practice beyond what is described above for WIC only.

## Breastfeeding Peer Counselor (BFPC) Program

### Program Description

The USDA Food and Nutrition Service is working toward a goal of institutionalizing peer counseling in WIC as a core service to increase breastfeeding rates among WIC participants. Peer counselors are able to extend the Colorado WIC Program’s reach with breastfeeding promotion, education, and support by helping women initiate and continue exclusive breastfeeding through offering peer support during critical weeks after delivery and beyond. For successful programming it is critical that there is strong management and administrative support. Services provided by peer counselors are not counted toward nutrition education requirements.

### Program Requirements

To implement and administer a Breastfeeding Peer Counselor (BFPC) Program, local WIC agencies must participate in an application process and in a one day training overseen by the State Office, based on USDA’s *Using Loving Support to Manage Peer Counseling Programs* curriculum. Agencies receiving BFPC Program grants are required to follow guidance specified in their local agency’s BFPC Program contract and in the *Loving Support Management Training* curriculum. Additionally, they are expected provide training to their BFPC staff using *Loving Support through Peer Counseling* training curricula.

### Budget, Expenditures and Allowable Costs

Funding for peer counseling is provided to local agencies through a separate grant based on state resources. Allowable costs are defined by USDA. The table below further defines allowable costs based on Colorado and USDA criteria. Local agencies must monitor breastfeeding peer counseling program expenditures to assure they are correctly reported in a timely manner.

## Allowable Costs for Breastfeeding Peer Counseling Programs

Breastfeeding peer counseling (BFPC) funds that the Food and Nutrition Services (FNS) distributes to State agencies are to be used to develop or expand activities necessary to sustain a peer counseling program based on the FNS [Loving Support Model](#). The primary purpose of the funds is to provide direct breastfeeding support services through peer counseling to WIC participants. A State agency's peer counseling implementation plan and annual line item budget addendum to its State Plan must demonstrate an appropriate balance between direct service delivery by peer counselors and the purchase and use of equipment and materials. The use of BFPC funds for expenditures that are not supported by the *Loving Support Model* are not authorized.

The table below helps to identify allowable BFPC costs.\*

NSA = Nutrition Services and Administration

IBCLC = International Board Certified Lactation Consultant

Item or Service	Allowable Costs	Comments
<b>Durable Goods and Space</b>		
Furniture, computers/laptops, and office equipment used to provide peer counseling services and training	Yes	
Phone lines, internet service, cell/smartphones, pagers and answering machines for contacts between peer counselors and mothers	Yes	
Portable baby scales to weigh infants outside of the WIC clinic	No.	NSA funds may be used to purchase scales for clinical assessment for use by staff other than peer counselors.
Space and lease costs for peer counselors to provide services	Yes	
<b>Incentives and Educational Materials to Promote Breastfeeding</b>		
Breastfeeding educational materials for mothers such as pamphlets and DVDs	No	NSA funds may be used for this purpose.
Breast pumps and breastfeeding aids for mothers	No	NSA funds may be used for this purpose.
Breast pumps and breastfeeding aids for <i>demonstration</i> purposes by peer counselling staff	Yes	
Incentive items distributed to WIC participants to encourage breastfeeding	No	NSA funds may be used for this purpose.

Item or Service	Allowable Costs	Comments
<b>Personnel and Compensation</b>		
Salaries and compensation for peer counselling staff: peer counselors, designated peer counselor coordinators, and Designated Breastfeeding Experts (DBE)	<p>Yes. BFPC funds may be used to hire staff to provide oversight/management of peer counseling programs and/or supervision, mentoring and referral expertise for peer counselors.</p> <p>BFPC funds may also be used to pay for DBE time if a peer counselor refers a WIC mother to a DBE for consultation outside of the peer counselor's scope of practice. The DBE may be compensated using BFPC funds if the mother continues to be supported by the peer counselor and remains part of the peer counselor's caseload.</p>	<p>BFPC funds cannot be used to disproportionately hire lactation management experts versus peer counselors.</p> <p>NSA funds must be used for consultations for WIC mothers who are not referred by peer counselors and are not part of a peer counselor's caseload.</p> <p>Refer to the Nutrition Services Standards for DBE qualifications, roles and responsibilities.</p>
Salaries and compensation for dual-role staff, e.g., part-time WIC Nutrition Assistant and part-time peer counselor	Yes. BFPC funds may be used for the portion of time spent as peer counselor. The "dual-role" staff must meet the definition of peer counselor in the <a href="#">Loving Support Model</a> , including being available to participants outside of regular WIC hours. See FNS Breastfeeding Policy and Guidance document for additional information on dual-role staff. State agency policies must be approved by FNS Regional Offices.	<p>Definition of Peer Counselor:</p> <ul style="list-style-type: none"> <li>• Paraprofessional (see <a href="#">Loving Support Model</a> for definition)</li> <li>• Recruited and hired from target population and, to the extent possible, representing the same racial/ethnic background as the mothers they support</li> <li>• Available to WIC participants outside usual clinic hours and outside the WIC clinic environment, and</li> <li>• Previous experience with breastfeeding, having breastfed at least one baby</li> </ul>
Males as breastfeeding peer counselors	No. The definition of peer counselor in the <a href="#">Loving Support Model</a> is based on research demonstrating the benefit of hiring peer counselors from WIC's target population of WIC-eligible women.	Men can be valuable members of breastfeeding promotion and support activities in WIC, such as providing father-led support groups and other activities to support breastfeeding mothers and families. However, components and activities that are outside of those defined by the <a href="#">Loving Support Model</a> must be funded through the regular NSA grant or other sources. See FNS Peer Counseling Management Curriculum for additional information.
Recruitment of peer counselors and related staff	Yes	

Item or Service	Allowable Costs	Comments
<b>Personnel and Compensation</b>		
Staffing and expenses related to breastfeeding hotlines and call centers.	Yes. BFPC funds may be used to hire peer counselors to answer calls to a WIC breastfeeding hotline if the peer counselor meets the definition of peer counselor and receives the appropriate training and supervision as outlined in the <a href="#">Loving Support Model</a> . Other expenses related to the hotline/call center such as rent, phone lines, equipment, are allowable for any portion of those expenses that are for the purpose of a peer counselor providing participant contacts through the hotline/call center.	
<b>Staff Training and Resources</b>		
Travel for training of peer counselors and peer counseling staff/managers	Yes	
Travel for home and hospital visits by peer counselling staff	Yes	
Continuing education for DBE's	Yes, if it relates to servicing peer counseling programs (e.g., mentoring, serving as a referral)	
Breastfeeding resources for peer counselling staff	Yes, if the resources are related to peer counseling, e.g., training materials for peer counselors.	
Breastfeeding resources for WIC staff not related to peer counseling	No.	NSA funds may be used to purchase general breastfeeding resources for WIC staff.



Item or Service	Allowable Costs	Comments
Training and coursework for peer counselors to become IBCLCs or Certified Lactation Counselors (CLCs)	No. NSA funds may be used for CLC or IBCLC training and coursework.	The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants. The research recommends that peer counselors be provided career path training options.
CLC or IBCLC exam, renewal or membership fees	No	At the WIC State agency's discretion, NSA funds may be used for CLC or IBCLC training, exam fees, renewal and/or association membership fees. The State agency must determine if it is necessary and of benefit to the WIC Program for the person in a particular job position to have the certification. SAs must also determine whether or not the cost fits within its WIC NSA grant budget.
<b>Peer Counseling Program Advertising and Promotion</b>		
Pamphlets and similar materials to promote the peer counseling program	Yes	
Media campaigns, e.g., bus placards, to advertise BFPC programs	Yes	FNS would not expect to see a disproportionate amount of the BFPC funds spent on advertising the program at the expense of direct services to participants.  BFPC funds may not be used for ads that promote breastfeeding in general—NSA funds may be used for those purposes.
T-Shirts, buttons and similar low-cost items that identify peer counselors	Yes	
<b>Miscellaneous</b>		
Indirect program costs (e.g., lease/rental costs, copying costs, HR services, legal services, utilities)	Yes, but only those that are related to providing a peer counseling program.	
Second nutrition education contacts	No. BFPC funds are for activities that are in addition to current required WIC activities.	NSA funds provide for at least two nutrition education contacts; therefore, BFPC funds may not be used for the "second" contact.  In addition, the 1/6 <sup>th</sup> nutrition education requirement and breastfeeding target must be met with regular NSA funds.
Childcare	No	

Item or Service	Allowable Costs	Comments
<b>Miscellaneous</b>		
Cribs or other materials and equipment for infants of peer counselors who bring their babies to work	No	
Monitoring and tracking of program effectiveness.	Yes. Funds may be used to monitor and track program components (e.g., contacts, referrals, training) to determine effectiveness and where improvements are needed. However, evaluation studies may not be paid for using BFPC funds.	
Peer counseling services to non-WIC participants	No. Peer counselors should refer WIC-eligible women to WIC to apply for WIC benefits. Peer counselors should refer women who are not WIC-eligible to appropriate non-WIC resources. Refer to the Peer Counselor Handbook.	.
Breastfeeding coalitions	No.	BFPC funds can only be used for services and activities related directly to peer counseling.

\* Updated 2/28/2017. This is not an exhaustive list of allowable costs. Refer to the FNS Regional Office for questions about allowable cost.

**Program Coordination:**

The Colorado WIC BFPC Program is coordinated at the state and local level.

- State Level

To qualify as the CO WIC Program BFPC Program Coordinator, the individual must have experience in program management, demonstrated expertise in breastfeeding management and promotion, training in lactation management, and a minimum of one-year experience counseling breastfeeding women.

The State BFPC Program Coordinator describes the BFPC Program in the annual state plan, develops the standards for the program and provides support to the local agencies implementing the program.

Standards include establishing policies and procedures that:

- ✓ Define the responsibilities (job descriptions) of individuals involved with the BFPC program;
- ✓ Define program standards (management, training, continuing education and evaluation); and
- ✓ Describe the use and tracking of the BFPC program funds.

Support includes:

- ✓ Securing funds and materials annually;
- ✓ Providing training, resources and program materials (e.g., annual training, forms to document PC to mother contact, forms to monitor BFPC work performance);
- ✓ Providing ongoing technical support; and
- ✓ Incorporate an evaluation process as a part each BFPC agency's management review.

- Local Level

The local agency's designated BFPC Coordinator is an individual who develops, manages, and oversees the local agency's BFPC Program procedures and may directly supervise the BFPC. In most cases, the local agency's Breastfeeding Coordinator fills this role; however, the agency may select an alternate person. The individual must have experience in program management, demonstrated expertise in breastfeeding management and promotion, training in lactation management, and a minimum of one-year experience counseling breastfeeding women.

Please refer to the Colorado WIC Program Manual, Local Staffing section, for a WIC Breastfeeding Peer Counselor Coordinator job description.

**Training**

State and local BFPC Program Coordinators must receive training on how to manage peer counseling programs and train peer counselors through Using *Loving Support to Manage Peer Counseling Programs* and *Loving Support through Peer Counseling: a Journey Together* Food and Nutrition Services (FNS) curricula, respectively.

To encourage buy-in from local agency WIC staff and to promote the BFPCs as an additional benefit to the WIC team, local agencies must train WIC clinic staff about the role of WIC BFPC. Staff may use the *Peer Counseling: Make a Difference for WIC Families* presentation provided by the FNS Loving Support model.

**Breastfeeding Peer Counselor Job Description**

The job parameters for each BFPC will differ slightly among the startup and currently operating peer counselor program. Local agencies must submit job descriptions if different from the job description as defined in the Colorado WIC Program Manual, Local Staffing section, for a WIC BFPC prior to hiring.

In some agencies, the BFPC will operate in the WIC clinic. Working from the WIC clinic, the BFPC will provide peer contacts during some or all of the following: prenatal visits at the clinic (individual and group), at the hospital, in the community and by telephone. Some agencies may have the BFPC work from home to make initial phone contact, to provide phone follow up, and to respond to participant calls.

The BFPC will have access to participant rosters of women who have delivery dates in the near future (selectable). Each agency will define how mothers will be able to contact the BFPC (e.g., by text, voice mail, cell phone, clinic phone number). Agency staff will define how they will refer mothers to the BFPC (e.g., BFPC contacts all pregnant women and attempts follow up vs. BFPC contacts all pregnant women who intend to breastfeed and offers contact information for follow up for the women to contact the BFPC).

While each local agency will vary on types and frequency of contacts based on their WIC population needs, the following are recommendations for basic services provided by the Colorado WIC Program:

### Contact Recommendations for Breastfeeding Peer Counselors

Category	Contact Time Frame	Comments
Prenatal Women	Within 30 days of enrollment	Encourage monthly contact through Support Groups and educational text messages  Contacts initiated by participants may be more frequent
	Once a trimester until within 2 weeks of Estimated Delivery Date (EDD)	
	Weekly within 2 weeks of EDD	
Postpartum Women	Weekly during the first month following delivery	May be by phone call, in person or by text messaging. If problems don't resolve within 24 hours, BFPC yields and refers to lactation management specialist, CLC or IBCLC  Encourage Support Group attendance  Contacts initiated by participants may be more frequent
	Follow-up 3 days after breastfeeding problems (e.g., latch) or yield a breastfeeding complication (e.g., jaundice)	
	1-2 weeks before returning to work/school	

#### BFPC Documentation of Contacts in Compass

All contacts and attempted contacts made by the BFPC must be documented in the BFPC Documentation. Proper documentation of contacts ensures accuracy in the *BFPC Contacts Summary Report*. The *Summary Report* aggregates detailed information about the type and frequency of contacts made by the BFPC during a selected date range.

Participant contact categories that count towards total monthly contacts in the *BFPC Contacts Summary Report* are: Clinic Visit, Home Visit, Hospital Visit, Telephone Support, and Peer Support Groups.

The following contact categories are considered **attempted contacts** or **one-way contacts**, and do not factor into total monthly contacts: No Answer, Mailings, and Other.

The "Other" contact category can be used for social media, Facebook, Twitter and when other documentation is needed but no contact was made. Do not factor these contacts into the monthly contacts total.

#### Descriptions of BFPC Contact Categories in Compass

- **No Answer** - Phone message left or text sent without a response from the participant within 24 hours. "No Answer" is not considered a two-way contact and will not be counted towards monthly contacts.
- **Clinic Visit** - Visit with the participant in the WIC clinic.
- **Home Visit** - Visit with the participant at their home or in the community.
- **Hospital Visit** - Visit with the participant at the hospital during pregnancy or postpartum.
- **Telephone Support** - Phone call or text during which breastfeeding concerns are addressed and education or referrals are provided.
- **Peer Support Group** - Participant attends peer support group.
- **Mailing** - Email or US mail sent to the participant in attempt to contact or to provide educational materials or invitation for participant to attend support group or class. "Mailing" is not considered a two-way contact and should not be counted towards average monthly contacts.
- **Other** - Social media, Facebook, and Twitter. "Other" can also be used when BFPC documentation is needed but no contact or attempted contact was made.

Additionally, in the *BFPC Contacts Summary Report*: Prenatal, Postpartum, and Referrals to Lactation Specialist categories are not factored into total monthly contacts as they are contacts or referrals made during the prenatal or postpartum period.

## Use of Cell Phones

### Purpose:

Cell phones enhance the BFPC ability to communicate in a manner that is both timely and acceptable to the participant.

### Policy:

- BFPC can perform peer counselor related business using personal cell phones or agency-issued phones.
- Each BFPC using a cell phone to conduct business for the Local Agency's BFPC Program will abide by all rules established by the local agency operating the BFPC Program as well as those specified below.

### Procedure:

- Breastfeeding peer counselors can text participants as a means of communication in accordance with the following procedures:
  - ✓ Use text messages only for simple, quick notes to check in with a participant. If she has questions or concerns, discuss by phone or in person. If her phone is text only, text to arrange a place and time to meet in person. Do not use text messaging to perform a breastfeeding assessment, explain breastfeeding concepts, or collect personal health information.
  - ✓ For purposes of confidentiality:
    - Do not allow program cell phones to be visible by others.
    - Delete text messages and phone numbers after documentation in Compass is complete. *Exception: it is an agency issued cell phone with government grade security.*
  - ✓ Use commonly used abbreviations.
  - ✓ The BFPC must inform the peer counselor supervisor when they are unable to receive texts or calls due to illness, etc.
  - ✓ It is strongly encouraged that BFPC use agency purchased cell phones for communication with the participant. When purchasing a cell phone to be used by the BFPC, consider the following:
    - Select a phone number that is easy to remember.
    - Phones should require use of a pass code to access the phone.
    - Cell phone database can be remotely deleted if lost or stolen.
    - Ask about government grade security options.
    - Consider a hands free device to allow easy typing or writing while talking to avoid neck strain.
  - ✓ If the agency has not issued cell phones and the BFPC is using her personal cell phone, the following guidelines apply:
    - Phones should require use of a pass code to access the phone.
    - Participants contact information should not be stored on the phone.
    - Cell phone database can be remotely deleted if lost or stolen.
  - ✓ BFPC must report the loss or damage of a cell phone to the peer counselor coordinator immediately. If needed, the peer counselor supervisor ensures the database is deleted.
  - ✓ Return agency-issued cell phone upon termination of employment.
- Prior to texting the participant:
  - ✓ Obtain the participant's preferred methods of communications upon enrollment (e.g.: texting, phone calls, or email.)
  - ✓ Inform participants who decide to opt-out of text communication to text the word "STOP" to the peer counselor. Peer counselor will then identify with the participant other preferred methods of communication.
  - ✓ Inform participants not to text photos of body parts. If they have a specific concern, set-up a visit to address this or refer them to their health care provider.
  - ✓ BFPC informs participants of their work hours and availability, including on their outgoing voicemail message.
- Documentation protocols:
  - ✓ Document all text messages made and phone calls taken in Compass (and the Peer Counselor Contact Log, if used). Voicemail messages, missed calls and text messages should be returned the same day, if possible, or within 24 hours.
  - ✓ A texting conversation will be documented as "Telephone Support."
  - ✓ If the participant does not respond to the text within 24 hours, this will be documented as "No Answer."
  - ✓ Only 2-way communication is considered a contact. A text or phone call that is not returned is not considered a contact but rather an *attempted contact* and needs to be documented as "No Answer."

- ✓ If you receive a text one day and could not respond until the following day, this will be documented as one contact. In the comment section, document that: "Participant sent text on (date) 'quote text' and BFPC responded on (date)..."
- ✓ Text messaging can also be used to invite the participant to a group class, mothers' group or event. This can be documented as a "Mailing" and does not count as an actual contact visit.
- ✓ If delayed dialogue occurs (e.g., it takes 2 days to finally connect), this is considered one contact and should be documented on the day the concern is addressed.
- ✓ Conversations by text over the course of two days on the same topic may be documented as two separate contacts if there was an initial conversation and a follow-up conversation.
- ✓ Short texts to check in to see how breastfeeding is going and to offer support (such as a participant who recently delivered) are counted as a contact even if the new mother responds that everything is fine.
- ✓ Document any follow up activities related to the texting conversation (such as emailing educational materials, links, or referrals), as "Mailing" and enter actual materials shared. These types of follow up activities cannot be counted as a contact.

### Payment of BFPCs

BFPCs will be paid at least minimum wage and either an hourly rate or a salary rate depending on the preference and feasibility of each local agency (evaluation of liability coverage will be done at each agency). Local agencies are encouraged to pay a salary commensurate with that of a WIC Educator. BFPC will also be reimbursed for travel in situations where they are expected to make trips to the hospital or outside meeting areas from the WIC clinic. BFPC training expenses and communication resources (e.g., pager, cell phone) specific to peer counseling will be covered by the local agency.

Compensation and reimbursement of BFPC will be paid through local agency employment systems or by contract with the Local Agency. If the BFPC receives benefits, it will be in accordance with the local agency's policies.

### BFPC Training

The BFPC training is divided into new employee training and continuing education.

- **New Employee Training:**  
As a member of the Local Agency WIC team/program, the BFPC must receive standard local agency orientation (e.g., orient to agency policies, confidentiality, work standards), as well as BFPC-specific training re: her role and WIC breastfeeding policies (located in the Colorado WIC Program Manual). The BFPC will spend at least 40 hours shadowing WIC Educators and WIC High Risk Counselors to observe and understand WIC Program services and expectations re: professionalism, communication, work ethics and standards. The BFPC shall complete two modules of the WIC Certification Program: Basic Nutrition Module, Breastfeeding Module. The BFPC shall be linked with a local International Board Certified Lactation Consultant (IBCLC), Certified Lactation Counselor (CLC), Certified Lactation Educator (CLE), or Certified Breastfeeding Educator (CBE) in order to observe their practice with at least 3 mother/baby pairs.
- **Continuing Education:**  
BFPC will be invited to attend all Colorado WIC breastfeeding trainings, including all sessions held at the biennial state meetings and regional workshops. As funding allows, BFPC will be encouraged to attend breastfeeding training opportunities held within the state. The Denver area hosts a Lactation Journal Club that meets monthly and is an excellent source of timely breastfeeding information for any lactation supporter, promoter, or specialist. BFPC will be encouraged to participate in regular WIC staff meetings and in-services to promote their linkages with the WIC staff.

### BFPC Local Agency Policy and Procedures

- Documentation of BFPC/mother contacts follows the FNS Loving Support model in Compass.
- Referral protocols  
The referral process may be unique for each local agency; however, agencies shall have a system in place for the following situations:
  - ✓ A system for staff to refer a pregnant woman or new mother to the BFPC individually or to a group session facilitated by the BFPC.
  - ✓ A system for the BFPC to refer a pregnant woman or new mother to the WIC High Risk Counselor, a WIC LMS, a community lactation expert, or health care provider.
  - ✓ BFPC must follow confidentiality policies of the Colorado WIC Program and their local agency. BFPC will be expected to receive training on confidentiality and sign an agreement of understanding and compliance with WIC participant confidentiality. Breach of confidentiality is grounds for discharge.

- Agencies that incorporate hospital visits as a method of contact for the BFPC may need to establish a written agreement with the hospital identifying permission for the BFPC to visit with the mother, where the visits can take place (e.g., bedside, other room), and codes of conduct (e.g., does the BFPC need to check in/out, is there a length of time she can visit).

### **Supervision of Peer Counselors**

The designated BFPC Coordinator or local agency director at each local agency will supervise BFPC. The description of frequency and supervising position varies among the agencies, as in some situations the BFPC will be part time and in others full time. Supervision will include:

- Weekly contacts (e.g., by phone or in person) with BFPCs during the first two months on the job (after initial orientation and training is complete); thereafter contact can be less often as determined by supervisor.
- Reviewing BFPC weekly contacts with participants using BFPC reporting tools. Spot check calls to mothers weekly during the BFPC's first 2 months on the job and at least monthly for six months to ensure BFPC are responding appropriately to mothers' needs and to monitor performance as a BFPC.
- Evaluating the BFPC's performance at the completion of a three-month period. Coordinators can identify BFPC strengths and give recognition, identify additional training needs and incorporate skill development into the BFPC's work schedule, or may choose to dissolve employment.

### **Community Partnerships**

The Colorado WIC Program encourages local agency WIC programs to use the expertise of IBCLCs and other qualified breastfeeding experts in order to serve as resources for mothers who need additional lactation consultation. Colorado has an active statewide breastfeeding coalition. Several community breastfeeding coalitions exist around the state.

When BFPC and WIC High Risk Counselors are unable to respond to the lactation concerns of the mother, these lactation experts can serve as a reimbursable resource. Local WIC agencies' BFPC contract funds can be used to pay for visits with lactation consultants. Agencies are expected to identify lactation resources in their communities and establish methods to make referrals to these resources. If necessary, methods of payment will be established by each local agency. Local WIC agencies are encouraged to establish relationships with the mother-baby units of their local hospitals, community health centers, health care provider clinics, and La Leche League groups.

### **Support Networks**

BFPCs shall be welcomed as a member of the local agency WIC Program and can be involved in all staff meetings and trainings. BFPCs have the following available resources:

- The Colorado WIC Program's BFPC Coordinator
- Local agency-designated WIC BFPC Coordinator
- Local agency WIC High Risk Counselors who provide breastfeeding support, education and counseling.
- Local agency WIC staff
- Local agency WIC Breastfeeding Coordinators and local agency BFPC Coordinators through quarterly conference calls with State BFPC Coordinator and during biennial State meetings
- Local community lactation specialists

## **Breast Pumps and Breastfeeding Aids**

### **Background**

Breast pumps and breastfeeding aids that directly support the initiation and continuation of breastfeeding are an allowable WIC Program cost. The William F. Goodling Child Nutrition Reauthorization Act of 1998 authorized WIC State agencies to use WIC food funds to purchase or rent breast pumps. As a result, the Colorado WIC Program established central purchasing procedures allowing local agencies to order breast pumps, collection kits, and breastfeeding aids on a quarterly basis through the State Office. Other allowable breastfeeding aids may be purchased with funds available in the local agency budget. Breast pumps and breastfeeding aids purchased with WIC funds should be provided at no cost to the participant.

### **Provision of Breast Pumps and Breastfeeding Aids**

Pumps/aids should be provided to WIC postpartum participants based on individual need and requested support, not as an inducement to consider or to continue breastfeeding.

To ensure cost effectiveness and maternal self-sufficiency, local agencies must provide instruction on hand expression to all lactating mothers (written materials and instructional videos are available). Most women find hand expression helpful to relieve normal engorgement or to handle situations when they are without their infant and need to express milk.

Generally, pumps/aids are provided to mothers who are having difficulty establishing or maintaining an adequate milk supply due to maternal/infant illness; mother/infant separation (such as hospitalization or a return to work or school); or maternal temporary breastfeeding problems, such as severe engorgement.

Experts suggest providing pumps to all breastfeeding women regardless of need may have the unintended effect of discouraging breastfeeding. This practice may give breastfeeding women the impression that special equipment is needed to express milk and, thus, reinforce inadequacy and contribute to a lack of confidence.

Local agencies must weigh the benefits of providing pumps/aids against other important program functions and participant benefits, such as breastfeeding counseling/education and materials, and other general nutrition activities and materials. Breastfeeding promotion and support activities are only one portion of nutrition education and funds need to be allocated accordingly.

Colorado WIC employees who are breastfeeding and are not WIC participants may purchase breastfeeding equipment at the WIC reduced contract price. For more information, contact your Nutrition Consultant.

**Allowable and Non-Allowable Pumps/Aids**

When a local agency chooses to purchase breast pumps or aids with WIC funding these must be listed under "Allowable Pumps/Aids."

Allowable Pumps/Aids	Non-Allowable Pumps/Aids
• Electric breast pumps	• Battery operated or mini-electric pumps
• Pedal breast pumps	• Nipple shields
• Collection kits for electric or pedal breast pumps	• Nursing pads
• Manual breast pumps	• Nursing bras
• Breast shells	• Topical creams, ointments, vitamin E, other medicinal
• Nursing supplementers (e.g., SNS)	• Foot stools
	• Infant pillows
	• Nursing blouses
	• Carrying bags

**Liability**

To ensure participants receive the appropriate care, staff providing breastfeeding pumps or aids must be adequately trained to provide participants with the appropriate information and follow up. Procedures must be in place to make certain participants receive instruction on proper pump assembly, usage, cleaning, and storage, and their responsibilities for handling and returning loaned breastfeeding equipment.

The risk of liability requires that the WIC High Risk Counselor and/or staff trained in lactation management coordinate the issuance of pumps to participants. The role of breastfeeding peer counselors (BFPC) not designated WIC Lactation Management Specialist (LMS) does not include issuance of supplies. BFPCs should refer participants who may benefit from supplies, or may need assistance using supplies to appropriate staff. (See table *Breastfeeding Roles in the Colorado WIC Clinic* in this section)

When breast pumps/aids are provided to participants, the State's *Breast Pump/Aid Release Form* must be reviewed with the participant and a signature captured in the Compass computer system per policy outlined in *Procedures for Issuing Pumps/Aids*.

**Guidelines for Hospital Grade (Heavy Duty) Electric Pumps**

Most women, in normal circumstances, can breastfeed to one year and beyond without pumping their breast milk. However, some women need to use a breast pump to establish milk supply, maintain lactation or to relieve a medical problem. Because there may be a limited number of hospital grade electric pumps, priority is given to mothers who have a medical need or a breastfeeding challenge to maintain milk supply, such as:

- Infants with an ineffective suck or unable to nurse because of prematurity; respiratory or cardiac problems affecting endurance; disorders of the oral or gastrointestinal structures



- Latch on problems/breast rejection
- Mastitis/breast infections
- Mother on medication contraindicated for breastfeeding
- Separation from infant (i.e., mother or infant hospitalized)
- Mother of multiples
- Mother returning to work or school
- Acute engorgement not resolved with standard treatment (i.e., increased feedings, warm soaks, manual expression)
- Severely sore or cracked nipples
- Infants with breast milk jaundice
- Abrupt weaning

**Note:** This list is not inclusive of all potential breastfeeding challenges and, therefore, the conditions for which a pump is loaned are left up to the discretion of the WIC High Risk Counselor or staff trained in lactation management.

#### Guidelines for Single-user (Personal) Electric Pumps

- Single-user electric pumps are available for breastfeeding mothers who need help maintaining milk supply and who have expressed genuine interest in breastfeeding exclusively for a goal of one year (use *WIC Breast Pump Questionnaire* to aid in decision making.) The two primary goals of this type of pump issuance are:
  - ✓ To help WIC mothers maintain adequate breast milk production so that no formula is needed for the infant.
  - ✓ To reduce the time and cost of WIC staff to follow up on loaned pumps for lower risk situations.
- A mother receiving the single-user pump must already have a well-established milk supply (see Note). The following circumstances may warrant issuance of this type of pump:
  - ✓ Mothers who are separated from their infant for at least 6 consecutive hours on a regular basis for reasons such as returning to work or school or sharing custody of an infant. The separation would require having to pump an average of at least twice a day.
  - ✓ Mothers of multiple infants.
  - ✓ Mothers of infants with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast.
- Mothers are candidates for a single-user pump if they will receive the exclusively breastfeeding food package and no formula from WIC at the time of pump issuance. The single-user pump will typically not be issued to a mother who is already receiving formula for her infant. The exceptions may be a mother of multiples, where one infant receives formula and the other doesn't, or an infant with a medical condition that requires a supplement (such as human milk fortifier) and the mother intends for her milk to be the primary source of nutrition for her young infant. If a mother reports offering formula, either from WIC or another source, offer to loan her an electric or pedal pump instead of the single-user pump.
- Contact your Nutrition Consultant if you have additional questions about whether or not to issue a single-user pump.
  - ✓ Additional Information for Issuing the Single-User Pumps:
  - ✓ A single-user pump cannot be issued to a mother who currently borrows a WIC hospital grade electric loaned pump. A single-user pump can be issued upon return of the loaned WIC pump if the mother meets the single-user pump issuance criteria listed above.
  - ✓ If appropriate, staff should encourage mothers who receive the pump to offer their employer or a school administrator a Breastfeeding Support Letter (available on [www.coloradowic.com](http://www.coloradowic.com)). The letter is to acknowledge the worksite/school's ability to support the mother's need to regularly express, collect, and store her milk.
  - ✓ If a mother has been issued a single-user pump and later requests formula supplementation, staff must refer the participant to the WIC High Risk Counselor or staff trained in lactation management for counseling. The WIC staff will discuss with the mother her reasons for wanting to supplement with formula to determine if supplementation is the best solution to her need or if other support can be provided.
  - ✓ If the infant is to receive formula, staff must follow the guidelines for breastfed infants listed in the *Colorado WIC Program Manual, Clinic Procedures* section. The mother should be encouraged to continue using the pump for as long as it is supportive.

- ✓ A mother who receives a single-user pump should not receive another pump for a future infant unless there are special circumstances warranting an exception to this guideline. The expectation is that the pump could be used with all subsequent infants.
- ✓ The mother should be encouraged to keep her pump. Remind mothers that the pumps are for **one user** only and should not be resold, or even intended to be sold, lent, or shared with others. The pump has an internal diaphragm that cannot be removed, replaced, or fully sterilized. Each single-user pump should be labeled with a “not for resale” and “single-user only” statement (e.g., written with a permanent marker on the bottom). Provide written information about the risks of sharing breast pumps. Mothers can receive an additional collection kits with future WIC infants.

**Note:** Single user pumps are inferior to hospital grade pumps due to smaller and less effective motors. Hospital grade pumps are used to help establish and/or increase milk supply and are evidence-based ways to increase milk expression volume. This is one reason why WIC requires mothers to already have a well-established milk supply before receiving a single-user pump.

#### Guidelines for Pedal Pumps

- The pedal pump is an ideal low-cost alternative for women who are frequently or occasionally separated from their infants. The pump may be loaned for the following reasons:
  - Mothers, for whom an electric breast pump is indicated, but have no access to an electric pump or electricity.
  - Women who work or go to school.
  - Women who are frequently or occasionally separated from their infants.

#### Guidelines for Manual Pumps

- The Colorado WIC Program provides two types of manual pumps: one-handed and two-handed. Women who desire a pump for convenience or to help alleviate a minor problem may benefit from a manual pump, for reasons such as:
  - ✓ Normal engorgement
  - ✓ Occasional separation from baby for social events, meetings, etc.
  - ✓ Working less than 20 hours a week/ or in school with a flexible schedule.

#### Operating a Breast Pump Program

- **Ordering**  
Local agencies order pumps through a centralized ordering process at the State WIC Office. Pump orders are processed quarterly (January, April, July, and October). Local agency WIC representatives fax or email their *Medela Breast Pump Order Form/Confirmation of Goods Received* (see pages following this section) to the State WIC Office on or before the due date outline in the quarterly reminder email sent to local agency pump representatives. Approval by the local agency WIC director is necessary to process the order. This form is included on the *CO WIC Program Materials Order Form*. Breast pumps and kits will be shipped directly to the local agency.
- **Tracking and Inventory**  
Local agencies maintain a serialized inventory of the following loaned breast pumps in the Compass computer system;
  - ✓ Hospital Grade (Symphony, Lactina) Electric Pumps
  - ✓ Pedal Pumps

**Note:** Electric pumps are costly. Careful attention must be given to maintaining, securing, and inventory of all equipment. All electric pumps not on loan must be kept in a locked cabinet or locked room at the clinic.

Upon receipt of breast pumps and other items, inspect them for damage, ensure correct type and quantity. Once the type and quantity are verified, sign the *Order Form* and fax it to the State WIC Office. This verification is necessary before the State WIC Fiscal Officer pays the supplier.

Local agency WIC staff affixes an asset tag to Hospital Grade (Symphony, Lactina Electric Pumps for tracking purposes. The asset tag includes a unique identifying number and the State WIC telephone number. Request asset tags from the State WIC Fiscal Officer.

Affix a label on each electric pump case stating who to contact if the pump is found. The WIC agency's name, address, and telephone number should be included on the label. Mailing labels work well sealed with packing tape.

In Compass, add each new pump to the clinic's pump inventory in the *Serialized Inventory* section under *Operations*. When entering a pump into the clinic's pump inventory, enter the serial number provided by the manufacturer for Lactina and Symphony pumps. Because Pedal pumps do not have a serial number, enter the asset tag number.

#### Participants with an electric pump who transfer to another local WIC agency

The goal is for mothers to have access to an electric pump when it is her main means of building/maintaining a milk supply. The preferred situation when a mother transfers agencies is for the mother to return the pump to the original clinic and for staff to work with the new clinic staff to be ready to provide the same type of pump when the mother arrives. This provides ease for tracking and inventory in Compass. However, if the mother transfers to a new clinic and does not return the pump, the new clinic should provide a replacement pump and return the originating agency's pump to the clinic where it was issued. This requires some effort to arrange for the pump to be transported or mailed to the original clinic.

#### Procedures for Issuing Pumps/Aids

- WIC staff should use the *Breast Pump Questionnaire* (order from *WIC Materials Order Form*) when working with participants to determine the best pump for their situation. (The *Breast Pump Questionnaire/Key* is a tool to help staff determine if a pump is needed and, if so, to help identify the most appropriate type, i.e., manual, pedal, hospital loaned, or single-user electric). Staff must document the type of pump issued and reason for issuance in the *BF Equipment* panel in Compass.
- WIC staff trained in lactation management must demonstrate how to assemble, use, disassemble, and clean the breast pump/aid (this includes manual, pedal, electric pumps and any aid offered), and explain and provide written instructions on safe handling and storage of expressed breast milk to the pump recipient. Pedal pumps have instructional booklets that must remain with the pump. The collection kits for the electric pumps have an information sheet that must accompany the pump. For the electric pump, a video/DVD demonstrating its use is available (in English and Spanish) and can be reviewed in the clinic and/or loaned with the pump.
- All loaned breast pumps must have a *Pump Cleaning Insert* permanently attached inside the pump case. The State WIC office provides the inserts and inserts may be covered with packing tape to ensure permanence.
- Each participant must read the State's *Breast Pump/Aid Release Form* (see copy following breast pump policies) and sign the signature pad assuming responsibility before leaving the clinic with any type of pump/aid. If unable to capture a signature on the pad, scan the State's *Breast Pump/Aid Release Form* into Compass or keep a copy in a central file. A copy of the *Breast Pump/Aid Release Form* should be provided to the participant with the return date and who to contact with questions.
- Issuance of loaned pumps (hospital grade electric and pedal) (serialized inventory)
  - Issuance Criteria: Electric pumps should only be loaned to participants who have demonstrated they are reliable and who you would be able to locate if necessary (e.g., they keep appointments; they are not frequently changing their residence or contact information).
  - ✓ Loaned pumps are considered serialized inventory.
  - ✓ Complete the *Breastfeeding Equipment* panel for each participant who is loaned a breast pump.
  - ✓ Verify proof of identity by scanning the participant's photo identification into the Compass system. Driver's licenses or other photo IDs (e.g., Military ID, Passport/US Government ID...) are preferred as it may be helpful if needing to recover a missing pump. If scanning the photo ID is not an option, agencies can keep a central file with copies of the photo IDs and *Breast Pump/Aid Release Forms*.
    - \*In rare cases when a participant does not have a photo ID (i.e.: minors or undocumented participants), please choose another ID from the list of acceptable forms of identification (not including the Colorado eWIC Card or Staff Recognition), view proof of current residency, and document 2-3 contact individuals. In the *Comment Section*, document that the participant does not have a photo ID. Scanning or copying non-photo ID's is not required.
  - ✓ To assist agencies in tracking electric and pedal breast pumps, it is imperative that staff scan participant's photo ID into Compass record, log each pump's loan status, including the return date, the date returned, and at least two alternative contacts, including name, phone number, and address in Compass on the *Breastfeeding Equipment* panel.

- The period of time a breast pump is loaned should be individualized and monitored closely. The participant should be contacted within 24-72 hours of pump issuance and regularly thereafter, *at least* monthly, to determine if there are any questions on how to use the pump and to determine if there is continued need for the pump. Depending on the situation for which a pump was needed (e.g., severely cracked nipples, infant with poor weight gain) the WIC High Risk Counselor or staff trained in lactation management should contact some women with breastfeeding problems within 24 hours to provide support and to ensure milk transfer is occurring. Follow up should occur as frequently as necessary thereafter, *at least* monthly, until the problem is resolved as well as documented in the Compass *Participant Care Plan*.
  - ✓ If the pump is kept longer than the expected return date, the WIC High Risk Counselor or staff trained in lactation management should review the need and if applicable, update the return date in Compass on the *Breastfeeding Equipment* panel and document follow up in the *Participant Care Plan*. Depending upon local agency inventory and because of the limited number of pumps, pumps used solely for medical problems should be returned as soon as the need is resolved.
  - ✓ Participants should be contacted on a monthly basis either by phone or in clinic, *at a minimum*, to assess pump needs and breastfeeding success. Staff will document the monthly contacts in the *Participant Care Plan*. The contact date on the *Breastfeeding Equipment* panel should be updated each month for the following month. The *Breastfeeding Equipment Due* report in Compass can be used to track loaned pumps. Pumps are visible on the report if the due date/next contact date is the current month or past due.
  - ✓ When a pump/aid is returned, record the date and the reason for return (e.g., problem resolved) on the *Breastfeeding Equipment* panel.
- Issuance of the single-user electric pump (non-serialized inventory)
  - ✓ Using the Colorado WIC *Breast Pump/Aid Release Form*, staff should check “WIC-In Style” and cross out the second set of responsibilities listed under “For loaned electric and pedal pumps:” as these only pertain to the loaned pumps.
  - ✓ **Staff should encourage the mother to complete and mail the manufacturer’s warranty card.** This is extremely important should a pump have a problem during the warranty period. Mothers reporting a broken or defective pump are responsible for contacting the pump manufacturer themselves for repair or replacement.
- Follow up: WIC staff should follow up with the mother within 24-72 hours of pump issuance and at subsequent follow-up visits to answer any concerns about the pump and breastfeeding in general. Document this brief follow-up in the Compass *Participant Care Plan*.

#### Care for Electric and Pedal Breast Pumps

Loaned electric and pedal breast pumps are to be cleaned when returned to the clinic after loaning to a participant. Make sure pumps are unplugged while cleaning.

- Clean pumps as described:
  - ✓ Wear gloves.
  - ✓ Apply cleaning solution (standard Bleach Solution: Mix bleach by using 1 part bleach and 9 parts water to make a 1:10 dilution, this solution is not stable and must be mixed fresh each day and discard after use) with a soft cloth. Leave solution on the pump for 30-60 seconds then rinse thoroughly with clean water.
- Securely store pumps off the ground and away from other electronic equipment, such as TVs and DVD players. Motors in electronic equipment can attract insects and could result in infestation.

#### Repair - If an electric breast pump needs repair:

- For Pumps under Warranty:
  - ✓ Contact the State WIC Office to verify warranty and obtain approval for warranty repair
  - ✓ Contact Medela at 1-800-435-8316 to request a warranty repair return authorization number.
  - ✓ Forward return authorization number, along with pump serial number to the State WIC Office for recording of service on the pump.
  - ✓ Ship the pump\*, as instructed by Medela, to the Medela factory for repair.
- For Pumps No Longer Under Warranty:
  - ✓ Contact the State WIC fiscal unit to request approval for repair.
  - ✓ Upon approval from the State WIC Office, contact Medela at 1-800-435-8316 to request a repair return authorization number and request Medela to provide an estimated repair cost. **Medela will provide the estimate after they’ve received the pump and assessed the problem.**
  - ✓ Forward repair return authorization number and estimated repair cost to the State WIC fiscal unit for recording of service on the pump.
  - ✓ Notify State WIC fiscal unit upon receipt of the repaired pump.

**NOTE:** Ship pumps without their cases unless a pump is contaminated. Medela has specific shipping instructions for pumps contaminated with insects or bacteria. **Ship infested pumps in the case regardless of Medela's instructions.** Follow this procedure to avoid additional cost. If a case is not returned by Medela, the local agency may order a replacement.

#### Procedures for Recovering a WIC-owned Electric Breast Pump

- WIC benefits cannot be denied to a participant for failing to return a pump. If an electric breast pump is not returned or cannot be located, staff should do the following:
- Attempt to reach the participant and relatives/friends (referrals) listed on the *Breastfeeding Equipment* panel in Compass. Document all attempted contacts in Compass under *Comments/Alerts* of the participant's file.
- Contact the State WIC Office with the pump serial number to obtain the depreciated value of the pump.
- If the missing pump is determined to have no monetary value (the pump has depreciated over 6-years), it is up to the Agency/Clinic(s) to determine if pursuit of the pump should be continued. *(If a pump has \$0.00 depreciated value, is it cost effective for an Agency/Clinic to continue pursuit of the missing pump).*
- If phone call contact attempts are unsuccessful, send a certified letter to the participant and contacts listed in Compass. Notify them if the pump is not returned promptly local authorities may be contacted.
- Depending on the pump's depreciated value, agency/clinics will determine whether to request assistance from local law enforcement. Many missing pumps are returned when local law enforcement makes contact with the participant; however not all local law enforcement will act on requests for assistance.
- If the pumps depreciated valued is still at/near purchase price, and cannot be recovered, contact the State WIC Office for further instructions.
- If the pump is not returned, the participant may not be eligible for a loaned pump in the future. See *Section IX: Nutrition Education/Breastfeeding Promotion & Support: Issuance Criteria.*

#### Offering Breastfeeding Aids

Breast shells and supplemental nursing systems are aids that may be provided to WIC participants as needed. Local agencies desiring to offer these must use local WIC agency funds to purchase them.

- Issuance of Shells  
Indications for use:
  - ✓ Sore nipples: worn over the nipples between nursing to minimize contact with clothing to help healing process.
  - ✓ Flat or inverted nipples: worn to press around the base of the nipple to cause the nipple to protrude. For prenatal use, shells are worn in the last month of pregnancy. It is imperative that the mother gets permission from her obstetric care provider to wear shells as they can trigger contractions of the uterus. For postpartum use, shells are typically worn for about 30 minutes before each feeding.
- Issuance of Supplemental Nursing Systems (SNS)  
Indications for use:
  - ✓ Underweight breastfed infants
  - ✓ Low milk supply
  - ✓ Re-lactating mothers
  - ✓ Mothers attempting to lactate for an adopted infant

SNS is a method to supplement a baby's intake while at the breast. While the baby breastfeeds they simultaneously receive expressed breast milk or formula via a small tube at the breast. The delivery of milk to the infant increases the chances that the infant will stay at the breast and continue to suckle. Mothers receiving an SNS through WIC must be working closely with a hospital or community lactation consultant to ensure each infant is receiving adequate nutrition for growth.

#### Human Milk Fortifier

Human milk fortifier (HMF) is predominantly a protein and mineral supplement, that when added to breast milk boosts the calories and nutrition to better meet the needs of very premature infants. Studies have shown the addition of HMF is associated with improved growth, bone mineralization and neurologic outcomes. HMF use is initiated in the hospital and may be maintained after discharge with monthly authorization by the infant's health care provider (provided on the PAF). In order for HMF to be provided, a mother must have access to a breast pump (either from or outside of WIC) and be provided with breastfeeding support and follow up.

## Local Agency Staff Nutrition Education Training and Evaluation

### Staff Nutrition Education Training Requirements

All local agency WIC personnel must receive ongoing nutrition-related education and training. It is the local agency's responsibility to determine the educational needs of each staff person. Training sessions can be provided by the state agency or organized/identified by local agency staff. All paraprofessionals and professionals involved in any aspect of the WIC Program must attend a minimum of two staff training sessions per year. It is the local agency's responsibility to track each staff member's educational experiences and enter completed training activities in the *Staff Training* panel under Operations in Compass.

Examples of acceptable training programs:

- Nutrition lectures or classes presented by state and/or local staff. Community nutrition resources may be utilized: i.e.; hospital dietitians, extension agents, and/or interns, to assist with planning programs and/or speaking.
- A staff representative may attend a nutrition/training program or conference and present an in-service to the remainder of the staff upon his/her return.
- After reviewing current nutrition letters, journal articles, or audiovisual materials, the local agency staff may discuss the information and the implications.
- A staff person successfully completes a self-learning module.
- State and Regional WIC Meetings
- Other pertinent in-service education programs, i.e., team building, supervision, customer service, counseling, communication, computer skills, diversity training.
- Webinars and other on-line trainings

### Evaluation of Counseling Skills

Local WIC agencies must comply with their local agency's personnel rules regarding staff performance evaluations. A key part of this process is to identify areas for growth and to advance counseling skills. Each Local Agency WIC Director is required to ensure appropriate staff training is provided.

A nutrition counseling evaluation tool is posted on the CO WIC web site for local agencies' use: *WIC Visit Assessment & Counseling Evaluation Tool*. Local WIC Agencies may also develop and use their own evaluation forms.

### Evaluation of WIC Service Delivery

Local agency supervisors may use two staff evaluation tools developed by State Office and posted on the Colorado WIC web site:

- WIC Participant Record Review form
- Clinic Observation Form

## Local Agency Nutrition Education Planning

### Introduction

Federal WIC regulations require each local WIC agency to develop an annual local agency nutrition education plan (NEP) that is consistent with the nutrition education component of the State WIC Agency's Nutrition Education Annual Plan. The goal of simplifying the NEP process for both local agencies in writing their plans continues through the development of sample templates. The *FY18 Colorado WIC Local Agency Nutrition Education Plan Workbook* provides an overview and general planning guidance. The Workbook serves as an additional resource for LA WIC Directors and is especially helpful for those new to this annual planning process.

The overarching goal for the **FY2018** Local Agency NEP process is to improve program participation and quality.

To improve program participation and quality, the **FY18** Local Agency NEP Focus Areas are:

- Education Choice implementation
- Quality improvement for at least one monitoring finding or other data-driven priority

Each **FY18** LA Nutrition Education Plan must include:

Requirement #1

Submission of a plan to implement Education Choice.

Requirement #2:

Submission of at least one additional template with a quality improvement plan to address a recent monitoring finding or another quality improvement focus.

COLORADO WIC PROGRAM  
FY18 LOCAL AGENCY NUTRITION EDUCATION PLAN  
WORKBOOK





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## 1. INTRODUCTION

### Federal Regulations:

Federal Regulations: CFR 246.11 d Local Agency Responsibilities

“(2) Develop an annual local agency nutrition education plan consistent with the State’s nutrition education component of Program operations and in accordance with this part and FNS guidelines. The local agency shall submit its nutrition education plan to the State agency by a date specified by the State agency.”

### Colorado WIC Policy:

All Colorado local WIC agencies are required to develop their own annual nutrition education plans that are consistent with the nutrition education objectives of the FY18 Colorado WIC Program Work Plan objectives.

### FY18 Colorado WIC Program Strategic Priorities:

- Increase program participation
- Improve program quality and integrity
- Grow the demand for and ease of access to healthy foods
- Enhance collaboration with organizational stakeholders

### Colorado WIC Program FY18 Local Agency Nutrition Education Plan Focus Areas:

1. Education Choice Implementation
2. Quality Improvement for at least one monitoring finding or other data-driven priority

The State Office developed sample Nutrition Education Plan templates for each focus areas for your consideration as you develop your FY18 Plan. Evaluation elements are also included in the spreadsheet. In the fall of 2018, you will be asked to complete and submit the evaluation information in the FY18 NEP spreadsheet. Whether and how you use these templates is up to you. You can insert agency-specific information in a chosen template or you can modify the template to accommodate your own plan. One template has been developed for Education Choice implementation and two templates are included for addressing monitoring findings. A blank template is also provided.

### Each local agency’s FY18 Nutrition Education Plan must include:

- 1) Submission of a plan to implement Education Choice
- 2) Submission of at least one additional template with a quality improvement plan to address a recent monitoring finding or another quality improvement focus. If you are unsure where to begin with this focus area, review your most recent monitoring visit and/or talk to your nutrition consultant.

### Performance Management and Quality Improvement:

What is performance management? Performance management is when we routinely monitor action plans to inform ongoing implementation. If we commit to reviewing our priority action plans and progress on a weekly or monthly basis, we will stay more focused and be more likely to achieve our goals. We will also learn what is getting in our way and if we need to change direction because our plan isn’t working the way we had hoped. Performance management helps us keep track of what we are doing.

What is quality improvement? Quality improvement (QI) is a set of tools and practices that we use to overcome those barriers identified when reviewing action plans. QI can help “clear the path” for implementation success. QI can also be used to understand the ingredients for success so that we can build on our future efforts for greater impact. Quality improvement helps us understand and enhance how or how well we do our work.

## 2. INSTRUCTIONS FOR COMPLETING YOUR FY18 LOCAL AGENCY NUTRITION EDUCATION PLAN & FY17 EVALUATION

### Review Materials

Review the materials provided including introduction, instructions, planning guidance, and information sheet and plan templates. Nutrition education plan templates are provided to serve as a tool for agencies to use to develop their annual plan.

### Research Local Agency Needs and Obtain Data

A needs assessment, although optional, can help identify those areas of highest need to address. You need not submit this to State Office. You may use the needs assessment example worksheet provided in this document or another method. If you use the worksheet provided, note that not all questions are relevant to every program. Disregard questions that do not apply. The questions are not intended to imply expectations rather they are simply things to consider.

### Develop a Program Plan

Develop a timeline for completing each of the selected focus areas of your plan. The plan involves identifying intervention strategies and linking planned activities to outcomes in the plan. We recommend that you work on developing one focus area at a time. Additionally, consider how to involve your staff in the assessment and planning process. A logic model (described in Section III) is a great way to begin the program planning by capturing your program's overall vision and making sure your strategies are clearly linked to your short, mid, and long-term intended outcomes.

### Complete at least the two required FY18 Local Agency Nutrition Education Plan templates

Determine the number of Nutrition Education Plans that are feasible to achieve based on staffing and resources available. Larger agencies may find it feasible to complete more than one Plan. There is no limit to the number of Plans an agency may implement.

**Requirement #1:** Submission of a plan to implement Education Choice

**Requirement #2:** Submission of at least one additional template with a quality improvement plan to address a recent monitoring finding, or another quality improvement focus. If you are unsure where to begin with this focus area, review your most recent monitoring visit and/or talk with your nutrition consultant.

Agencies are encouraged to:

- Use the sample nutrition education plan templates provided by the State Office and insert agency-specific information in a chosen template, or
- Modify the template to accommodate your own plan, or
- Use a blank template to develop your own plan that involves one of the focus areas.

If choosing to develop your own plan, steps for completing the plan are outlined in Section 3. After completing the needs assessment, obtaining data and developing a plan, choose one of the provided goals for the focus areas your agency has selected. For each goal identify the following:

- 1-2 SMART objectives to focus the specific aims of your agency in contributing to achievement of this goal
- Lead staff for each objective
- Target population
- Criteria for success and measurement tool(s)
- Specific strategies
- Key activities necessary to complete the action steps
- Target completion date, person or group responsible and plan for monitoring progress towards that key activities:

Please note:

- ✓ If your program is currently implementing an activity that falls under any of the focus areas, you may use this continuing activity for your plan.

- ✓ Each local agency is unique in terms of population served, staffing and resources. Thus, the scope of the activities planned by each agency will differ.
- ✓ Local agencies should submit plans that are realistic for them to accomplish even if the scale of the activities seems small.

**Submit your FY18 Local Agency Nutrition Education Plan**

Submit the FY18 Local Agency WIC Nutrition Education Plan electronically to your nutrition consultant by **September 1, 2017**. You will receive State Office feedback on the plan no later than **September 30, 2017**. FY18 Plan implementation period is October 1, 2017 through September 30, 2018. Should **September 1, 2017** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

**Submit the FY17 Local Agency Nutrition Education Plan Evaluation**

Complete the evaluation sections on your FY17 Local Agency Nutrition Education Plan and Evaluation template. Submit the evaluation to your nutrition consultant by **October 31, 2017**. Should **October 31, 2017** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

### 3. NUTRITION EDUCATION PLANNING GUIDANCE

If the thought of doing a nutrition education plan intimidates you, you aren't alone. Fortunately, as a dietitian, nurse or other health professional, you already know the value of planning. A well thought-out plan identifies realistic goals and the steps most likely to lead to successful achievement. This plan can guide decisions about what to do next and the creation of monthly and/or weekly "to do lists." It helps keep team members clear and accountable for key activities or milestones.

A good plan is like a road map: it shows the final destination and usually the best way to get there.

--H. Stanley Judd

In addition to providing a road map to reach specific goals, good planning provides other benefits, such as:

- Increasing the potential to improve staff morale and support for program initiatives when staff members are included in the planning process.
- Providing the ability to both recognize and measure successes in program outcomes.
- Prioritizing resources to ensure they are used effectively and efficiently.
- Providing a concrete tool with goals, objective, strategies and key activities that help guide your program.

- **NEEDS ASSESSMENT**

The needs assessment portion of your program planning is optional and an actual needs assessment worksheet does not need to be turned in to the State Office. The purpose of the assessment is to provide a broad understanding of needs, contributing factors and resources for change - in the same way that a patient assessment integrates different types of information (e.g., biochemical, anthropometric, social, cultural, educational, etc.), a program assessment includes a broad range of information. In both cases, the value of the assessment cannot be overestimated as it supplies information that is essential for planning.

In program planning, the assessment identifies the strengths and weaknesses of a program as well as the barriers and resources for making changes. A thorough assessment generally consists of both objective (hard facts, numerical data) and subjective (based on personal opinion) information. Examples of objective information include breastfeeding rates, the number of participants served and participant survey results. Subjective data sources include information gathered from focus groups, local agency surveys, and feedback collected from staff during clinic meetings. A template example for completing the needs assessment is located in Section IV. The needs assessment process should focus on the two nutrition education focus areas of the FY17 Local Agency Nutrition Education Plan. You may find that you want to continue working on goals and objectives from the previous year's plan which is perfectly acceptable.

- **DATA SOURCES**

Data are crucial to program planning. It informs both the needs assessment and evaluation. Data from local sources is called program level data. This data is collected by the local entity for its own purposes, typically through Compass Reports, surveys, interviews, chart reviews, meeting minutes, employee or clinic records, etc. It may also include WIC Impact pilot group dashboard data. The advantages of program-level data are that they speak to your clinic's or your community's particular activities and performance. This is the data that should be used to measure the criteria for success activities; listed in the as measured by section of your plan. For specific Compass data requests related to your Nutrition Education Plan, please contact your Nutrition Consultant.

**Program Level Data Sources State Run WIC Reports:**

The Compass computer system has several helpful reports available to local agency staff members to utilize for data collection. Several reports are included here but there are others that may be helpful.

***Breastfeeding Reports:***

- Breastfeeding Equipment Issued: shows of breastfeeding equipment (serialized and non-serialized) by type that has been issued during the time period.
- Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.
- Exclusively Breastfeeding and Formula Issuance Report; shows trends for exclusively, primarily exclusive/no formula package and primarily exclusive/Complementary Food for breastfeeding infants through their first birthday.
- First Formula Introduced Report; shows which month formula was first introduced
- Reason Ceased Breastfeeding Report; shows the number of breastfed infants and children and the reasons why breastfeeding ceased.
- Colorado WIC Exclusive Breastfeeding and Formula Issuance report (available at [www.breastfeedcolorado.com](http://www.breastfeedcolorado.com)).

***Program Participation Reports:***

- Appointment Summary Report; shows the number of appointments kept, missed due to no show, cancelled, rescheduled and mass rescheduled.
- Participation with Benefits Report; shows the participation for the specified month and is broken down by participant category. This can be used for caseload management purposes.
- Termination by System Report; may be used to follow up with those participants that have been terminated due to not pickup up food benefits, failure to provide proofs, etc.
- Processing Standards Non-Compliance Report; shows the participants that were not scheduled within the required processing standards and the reason this occurred.

**Local Data Sources:**

- Data from participant record reviews
- Data from county run reports
- WIC Impact pilot group dashboard data
- Questionnaires designed to collect pre/post intervention information
- Interviews
- Surveys
- Focus groups
- Staff meeting minutes
- Employee performance plans and supervision records
- Email record of communications

**DEVELOPING A NUTRITION EDUCATION PLAN**

Planning is enhanced when it involves a team of individuals. This ensures that a variety of perspectives is considered and increases ownership in the plan.

**STEP 1:****Choose your Goals and Objectives**

For the focus areas, the state office has developed templates with overarching goals. Local WIC agencies will complete the template for the Education Choice Implementation and at least one template with a Quality Improvement plan to address program monitoring findings. Local agencies may develop and submit additional plans if desired.

**STEP 2:****Use a Logic Model to Plan your Intervention**

A logic model is an optional step in the planning process but can be a useful tool to plan your intervention. A logic model is a visual representation linking planned activities with their intended outcomes. The purpose of the logic model is not to outline the steps needed to implement the intervention, but rather to show at a high level which interventions are expected to achieve which desired outcomes and in what order. This is illustrated by the example below where the intervention is a class on healthy eating. The diagram shows how the intervention is intended to impact the goal by first achieving intermediate outcomes that lead to the ultimate goal. But your logic model does not show the detailed work that will be involved in creating the intervention - that gets outlined in your NEP (below). Once a logic model is created, it should be discussed with others and modified as needed. The logic model becomes an important tool in developing action steps and monitoring outcomes.

**Goal:** Colorado WIC families consume healthier foods and beverages

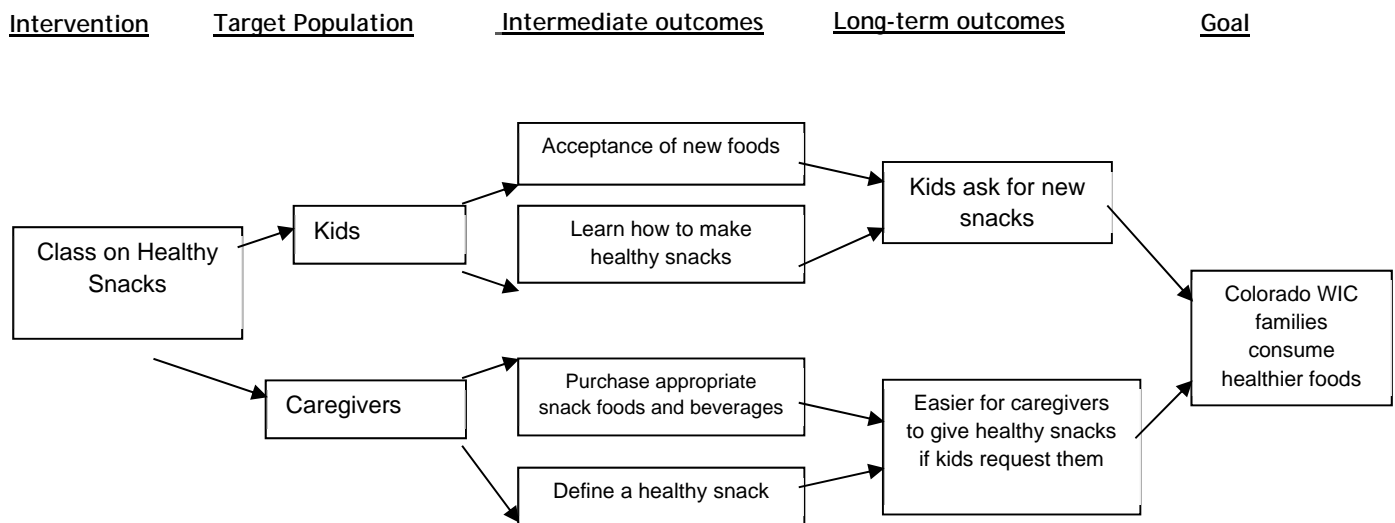
**Intervention:** Have a WIC class for caregivers and children where children learn to make healthy snacks.

**Target Population:** WIC children age 2-5 and their caregivers.

**Intermediate Outcome:** Increase the knowledge of WIC participants regarding healthy snacks for children.

**Long-Term Outcomes:** By getting children involved and teaching them about healthy snacks they will be more likely to ask for healthy snacks.

Diagram 1: Logic Model for WIC Agency



**STEP 3:**

**Develop SMART Objectives**

The SMART objectives you create are the anchor of your nutrition education plan and represent the incremental changes your agency needs to achieve in order to accomplish the stated goal (from above). Objectives are specific and measurable steps or outcomes that lead to the goal. In crafting your objectives, translate the intermediate outcomes from your logic model into 1-2 objectives for each focus area of the plan. Remember that objectives are **achievements**, not strategies, activities or tasks. They are the “what” not the “how”. They define the change you want to see from your work, in clear and specific terms. A lead staff must be assigned to oversee the work on each objective.

You can have process or outcome objectives. **PROCESS** Objectives are about a change in how you conduct your program and accomplish your strategies. Example: Increase attendance at breastfeeding classes by 20% from January 2018 to September 2018. **OUTCOME** Objectives are about changing a specific outcome (knowledge learned, behaviors modified, conditions improved). Example: At least 80% of new moms score at least 8 out of 10 on Breastfeeding True/False Checklist.

SMART Objectives are the “big steps” a program will take to attain its goal. They should be:

- **Specific** (who, what, and where -describe!), if change is desired, include both the current “level” and desired “level”
  - ✓ from X→Y
- Increase exclusive breastfeeding rate from 30 days to 45 days
- **Measurable** (how many, how much, to what quality standard),
  - ✓ This is the **EVALUATION** part
  - ✓ Identify a system of method of tracking
  - ✓ Existing data collection method or develop one
  - ✓ Example: Run the Exclusively Breastfeeding and Formula Issuance Report monthly
- **Achievable** (attainable with resources available),
  - ✓ Consider resources and potential obstacles
  - ✓ Set yourself up for success
- **Relevant** (achieving this adds value & progress toward goal),
  - ✓ Important to your organization
- **Time-bound** (by when),
  - ✓ Clearly state the target date

**SMART Objective Example:** *By September FY18 Faraway WIC will have increased the exclusive breastfeeding rate of breastfeeding from 30 days to 45 days for at least 80% of WIC participants.*



**STEP 4:****Complete the FY18 Nutrition Education Plan Template**

Once you have chosen your goals and developed 1-2 Smart objectives for each goal, you are ready to complete your FY18 Nutrition Education Plan. The remainder of the plan requires you to define a target population, criteria for success, data source, strategies and key activities.

If using the plan template provided by the State Office the remainder of the plan requires you to insert and/or modify agency-specific information, indicate who will be the lead for each objective, and the anticipated date of completion for each key activity and who will be responsible.

**Target Population**

The target population is the group or groups your plan directly impacts through the defined objective. This can be all WIC participants or a select category that you identify.

**Criteria for Success and Measurement**

The criteria for success and measurement are the evaluation components of the plan. They bring the spotlight on the "S" and "M" part of your smart objective. They should always be stated as specifically as possible.

**Definitions:**

Criteria for Success: Briefly describe what will be observed if the objective is met successfully

As Measured By: Briefly describe how the criteria will be measured

**Example:**

Criteria for Success → Collected data shows that 100% of appointments meet processing standards

As Measured by (Data Source) → Compass Processing Standards Non-Compliance Report

**Strategy**

Enter the strategy developed from your planning and/or logic model that addresses the stated objective. A strategy that includes an overall approach or type of effort to achieve one's objective. It should state the program's method or intervention that will achieve this increased awareness. Each strategy will include more than one key activities or steps to complete the strategy.

**Example of Strategy to increase breastfeeding rates:**

Educate and build awareness among WIC participants about the benefits of breastfeeding.

**Key Activities**

After the intervention strategy is identified, the key activities to implement the intervention are outlined. Key activities outline the specific activities that must be accomplished to achieve each strategy.

**Examples of Key Activities for developing a class on health eating:**

- Get input from caregivers regarding interest in a class, best times, ideas for content/design, etc.
- Develop a curriculum for the class
- Purchase (or get donations of) food and other supplies for the class

*Note: Additional examples of strategies and key activities can be found at the end of this document*

**Monitoring Plan**

The monitoring portion of the implementation plan includes the start and end date, the responsible person or groups and the tracking method.

- **Start and End Date** → Choose a reasonable completion date for each key activity. Some dates may be dependent upon earlier dates. It is best to list the earlier steps first in the plan. You should consider if there are any external factors that may affect the target completion date.
- **Responsible Person/Group** → Key activities are best completed with a clear indication of who is responsible for the activity.
- **Tracking Method** → Briefly describe how you will monitor progress on this activity. Examples include tracking forms, report out at staff meetings, surveys and spreadsheets.

## 4. EVALUATING ACHIEVEMENT OF FY17 LOCAL AGENCY NUTRITION EDUCATION PLAN

Submit the FY17 Nutrition Education and Evaluation template with completed evaluation sections for the past year's (FY17) plan by **October 31, 2017**. Evaluation involves the systematic assessment of objectives and key activities. The evaluation is an extension of a few key areas of your NEP: the criteria for success, the as measured by, and the monitoring plan. A good evaluation addresses two important questions: 1) Were you able to accomplish your objectives and 2) What barriers were encountered and what were the resulting changes that were made as a result. Two common categories of outcomes in public health are learning and behavior change outcomes.

### 1. Evaluating Learning Outcomes

The purpose of evaluating is to identify whether or not the key activities were implemented as planned and whether the objective was accomplished. Evaluating the accomplishment of objectives can be a rich source for learning since unmet objectives indicate the presence of unforeseen barriers that may require modification of methods.

#### Evaluating Learning Outcomes

Learning Outcome Objective Categories	Underlying questions addressed by the evaluation	Possible Methods for Evaluation
Increase awareness	Do people know more about the issue as a result of the intervention?	Surveys (pre/post) can compare two different groups; ask people if they think their awareness has changed.
Change attitude	Did people's attitudes change? How much did they change?	Survey pre/post (Comparing pre and post requires a valid instrument), can compare two different groups, ask people if they think their attitude is different, retrospective self-report
Increase knowledge	Do people know what they need to know? Did the intervention increase knowledge?	Test of knowledge (pre/post), or just post if you are only interested in knowing if people meet a particular standard
Teach a skill	Can the person perform the task?	Observation, peer-to-peer observation, self-evaluation check list

### 2. Evaluating Behavior Change

Behavior change outcomes differ from learning outcomes because they focus on behaviors that are exhibited. Examples of behavior change outcomes are: stopping smoking, eating more fruits and vegetables, exercising, etc. Behavior change outcomes can be evaluated in a variety of different ways. The list below contains a few different examples of the underlying questions that could be used in an evaluation. There are two things to notice about this list, first each question requires a different data source and collection strategy and second, the underlying question needs to carefully define what is being measured. The actual evaluation methods chosen for a project will be influenced by both validity issues as well as availability of data.

- What percentage of people exposed to the program (or who completed the program) met their behavior change goal(s)?
- What was the average amount of change people made (e.g., eating 1 more fruit/day, walking 10 minutes a day, etc.).

**Example:****Evaluating behavior change objectives in WIC County.**

The primary outcome of the healthy snack classes is that children will eat healthier snacks. This outcome can be evaluated using the same questionnaire mentioned above. In addition to asking questions to assess the participant's awareness of healthy snack options, participants could also be asked to list the snacks that were eaten during the last 3 days. Again, comparing answers given before and after the class would show if there were any changes in behavior as a result of the class.

**3. Evaluating Changes in Health**

Changes in health are both the most significant and most elusive evaluation measures. They are significant because interventions are typically designed to improve health. But they are elusive because health outcomes are often difficult to evaluate because they can be affected by many different factors, so it can be very difficult to know if a change in health happened purely due to the intervention, or some combination of other reasons.

**Example:****Evaluating health outcome data in WIC County.**

The health outcome purpose of the healthy snack classes in WIC County was to reduce the percentage of overweight children aged 2-5. Clinic level data showing the percentage of overweight children would be available, however, it is unlikely to be sensitive to the changes that resulted from the class since only a small number of participants attended the class. Furthermore, there is likely to be a gap between the time the classes occurred and when weight would be affected. A more sensitive way to measure the impact of the classes on children's weight would be to track the weights of the cohort of children who attended the classes. This would take more time, but would yield potentially better results. Although clinic level data may not be the best way to evaluate the impact of this particular intervention, this data would be useful to track overtime, particularly if the clinic continues to make efforts to prevent overweight and obesity.

## 4. EXAMPLE: NEEDS ASSESSMENT WORKSHEET

### Breastfeeding Promotion and Support

#### GOAL:

Increase Colorado breastfeeding rates and duration by providing technical assistance and coaching to improve breastfeeding promotion and support to families in early care and education as well as workplace settings.

**Data review:** What are your local agency's breastfeeding prevalence rates?

Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.

Review the lists below. Indicate with a checkmark the items that your clinic is already implementing.

#### Section A. Colorado WIC Breastfeeding Standards

(Reference Local Agency Breastfeeding Promotion, Education and Support section in Program Manual)

- Ensure that clinic area is free from all formula company materials, trademark images, office supplies (pens, water bottles, cups, etc.), formula samples, and other formula incentives.
- Inform pregnant women about the benefits and management of breastfeeding at initial certification and subsequent visits.
- Provide formula for breastfeeding infants only when requested by the mother and only after thorough counseling to ensure mother is making an informed decision.
- Designate a staff person as Breastfeeding Coordinator.
- Ensure that all High Risk Counselors are lactation management specialists able to respond to breastfeeding high risk factors.
- Prepare mother to communicate effectively with hospital staff about her breastfeeding decision.
- Ensure that breastfeeding mothers receive information about the potential impact of formula supplementation on lactation before any formula is given.
- Provide breastfeeding women with a list of local breastfeeding support resources (La Leche League, support groups, breastfeeding classes, etc.).
- Have an established system of referral resources for breastfeeding women who may need more specialized support or management (IBCLC, breastfeeding clinic or others).

#### Section B. Best Practices for Breastfeeding Promotion and Support

- Display breastfeeding promotion material and posters in waiting rooms and clinic areas.
- Have one or more staff trained as lactation management specialists.
- Implement a peer counselor program.
- Loan electric breast pumps to participants.
- Provide manual breast pumps to participants, as appropriate.
- Discourage the early use of bottles, pacifiers and artificial nipples with infants who breastfeed.
- Teach new mothers to recognize and respond to their infant's hunger and satiety cues.
- Provide mothers with information on maintaining breastfeeding while separated from their infant.
- Provide a dedicated lactation room for breastfeeding moms (both participants and staff).
- Participate in World WIC Breastfeeding Week with special activities to promote breastfeeding.
- Actively participate in or initiate a community breastfeeding coalition.
- Write breastfeeding support policies and routinely communicate them to all staff and volunteers.
- Provide orientation to all new employees regarding breastfeeding support policies.
- Provide regular classes on breastfeeding management and support for clients.
- Inform pregnant women of the risks and costs associated with formula feeding.

#### Staff Input:

Discuss with staff the barriers to breastfeeding initiation and continuation in the populations you serve.

Describe any breastfeeding promotion activities that you would like to work on over the coming year.

## 5. EXAMPLE: STRATEGIES AND ACTIVITIES

*This section includes suggestions of possible strategies and key activities to give local agencies ideas on how a plan should be completed. You may develop your plan from these suggestions or you may already have ideas.*

Possible strategies and activities for each topic area include:

### Breastfeeding:

- Leverage the strengths and assets of partners to design programs that improve breastfeeding rates.
  - ✓ Identify a core group of individuals selecting people concerned with breastfeeding to begin the process of reach out to the community.
  - ✓ Select diverse perspectives for your community coalition (health care professionals, lactation experts, hospital staff, employers, charity organizations, food banks, child care providers, faith communities, fathers, mothers, grandparents, policy makers, tribal councils, cultural-interest groups, organizations with similar health missions, youth).
  - ✓ Define your community (it needn't be just one county, consider joining with other county/ies)
  - ✓ Investigate and evaluate sources of breastfeeding data collected by local organizations
  - ✓ Work with Nurse Family Partnership to promote breastfeeding among teen moms
- Educate and build awareness of how to encourage Breastfeeding Supportive Workplaces
  - ✓ Create awareness and provide guidance to employers for how to accommodate breastfeeding employees.
  - ✓ Provide sample employer policies and programs. Establish a lactation policy and place within your organization
  - ✓ Inform employers about state and federal legislation, through hosting a training through the chamber of commerce or individually
  - ✓ Educate on the benefits to employers and employees using the US Department of Health and Human Services Business Case for Breastfeeding.
  - ✓ Provide links to resources
  - ✓ Publicly recognize employers who follow the laws and support breastfeeding employees.
- Strengthen health care professional skills and knowledge
  - ✓ Provide electronic copies of the Breastfeeding Update newsletter to all MCH health care providers in the community to spread timely breastfeeding information, training and resources. Share the link to CDC's health care provider action guides with health care providers.  
<http://www.cdc.gov/breastfeeding/promotion/healthcare.htm>
  - ✓ Encourage local hospitals, birth centers, health departments, and group practice clinicians to provide lactation training for all local health care providers (physicians, nurses and other health care professionals). Consider cosponsoring training.
  - ✓ Assess types of training required focusing on provider needs (e.g., level of promotion and intervention, and maternal population served- prenatal, early postpartum, late postpartum, infant)
  - ✓ Research provider preferred training methods (face to face, on-line, self paced, seminar, etc)
  - ✓ Offer and/or recommend lactation training and breastfeeding curricula available
  - ✓ Ensure there are International Board certified Lactation Consultants (IBCLC) in the community practicing within the local public health agency, the hospital, in a clinic, or privately
  - ✓ Offer Academy of Breastfeeding Medicine (ABM) clinical protocols to providers
- Educate and build breastfeeding support in the community to meet the needs of all mothers
  - ✓ Organize a mom to mom peer breastfeeding support group through a church, a hospital, a clinic, the local public health agency, the library,
  - ✓ Educate parents using the Joint Commission's Speak Up materials: <https://www.jointcommission.org/speakup.aspx>
  - ✓ Develop and distribute a community breastfeeding resource lists to include where to get help with breastfeeding, where to purchase breastfeeding supplies, breastfeeding friendly employers, child care providers, etc
  - ✓ Investigate ways to provide breastfeeding supportive services (e.g., electric breast pump rentals through unique settings (e.g., pediatricians or other health care providers) and develop community wide referral systems
  - ✓ Partner with hospitals to include breastfeeding promotion and education as a part of hospital birthing classes, distribute the Colorado Can Do 5! crib cards
  - ✓ Partner with hospitals to set up a WIC electric breast pump loan program
  - ✓ Work as a community to ban the provision of formula samples by health care providers
  - ✓ Provide training to child care providers on infant feeding and how to be a breastfeeding friendly child care
  - ✓ Establish a local public health agency specific lactation policy

Early Childhood Obesity Prevention:

*The following healthy weight promotion ideas vary greatly in target, intent, complexity and timeline. Some may be complete in one year, while others may be nutrition education plan activities for multiple years.*

- Educate and build awareness of the importance of interconception care
  - ✓ Incorporating special care activities for mothers (and fathers too if appropriate) after the birth of a child.
  - ✓ Promote reproductive life planning (planned pregnancies and child spacing). The following topics can become part of this special care just for mom:
    - Healthy Relationships
    - Future Dreams and Goals
    - Financial Security
    - Emotional Health
    - Family Planning
    - Pregnancy Prevention
    - Health goals for the coming years, if a child is planned in the future or not (well woman exams, healthy eating, active living, taking vitamins, oral health, family health risks)
- Educate and build awareness of low cost physical activity programs for WIC participants in the community and assess community barriers to healthy eating and active living
  - ✓ Increasing access to healthy foods or opportunities for community physical activity.
  - ✓ Connect WIC participants to the community opportunities through marketing and/or incentives.
  - ✓ Conduct survey to determine what barriers exist with physical activity
  - ✓ Conduct interview with participants about what they are purchasing with fruit and vegetable vouchers
  - ✓ Identify community or regional initiatives intended to increase community opportunities for physical activity
  - ✓ Attend community meeting to learn about proposed projects for parks, open space and activities for children
  - ✓ Learn about what local public school program are implementing regarding health eating and physical activity
  - ✓ Participate in local obesity prevention coalitions
- Provide effective and consistent messaging during WIC appointments
  - ✓ Utilize 9 Ways to Grow Healthy Colorado Kids messages to promote in WIC, and in collaboration with at least one community partner.
  - ✓ Include a new message at each staff meeting for staff to learn
  - ✓ Provide one page handouts messages at WIC appointments
  - ✓ Conduct chart reviews to see if new message are consistently being provided
  - ✓ Encourage Wellness Coordinator to provide information on new messages
- Encourage and support staff training in early childhood obesity prevention:
  - ✓ Provide staff training to improve knowledge of the most recent evidence and recommendations related to healthy weight in early childhood.
  - ✓ Participant in the *Wellness Coordinator System*, a strategy to bring state and local WIC agencies together in addressing early childhood obesity through WIC services in Colorado.
  - ✓ The Early Childhood Obesity Prevention webpage, provides a summary of additional resources and recommendations <https://www.colorado.gov/cdphe/ecop-additional-resources>
  - ✓ Include a training on Motivational Interviewing training for staff
  - ✓ Provide a training on 5-2-1-0 concepts
- Incorporate cooking, shopping and nutrition education resources into WIC appointments
  - ✓ Conduct a grocery tour and promote healthy foods and beverages
  - ✓ Provide information on My Plate and 5210 educational resources
  - ✓ Conduct a cooking demonstration one day per week at the WIC Clinic
  - ✓ Provide Cooking Matters, Shopping Matters, Snap-Ed, or Expanded Food and Nutrition Education Program (EFNEP), or other nutrition-related courses for families  
<https://cookingmatters.org/>  
<http://www.fns.usda.gov/snap/snap-ed>  
<http://www.ext.colostate.edu/efnep/>
- Educate and build awareness of the importance of collaboration with Farm to Family and community garden programs
  - ✓ Bring WIC and local farmers together for better health  
<http://www.coprevent.org/search?q=wic+farm+to+family#!/2012/10/wic-farm-to-family-pilot-offers-healthy.html>
  - ✓ Link WIC participants to community gardens and take a tour

Increase Program Participation:

- Conduct classes to decrease appointment wait time see a larger number of participants.
  - ✓ Certification prenatal classes

- ✓ Follow-Up appointments for children
- ✓ Breastfeeding classes
- ✓ Infant feeding classes
- ✓ Healthy Weight Classes
- ✓ Topic-specific classes such as "Sugar-Sweetened Beverages"
- Educate and build awareness of strategies for reminding participants of their appointments
  - ✓ Participate in the state-wide texting program
  - ✓ Develop a system to conduct reminder telephone calls
  - ✓ Develop a system to send reminder email messages
  - ✓ Print Appointment Reminder and give to participant for next visit
  - ✓ Send Appointment Reminder printouts in the mail
  - ✓ Encourage participants to call the clinic if they misplaced their materials and/or forget their next appointment
  - ✓ Obtain updated contact information at each appointment: recertification, follow up, mid-certification
  - ✓ Obtain two sources of telephone contact information for each endorser
  - ✓ Conduct a survey to see how participants wish to receive appointment reminders
  - ✓ Run *Appointment Summary Report* to determine missed appointments due to no show
  - ✓ Improve outgoing telephone messages at clinics
- Build awareness of ways to set up the clinic schedule to make appointment as efficient and flexible as possible
  - ✓ Identify alternative methods for nutrition education based on participant preference (video chat, phone, wichealth.org)
  - ✓ Minimize the length of appointment visits as much as is feasible
  - ✓ Identify probably flexible times when clients can be seen
  - ✓ Set aside appointment slots for new prenatal appointments
  - ✓ Open the clinic one Saturday a month and rotate staff coverage
  - ✓ "Lean" your work environment and clinic processes to assist with improvement in time management and to limit distractions
  - ✓ Set up an afternoon for follow up missed appointments only
  - ✓ Run monthly Processing Standards Non-Compliance report to check on Processing Standards
  - ✓ Provide staff training on use of current software technology to increase computer skills and efficiency
- Educate and build awareness of strategies to maintain or increase caseload
  - ✓ Conduct an assessment of staff to client caseload ratios to increase productivity
  - ✓ Consider assigning caseload to each WIC staff to determine productivity
  - ✓ Run monthly *Termination by System Report* to follow up with those participants that have been terminated due to not picking up benefits
  - ✓ Develop outreach strategies for internal referrals within the local agency programs
  - ✓ Advertise the WIC Program in the local newspaper
  - ✓ Advertise the WIC Program with the local radio station
  - ✓ Attend health fairs and other community events to promote the WIC Program
  - ✓ Provide training to local agency partners included on the Rights and Responsibilities form on how to refer to the WIC Program

Topics previously found in Section 8 - Clinic Procedures

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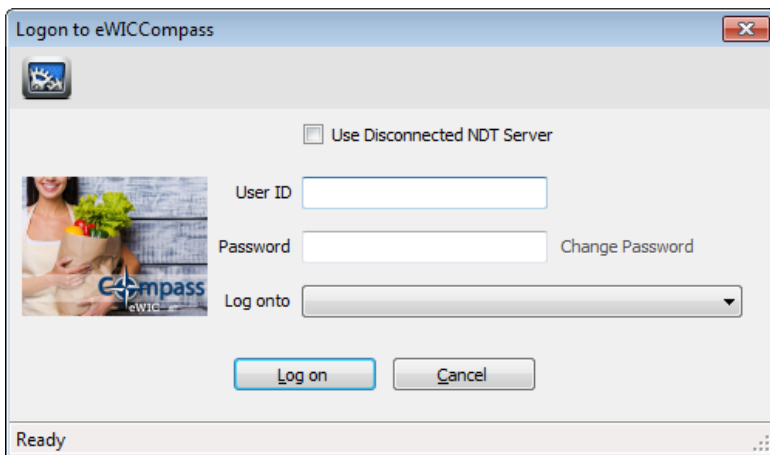
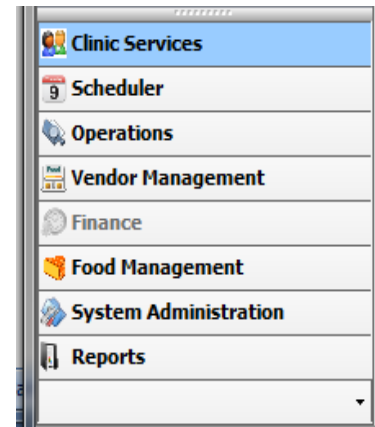


## User Logon

In order to have access to Compass, the CO WIC user enters his/her User ID and Password as assigned by the State Office. The unique User ID provides a specific set of security rights for WIC staff, based on their roles within the local agency. Local Agency WIC Directors are required to immediately notify the State Office regarding staff changes. The *Secure Compass User ID Form* must be completed and submitted each time a new staff person is hired, when their position responsibilities change and when their WIC employment ends. The [Secure Compass User ID Form](#) is accessible from the Colorado WIC website at [www.Coloradowic.com](http://www.Coloradowic.com).

Staff can change their passwords after a successful log on using the provided User ID and Password. User IDs and passwords are not to be shared with others. Every 120 days, Compass prompts the user that the old password will expire soon and a new password must be entered. Passwords must be strong to be secure.

Strong passwords are at least 8 characters in length, have a mixed case (some capitals and some lowercase letters), have at least one number, and have a special character.



## Intake Information

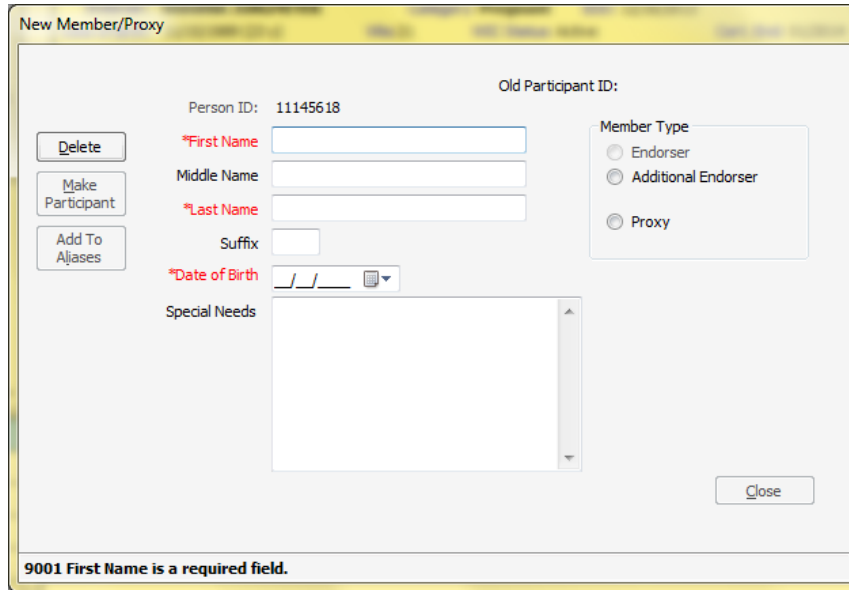
When a potentially-eligible applicant calls the WIC clinic to make an appointment, certain demographic information is obtained and entered on the New Member/Proxy screen (see screen shot below). This screen is also used for participant transfers and to document foster children. The New Member/Participant Wizard, a series of pop-ups that are used to capture information about a new family member or participant, must be completed.

The following information must be captured:

- Endorser name
- Participant first name and last name
- Date of birth
- Sex (for infants and children)
- Participant Category
- Hispanic/Latino (yes/no)
- Mother's name (for infants and children if on WIC) -or- Mother not on WIC
- Race
- Expected DOB (date of birth) (for infants and children). Although Compass allows the user to by-pass, this field must be completed in order for Compass to calculate gestational age.
- Foster Care (for infants and children who are in foster care)

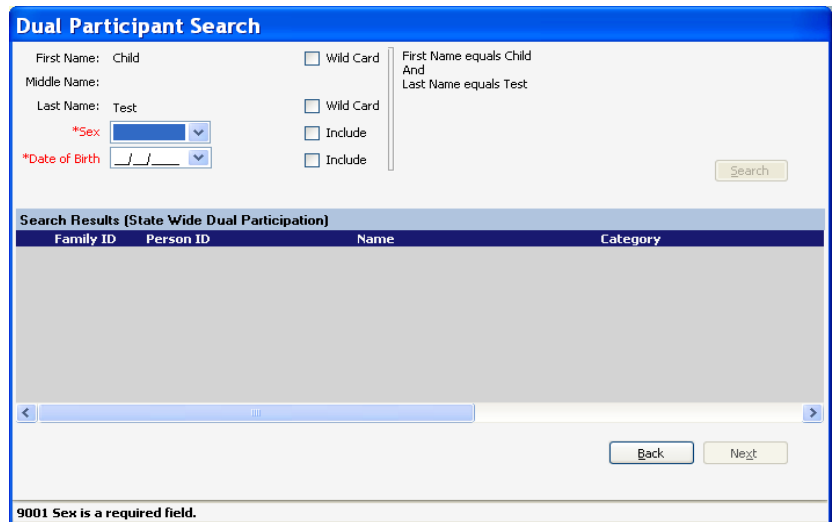
Optional fields are:

- Additional endorser name
- Proxy name
- Middle name
- Suffix
- Special needs



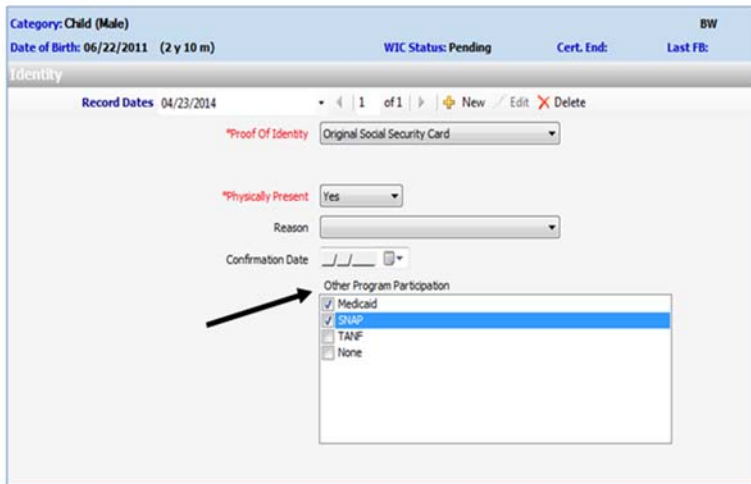
## Dual Participant Search

Users are required to perform a search to ensure the applicant is not already in the system before they can move onto the next pop-up window to continue the process of adding a new participant. To ensure a thorough check, especially if some of the identifying factors may be questionable (i.e. name may have previously been misspelled, such as "Gonzales" vs. "Gonzalez") the "wild card" and/or "include" buttons should be checked. Staff may also enter the individual's birth date or the first part of a name followed by the "%" sign (i.e., "Gon%") and Compass will search for matches of names by birth date or beginning with those letters. Possible matches will display in the "Search Results (State Wide Dual Participation)" grid. Staff must determine whether the person is enrolled in another clinic. If it is determined that the person is enrolled in another clinic, staff must discontinue adding the person by clicking the "back" button in the Dual Participation pop-up and then the "delete" button on the Member/Proxy pop-up. Once this is complete, staff can find the participant by performing a search, and can then transfer the participant into their WIC clinic.



## Family Intake Branch

The Family/Intake branch includes panels used to add a participant to a family, update participant and family information, and create comments/alerts. The intake process may include updates to the family, contact/address, income, voter registration, application, or participant category areas. Proof of identify, income and residence are covered in this area of the application. Below is guidance for completing select fields within the Family/Intake panel



### Other Program Participation

Completion of the *"Other Program Participation"* field on the Identity panel is required. If the participant does not receive Medicaid, SNAP or TANF, "None" must be checked. This data is pulled regularly by State Office and is also a field State Office reviews during local agency Program Monitoring visits.

### Preferred Spoken Language

Leave the field within the Family panel blank when the participant speaks English. Enter the language spoken when any language other than English is preferred.

### Mother's Ed (Education) Level

A required field in the Family panel to enter the mother's completed years of education. If the child is not in the care of his/her mother (i.e., child in foster care), enter the education level of the caregiver.

### Voter Registration

Required panel used to document voter registration activities. Refers to whether or not the endorser or woman participant is registered to vote or completed a voter registration form that day. Staffs are required to complete the voter registration panel at every participant certification and recertification visit, and whenever a client changes an address. Data from these fields is compiled at the State WIC Office and sent to the Secretary of State's office. Refer to **Section 7. Caseload Management** for additional information on staff's requirements regarding voter registration.

### Assessment Branch

The Assessment branch includes panels related to visit history, pregnancy, anthropometrics, blood, nutrition interview and risk. Growth charts and Breastfeeding Peer Counselor (BFPC) documentation are also accessed in this area. Below is guidance for completing select fields within the Assessment branch.

### Pregnancy

The Expected Delivery Date and Last Menstrual Period dates are required fields for pregnant women. Update these fields when the due date changes during the pregnancy. The Last Menstrual Period and Expected Due Date are used to calculate a woman's weeks' gestation and her Certification End Date.

- **Pre-Pregnancy Weight:**  
Required field to document the woman's weight before her current pregnancy began. If pre-pregnancy weight is unknown, estimate the woman's pre-pregnancy status (normal, low, high) by considering her current height and weight. From the pre-pregnancy weight determination and weeks gestation, identify the expected weight gain (use the lower line of the weight gain range). Subtract that value from current weight and enter as pre-pregnancy weight.
- **Infants Born from this Pregnancy:**  
Required field to link the mother and baby. Baby must have previously been added to the "New Member/Proxy" field in order for his/her name to appear in the drop down panel.

### Anthropometrics

- **Measurement Date:**  
If height and weight measurements are from another source (i.e., a physician's office), enter the actual date the measurements were taken.
- **Birth Measurement:**

Required field for all infants and children, check the “unknown” check box when measurements are not known.

### Blood

- **Blood Iron Test Date:**  
If hemoglobin or hematocrit values are from another source (i.e., physician’s office), indicate the actual date the blood screening was done. If the values indicate severe anemia, staff must select “severely low hemoglobin/hematocrit” from the risk panel, as this risk factor is not automatically identified when the user selects “determine risk.”
- **Print Notice:**  
Staff should select “print notice” to print a referral to the physician when a participant has abnormal blood iron results.
- **Blood Lead Measurement:**  
Required field to record lead level screening information for children. Refer to [Section 7, Caseload Management](#) for additional information on staff’s requirements regarding assessment and documentation of lead screening for children.

### Education and Care Branch

The Education and Care branch includes panels used to document referrals, nutrition education provided and care plan. Below is guidance for providing and documenting referrals to a participant. Refer to [Section 2, Nutrition Services](#) for guidance on documenting Nutrition Education and Care Plan.

#### Referrals - participant

Panel used to document referrals provided to the participant. When a referral is documented, Compass prompts staff to obtain the signature from the endorser/participant to indicate their approval for WIC to share their information. The signature is only required if staff are planning to share the participant’s information with the referral organization not listed on in the Rights and Responsibilities document. However, if staff members are simply referring the participant to an agency then a signature is not needed and the signature may be bypassed.

### Activity Branch

The Activity branch includes panels used to view appointment history, transfer a family, retrieve a participant (move a participant from one family to another family such as a foster child), enter survey information, and record information as needed in the customer service log, participant violations, and administrative hearing areas. Below is guidance for completing select fields within the Activity branch.

#### Transfer Family

This panel is used to transfer participants from other Colorado clinics. Note that staff cannot transfer in participants if their clinic is in disconnect mode; they may perform Compass transfers only while operating in connected mode. Out of state transfers are performed by entering the participant’s out of state VOC information into the Application panel or in the Application pop-up with the New Member/Proxy fields.

#### Participant Violations

This panel is used to enter participant violations and sanctions. Refer to [Section 6, Food Funds, Prevention and Management of WIC Program Misuse](#) for the policy and procedure on recording participant violations.

### Intrastate Dual Participation

#### POLICY:

All clinics must run the intrastate dual participation monthly and resolve those listed on the record as possible dual participants.

#### PROCEDURE:

Intrastate dual participation is assessed using the *Intrastate Dual Participation* function in the *Operations* functional area of Compass. A clinic supervisor or designated WIC staff member should run this report at the end of each month. WIC staff must verify in Compass whether each possible dual participant in that clinic is actually

dual participating. When another WIC clinic is involved, communication between clinics may need to occur in order to reach mutual agreement.

Note: When a person is added to Compass, an immediate dual participant search is conducted by the system on the Dual Participation pop-up. If any names show up in the list indicating possible duals, staff persons are required to determine whether the person is enrolled in another clinic. If the person is enrolled in another clinic, staff must discontinue adding the person by clicking the "Back" button in the Dual Participation pop-up and then the "Delete" button on the Member/Proxy pop-up. Once this is complete, staff must perform a search to find the participant's record, and then a transfer the participant into the clinic by accessing the Transfer panel.

#### Using Compass to verify dual participation:

- Access the *Intrastate Dual Participation* panel in *Operations*.
- Click *Unresolved* in the *View* section of the panel.
- Enter the correct agency and clinic name in the drop down lists.
- Click *Get Data* to populate a list of possible intrastate dual participants.

#### Not the Same Person (No Dual Participation or Duplicate Record)

When it is determined that the two records are **not** the same person, the matching record must be resolved. This is done by marking the "Resolved" checkbox and selecting "No Dual - Different Person" option in the *Reason* drop down list. Staff may also enter additional clarifying information (i.e., "twins") in the "comment" field.

#### True Dual Participation

When a participant is truly a dual participant, WIC staff must follow the *Prevention and Management of Endorser Misuse* procedures outlined in this section. Staff must counsel the participant on the illegality of dual participation.

#### If first occurrence:

- Determine which clinic the participant will attend and terminate the participant from the other clinic with reason of "dual participation in WIC"
- Complete the *Participant Violations* panel in the activity branch of Clinic Services, noting "first occurrence" in the details. Enter a sanction type of "warning/education" and obtain the endorser's signature.

#### If second occurrence:

- Terminate the participant from both clinics with reason of "dual participation in WIC."
- Complete the *Participant Violations* panel in the activity branch of Clinic Services, noting "second occurrence" in the details. Enter a sanction type of "disqualification," enter the appropriate end date, and obtain the endorser's signature.

#### Duplicate records for the same participant

In the process of running the *Intrastate Dual Participation* function, existing duplicate records for the same participant may be discovered. These records can be two or more records within the same clinic or in different agencies. Follow the instructions below to merge duplicate records.

#### Instructions for Tracking and Merging Duplicate Records

Designate one person from each clinic to track all duplicate records

- Download the *Dual Participant Record Spreadsheet* <https://www.colorado.gov/cdphe/wic-compass>
- Enter the following information in the *Dual Participant Record Spreadsheet*:  
Clinic Name, Clinic contact, Contact Information, Participant Name, Participant ID (PID) Not to Use, Family ID (FID) Not to Use, Family ID to Keep, Date Resolved.
- Communicate to all clinic staff which Compass record will be used and which record will not be used.
- DO NOT edit any participant or family information in Compass. This includes not changing names, adding letters or words before the last name, etc. DO NOT change the status of the participant.
- Navigate to the *Intrastate Dual Participation* panel in Compass and mark the "Resolved" checkbox.
  - ✓ Select "Dual - No Double Benefits Provided" in the *Reason* drop down box.
  - ✓ Record in the Comments field the Family ID Number (FID) that will not be used.

- Check the “Do not allow food benefits” box in the Participant Violations Panel of the participant whose record will not be used. Remove the check mark after the records have been merged.
- Send all typed spreadsheets electronically to the state office. DO NOT send in hand-written spreadsheets.
- The WIC IT Unit will research each duplicate record and make appropriate changes.

## Recertification/Changing Participant Categories

Thirty days prior to the Certification End Date (CED), the Certify button on the Certification panel becomes enabled. At that time a recertification can be completed without terminating the participant’s certification. If the Certify button is not enabled, it may be because the participant’s recertification is scheduled greater than 30 days from the CED.

For women whose participant category changes, it is likely that the recertification needs to occur greater than 30 days prior to her Certification End Date. The woman’s current certification must be terminated and she must be recertified with her new participant category. When the women’s certification is terminated on the Certification panel, the user is asked whether they would like to proceed with the termination even though the participant has remaining food benefits. The user should proceed with the termination by making the effective date the current date and then completing recertification.

The appropriate food benefits can be issued once the recertification is complete. Food benefits are based on her new participant category/profile. Please note the following when changing a participant’s category:

When changing from the following participant categories, a termination of the current certification **must** be completed in order to complete the recertification with the new participant category.

- Pregnant to Pregnant
- Pregnant to Breastfeeding/Non-Breastfeeding
- Non-Breastfeeding to Breastfeeding
- Breastfeeding/Non-Breastfeeding to Pregnant
- Breastfeeding/Non-Breastfeeding to Breastfeeding/Non-Breastfeeding

After the user has entered the updated information, Compass automatically updates the participant’s CED in the following situations. Please note that a termination of the participant’s certification may not be appropriate.

- Breastfeeding to Not Breastfeeding: When changing the woman’s participant category from Breastfeeding to Not Breastfeeding consider the following conditions:
  - ✓ If the infant turns 6 months old this month. (e.g., Infant birth date is 11/6, therefore the infant turns 6 months old in the month of May), Compass updates the woman’s CED to the end of the month the infant turns 6 months old. The system updates the CED for this new participant category. The CED and the categorical eligibility end date are adjusted without another certification.
  - ✓ If the infant turns 7 months old this month (e.g., Infant birthday is 11/6, therefore the infant turns 7 months old in the month of June), go to the Certification panel and terminate the participant with a reason of “Not BF 6 months postpartum.” The Effective Date of the termination will be 15 days from today’s date.
- When a pregnant woman’s Expected Delivery Date changes, enter the new date in the Expected Delivery Date on the pregnancy panel.
- When a pregnant woman has a miscarriage, complete the Actual Delivery Date on the pregnancy panel and click the “Pregnancy Termination with No Live Birth” field on the Pregnancy panel. In this situation, the CED automatically updates to 6 weeks after the ADD. Please note that staff must recertify the participant as Non-breastfeeding in order to give the full 6 months of food benefits.

For Infants: When recertifying an infant to a child, the user does not need to change the participant’s category. Compass will automatically change the participant’s category from infant to child on the participant’s first birthday.

**NOTE:** In the case where the woman has delivered but is NOT going to be recertified as breastfeeding or postpartum (for example, if the agency does not serve postpartum women or the woman chooses not to be recertified), she should continue to receive food benefits 6 weeks past her delivery date.

## Replacement of eWIC Card

When an eWIC card is reported as damaged, lost or stolen, the local agency WIC staff person deactivates the card in Compass. The endorser/participant must return to the WIC clinic to receive a new, active eWIC card. The benefits are automatically available for purchase with the new eWIC card. By federal regulations (7 CRF Part 246.12) the local agency must respond to any report of a lost, stolen, or damaged card within one business day of the date of report, and replace the EBT card and benefits within seven (7) business days of notice from the participant, endorser, or proxy.

### Disposal:

When an eWIC card is returned that is damaged or returned by a participant, staff must complete the following:

- Deactivate the card in Compass.
- Cut damaged card in half and destroy, or place in an appropriate document shredder

## Replacement of eWIC Food Benefits

### POLICY:

Unredeemed food benefits can be exchanged for all participants at any time for current or future months.

### PROCEDURE:

- Access the Compass Food Package panel, and select "new" to create a new food package
- Select a new model food package from the drop down list and perform a save. (Alternatively, staff may tailor a food package, or create a new package "from scratch.")
- Access the Food Benefits panel and verify the appropriate issuance (1 month, 2 months, 3 months). Once verified, click the "Issue Benefits" button. Compass will automatically calculate the remaining food benefits for the participant.
- Obtain the endorser's signature to acknowledge receipt of food benefits.
- Review the *Family Food Benefits* printout with the endorser or proxy.

## Ordering eWIC cards

### POLICY:

Designated staff members track their current eWIC card inventory and order boxes of eWIC cards using the Compass *Operations, LA/Clinic EBT Card Inventory Summary* panel. When the eWIC cards arrive at the clinic, two staff members are required to complete the process of receiving and verifying the order. Allow at least two weeks for delivery to your clinic or agency.

### Background:

- The state office has designated a Replenishment Threshold for each clinic. Local staff must contact State office if the threshold level needs to be reset.
- When the Current Inventory is below the Replenishment Threshold a warning message will appear that EBT cards are in need of replenishment immediately. The message will appear on the local clinic's LA/Clinic EBT Card Inventory Summary page.

### PROCEDURE:

- In Compass, go to the *LA/Clinic EBT Card Inventory* in Operations. Go to the Summary page. Click "edit."
- Enter the number of cards requested in the "Currently on Order" field. Note there are 250 cards per box, so orders must be placed in increments of 250.
- Enter the current date in the "Current Order Date" field.
- Save. The order will automatically be sent to the State WIC office.

In emergency situations only, eWIC cards may be ordered by calling the State WIC Office (303-692-2400).

### PROCEDURE to Receive and Verify eWIC cards:

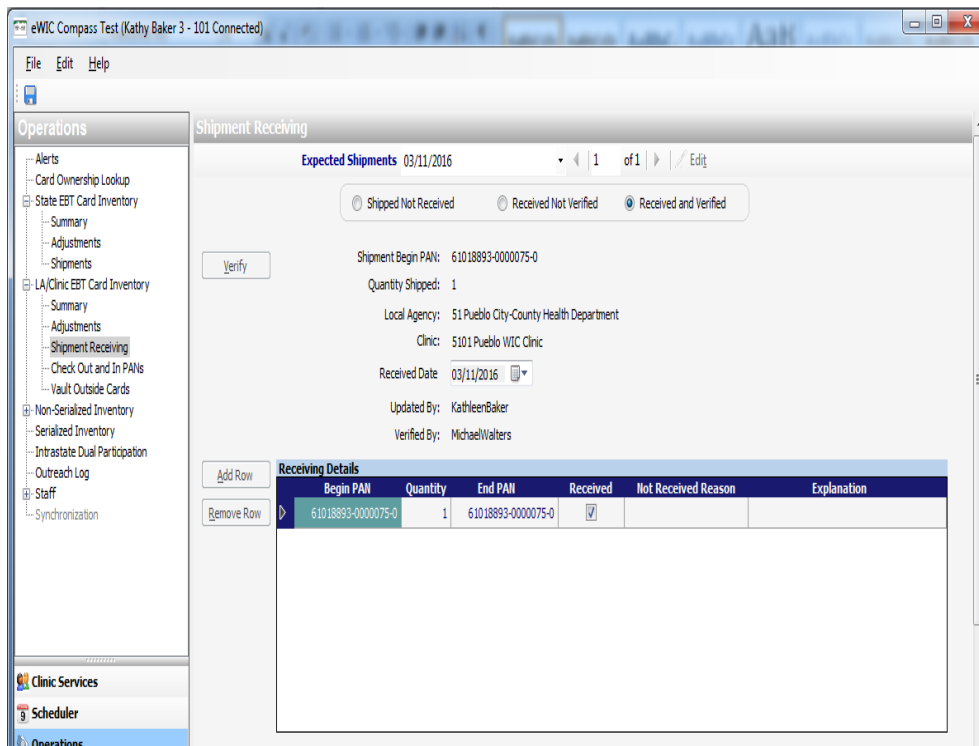
The clinic must receive and verify the shipment before any eWIC cards can be issued to participants. Each shipment of eWIC cards contains a packing list noting the range of cards and the number of boxes sent. Steps for receiving and verifying eWIC cards are listed below.

### Receiving (First Person)

1. When the shipment of eWIC cards arrives at the WIC clinic, check for damage to the shipment boxes and that all boxes are received. Match the range of PANs listed on the boxes with the range recorded on the packing slip.
2. In eWIC Compass, expand the LA/Clinic EBT Card Inventory branch in the Operations panel and click "Shipment Receiving."
3. On the Shipment Receiving panel, ensure that "Shipped not Received" is selected to display your clinic's card order information
4. Check that the PANs received match the numbers of those displayed in eWIC Compass.
5. Click "Edit." The "Received Date" will automatically populate with today's date. Click the "Add Row" button (next to the Receiving Details table grid) and enter the Begin PAN and Quantity of the shipment (which is also listed above the Receiving Details grid). Tab over to the "Received" column, select the box and Save.
6. Your name will appear next to the "Updated By": field.

### Verifying (Second Person)

1. In eWIC Compass, expand the LA/Clinic EBT Card Inventory branch in the Operations panel and click "Shipment Receiving."
2. On the Shipment Receiving panel click "Received not Verified."
3. Click the "Verify" button and Save.
4. Your name will appear next to the Verified By: field.



### eWIC Card Security

Clinic staff members are responsible for the security of eWIC cards. The state office recommends that eWIC cards are maintained within the clinic in the original box and that cards are removed only as needed. All eWIC cards must be kept in a locked area when the clinic is closed.



## Compass Application and Data Security

The mission of the Colorado Department of Public Health and Environment is to protect and preserve the health and environment of the people of Colorado. This mission requires dependable information systems that are accurate, available and trusted. Accordingly, the department strives to protect the confidentiality, integrity and availability of the data that it collects, processes, and stores.

Unfortunately, there are ever-growing numbers of threats to our information systems. Threats include identity theft, viruses and denial-of-service attacks. Risks also can arise internally from those individuals who place personal gain over public health and environment through the misappropriation of Program funds.

In order to reduce these risks, the Compass application requires a user to log into the system using credentials created by the WIC Compass Help Desk. Local Agencies request user credentials for staff by completing the *Secure Compass User ID Form* accessible from the Colorado WIC website.

This form includes the data security, use, and confidentiality agreement that each employee must read and sign. Signatures from the WIC supervisor and WIC employee are required on a printed copy and faxed to the WIC Compass Help Desk. This form shall be used for new users, changes to existing users, changes to Compass access and staff separation from WIC.

### WIC Compass User Access Control

Local WIC Agency Directors must validate that Compass user access is granted to Compass users who actively work at a specific WIC clinic and that the level of access granted is commensurate to the specific level required to perform their job duties.

#### Procedure:

- Around January 1 and July 1 of every year, State Office produces and emails to each Local Agency WIC Director their agency's *Compass User Access Verification Report* (Report). The Report lists every local agency WIC staff person's user ID per clinic. The Report also includes a column for the Verifier to enter whenever a staff person's employment is terminated or their position responsibilities change and their Compass access needs to be updated.
- Local Agency staff prints the Report from the email.
- The Local Agency WIC Director can personally validate these Reports or can designate the role of Verifier to other individual/s.
- The Verifier reviews the list to ensure all User ID's belong to current WIC employees.
  - ✓ For User ID's belonging to former employees, the verifier places a check mark in the *Terminate Access* box and completes a *Secure Compass User ID Form*
  - ✓ For User ID's belong to current employees that need an update to their security access, the verifier places a check mark in the *Update Access* box and completes a *Secure Compass User ID Form*.
- **A *Secure Compass User ID Form* is completed and submitted to State Office Help Desk for every check mark indicated on the Report.**
- The Verifier and the Local Agency WIC Director acknowledge their agreement of the results of the review by hand signing the appropriate signature lines. The Local Agency WIC Director signs both lines when she is the Verifier.
- The Local Agency WIC Director sends all completed and signed copies of the *Compass User Access Verification Report* and *Secure Compass User ID Forms* to Peg Ramirez at the state office by email ([Peggy.Ramirez@state.co.us](mailto:Peggy.Ramirez@state.co.us)), fax (303-756-9926), or mail within 30 days receipt of the Report.
- The Local Agency WIC Director maintains a central file of all original *Compass User Access Verification Reports* and *Compass Secure User ID Request Forms* submitted to State Office for a minimum of 3.5 years **from the end of the applicable fiscal year**. This file is subject for review during the local WIC agency's monitoring visits.
- The Security Administrator updates security access roles in Compass per the *Secure Compass User ID Forms*. The submitted *Compass User Access Verification Reports* and *Compass Secure User ID Request Forms* are retained at the state office for a minimum of 3.5 years **from the end of the applicable fiscal year**.

## Issue Resolution and the State WIC Help Desk

### Application Issues

Please report all suspected Compass application issues to the State WIC Compass Help Desk. The WIC Compass Help Desk will investigate your concern and if they determine that an application error might exist they will create a ticket and the issue will then be reviewed and resolved. The fix will be included in a future release of a new Compass version. If the State WIC Compass Help Desk determines that the application is working correctly they will provide to you an explanation and possible written system documentation on the application behavior. As a final step, the State WIC Compass Help Desk may escalate your ticket to your Nutrition Consultant or Compass Training Coordinator if it appears that the problem is a matter of training or policy or to Level 2 Technical Support if the problem appears to be of a more complex technical nature.

### Data Issues

Please report all suspected Data integrity issues to the State WIC Compass Help Desk. The Help Desk will investigate your concern and if they determine that a data integrity issue may exist, they will immediately escalate the issue to the State Database Administrator for further investigation and resolution.

### Computer, Network and Internet Issues

Compass is a web-based system that relies on local area networks and Internet connectivity that is created and maintained by county IT departments. Therefore, some problems must be resolved by the county or local agency IT staff.

When a local agency WIC user encounters a network, computer equipment malfunction, computer login or Internet problem, please contact your local agency IT unit as your first level of support. Your IT unit should be able to solve most problems that you report. If the local agency IT determines that additional state support is required to resolve an issue, have a technical person contact the State WIC Compass help desk for level II support.

## Connected and Disconnected Operations

Compass allows clinics to operate *connected* or *disconnected* from the central database located in the state data center.

### Connected Mode

When in connected mode, WIC clinic computers are connected to the central database via the Internet. When a WIC user requests participant data, the data downloads from the central database to the WIC user's computer. The clinic user makes additions and/or modifications to participant, scheduler and other data. When the clinic user saves the data, the data is uploaded through the Internet back to the central server where it is stored.

### Disconnected Mode

When disconnected, clinic computers connect to a designated clinic workstation that has been configured to contain a database of the local agency's or clinic's data. This designated computer is referred to as a **clinic server**. When operating in disconnected mode, staff may certify participant and assign food benefits, but are not able to assign a PAN or issue food benefits. There are two situations wherein a clinic operates disconnected from the centralized database:

- **Disconnected Clinic**

A disconnected clinic operates in a remote location that does not have Internet connectivity. In these situations, the clinic is "preconfigured" to run in disconnected mode.

Before traveling to the remote, disconnected clinic location, the clinic user connects the laptop to the Internet (at the main clinic) and performs a synchronization download so that the latest clinic participant data is stored in the database on the laptop (clinic server).

During disconnected clinic operations at the remote site, changes to participant records and other data changes are recorded in the database on the laptop.

Upon return to the main clinic, the clinic user reconnects the laptop to the Internet and performs an upload-synchronization so that the changed data on the laptop is stored on the central database at the state data center.

- ***Connected Clinic running in Network Downtime Mode***

In the event of an Internet outage that prevents a clinic from connecting to the central database, a connected clinic may switch to disconnected operations. This disconnected operation is called Network Downtime (NDT).

When a clinic switches to NDT mode, the clinic's WIC computers are connected to the database on the clinic server instead of the central database located at the state data center. Additionally, the clinic is locked out of connected operations.

WIC users can continue to see clients and assign food packages in NDT mode; however, they are not able to assign a PAN or issue food benefits. Once in NDT mode, the clinic must operate in NDT mode for the remainder of the day. When clinic operations are ended for the day (assuming that the Internet connection has been reestablished), the clinic user connects the clinic server to the Internet and initiates a full synchronization once all users have saved their work and are logged out of Compass. This synchronization uploads all of the changed data from the NDT computer's database to the central server's database and demotes the NDT computer back to normal workstation status and releases the lock on the clinic's data at the central database. The next morning, all WIC users log in as usual to connect to the central server's database.

## Synchronization of the Clinic Server's Database

As mentioned earlier, the process of synchronization keeps the local data on the clinic server current with the data on the central database. This process **uploads** data changes from the clinic server to the central database and **downloads** data from the central database to the clinic server.

Each connected clinic should assign the synchronization process and the coordination of switching to NDT mode to an individual (and others as back up). This individual is the **NDT Administrator**. The NDT Administrator always performs synchronization on the clinic server because it is that computer that contains the local copy of the clinic's database. Connected clinics are required to run the synchronization process at the end of each clinic day. The NDT Administrator may contact the WIC Compass Help Desk for detailed instructions on how to perform daily synchronization.

Disconnected clinics should synchronize (download) prior to going to the remote locations and synchronize (upload) upon return from the remote location. Contact the WIC Compass Help Desk for detailed instructions on how to perform synchronization for disconnected clinic operations.

Because sensitive data is stored in the clinic server, the computer's hard drive must be encrypted for data security purposes as per Colorado Department of Public Health and Environment policy.

It is important to ensure that a clinic has a successful synchronization each day at connected clinics so that the most up to date clinic data is available at the clinic in the event of an outage that requires your clinic to switch to NDT mode.

It is important that a clinic has a successful synchronization before disconnected clinic operations so that the most up to date data is available during operations. It is equally important that a clinic has a successful synchronization immediately after disconnected clinic operations so that all of the changed data is uploaded to the central database.

In the event of an unsuccessful synchronization process please contact the WIC Compass Help Desk.

## Switching to NDT Mode

If the cause of the outage is at the State data center side, the WIC State Office communicates information (email and or telephone) to all local agencies or clinics about the outage as it becomes known. If the outage is at the local agency /clinic side, clinic staff must ascertain the nature and duration of the outage from their local agency IT group in order to make the decision of whether or not to go to NDT mode.

### Important Considerations when Switching to NDT Mode

- Locking the Clinic data  
It is important that the WIC Compass Help Desk locks access to the clinic's data on the central server because this lock prohibits others at the State Office or at other clinics from making changes to the clinic's data that is operating in NDT mode.
- Data entered same day, pre-NDT mode, not available  
Participant, scheduler and other data that is modified on the same day but prior to NDT mode switch over is not available to that clinic for the remainder of the day. Clinics may want to ask participants to call back to make appointments.
- Transfers from other agencies are unavailable  
When in NDT mode a clinic cannot make participant transfers from another agency.
- Not all Compass functionality is available in NDT mode  
NDT mode is designed to provide the minimum functionality required to complete participant appointments and issue benefits. Users have access to Clinic Services and Scheduler and can certify participant and assign food packages, but not issue PANs or issue food benefits. User access to the Vendor Management, Finance, Operations, Reports and System Administration functional areas is restricted.
- Synchronization is required to unlock NDT mode  
If Compass connectivity has been reestablished before the end of clinic day, the clinic should perform synchronization when all clinic activity is completed for the day. This synchronization unlocks the clinic's central database, allowing users to connect normally the next day.
- Make sure that all users have completed and saved their data entry into Compass before starting synchronization to ensure all the data is uploaded to the central server during the synchronization process (ignoring this procedure will result in lost data that the user is creating.) It is important that all users disconnect from Compass before synchronization begins. If a user does not log out of Compass, they remain connected to the WIC database on the Compass NDT computer. When synchronization begins, the WIC database will be "in use" and synchronization will not be able to update this database as required. The synchronization will fail to upload any data the logged-on user is creating and lost completely.
- If Compass connectivity has not been reestablished before the end of the day, there is no reason to run synchronization (it will fail because the NDT clinic computer cannot connect to the central database). Simply resume using the Disconnected NDT Server on the following day.

## NDT Switchover Procedures

Once a local agency or clinic makes the decision to move to NDT mode, the NDT Administrator and clinic staff completes the following three steps:

- The clinic's NDT Administrator calls the WIC Compass Help Desk -  
Before calling the Help Desk, the NDT Administrator ensures that all users have logged out of Compass. When calling the WIC Compass Help Desk, the NDT Administrator must be sitting at the NDT clinic computer. During the call, the WIC Compass Help Desk locks the clinic into NDT mode and provides the authorization key. Locking prevents access to the clinic's data on the central server.  
If the NDT Administrator must leave a voice message on the Help Desk line, please provide clinic name, name of the NDT Administrator and the phone number at the NDT clinic computer location where the NDT Administrator can be reached. The WIC Compass Help Desk will return the call quickly so that the clinic may resume operations.
- Promote the NDT clinic computer to NDT mode -  
The following steps (performed on the NDT clinic computer) promote the NDT clinic computer to NDT mode. If needed, the WIC Compass Help Desk can assist with this procedure during the call.
  - ✓ Open Application Settings icon (located on the Compass logon screen)
  - ✓ Ensure that the Local Agency and clinic are selected
  - ✓ Enters the authorization key

- ✓ Press the save button (this closes Application Settings)
- ✓ Select the Use Disconnected NDT Server check box (located at the top of the logon screen)
- ✓ Logs into the clinic as normal
- Connect other WIC clinic computers to the NDT computer -  
Clinics with more than one computer perform the following steps on the additional Compass workstations to connect the Compass workstations to the NDT clinic computer (instead of the central database server).
  - ✓ Open Application Settings link (located on the Compass logon screen)
  - ✓ Ensure that the Local Agency and clinic are selected
  - ✓ Press the Save and Exit icon (this closes Application Settings)
  - ✓ Select the Use Disconnected NDT Server check box (located at the top of the logon screen)
  - ✓ Log into the clinic as normal

Previously Section 1 - Introduction; Section 2 - General Information  
Section 3 - Federal Regulations; Section 4 - Program Policy Letters  
Section 14 - Legislation; Section 16 - Local Staffing

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## Introduction

### State Agency Description

The Colorado Special Supplemental Nutrition Program for Women, Infants, and Children, commonly known as the Colorado WIC Program, is funded by the United States Department of Agriculture (USDA). The Colorado WIC Program is located in the Prevention Services Division (PSD) within the Colorado Department of Public Health and Environment (CDPHE). The CO WIC Program works in cooperation with participating local and district public health agencies to provide food and nutrition services to qualifying low income families. This manual serves as the policy and procedure manual for local WIC programs. State level operations are included only when necessary to clarify local operations. Consequently, many State Office functions, such as liaison with the USDA Regional Office and the CDPHE, are not described here.

USDA fiscal and reporting requirements and CDPHE regulations and procedures are outlined in this manual. USDA regulations require state and local WIC agencies to cooperate in USDA Food and Nutrition Services (FNS) studies.

Direct any questions concerning the Colorado WIC Program to:

Heidi Hoffman, MPA  
 Acting WIC Program Director  
 Colorado Department of Public Health and Environment  
 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530  
 (303) 692-2400

Acting WIC Program Director	Heidi Hoffman, MPA	<a href="mailto:Heidi.Hoffman@state.co.us">Heidi.Hoffman@state.co.us</a>
Operations Manager	Mitch Mize, MS	<a href="mailto:Mitchell.Mize@state.co.us">Mitchell.Mize@state.co.us</a>
Finance & Contracts Manager	Katy Gasowski, MBA	<a href="mailto:Kathryn.Gasowski@state.co.us">Kathryn.Gasowski@state.co.us</a>
Early Childhood Obesity Specialist Manager	Jennifer Dellaport, RD, MPH	<a href="mailto:Jennifer.Dellaport@state.co.us">Jennifer.Dellaport@state.co.us</a>
PSD Breastfeeding Coordinator	Stacy Miller, PhD, RD	<a href="mailto:Stacy.Miller@state.co.us">Stacy.Miller@state.co.us</a>
WIC Vendor Manager	Cheryl G. Cassell, MPA	<a href="mailto:Cheryl.Cassell@state.co.us">Cheryl.Cassell@state.co.us</a>
WIC Fiscal/Contract Lead	Cyril Padilla	<a href="mailto:Cyril.Padilla@state.co.us">Cyril.Padilla@state.co.us</a>
<b>Fiscal Compliance Specialist</b>	<b>Haleena Ard</b>	<b><a href="mailto:Haleena.Ard@state.co.us">Haleena.Ard@state.co.us</a></b>
WIC Nutrition Consultant	Kathleen Baker, MS, MPH, RD	<a href="mailto:Kathleen.Baker@state.co.us">Kathleen.Baker@state.co.us</a>
WIC Nutrition Consultant	Brigitte Boyd, RD	<a href="mailto:Brigitte.Boyd@state.co.us">Brigitte.Boyd@state.co.us</a>
WIC Nutrition Consultant	Vanessa Hodack, RD	<a href="mailto:Vanessa.Hodack@state.co.us">Vanessa.Hodack@state.co.us</a>
WIC Nutrition Consultant	Erin Johnson, RD	<a href="mailto:Erin.Johnson@state.co.us">Erin.Johnson@state.co.us</a>
WIC Nutrition Consultant	Jill Kilgore, RD	<a href="mailto:Jill.Kilgore@state.co.us">Jill.Kilgore@state.co.us</a>
Application Support Specialist/Help Desk	Katie Roby	<a href="mailto:Katie.Roby@state.co.us">Katie.Roby@state.co.us</a>
PSD/NSB Communications	Linda Dowlen	<a href="mailto:Linda.Dowlen@state.co.us">Linda.Dowlen@state.co.us</a>
WIC Retailer Specialist	Melanie Jacobs	<a href="mailto:Melanie.Jacobs@state.co.us">Melanie.Jacobs@state.co.us</a>
Statistical Analyst	Shelly Reed	<a href="mailto:Shelly.Reed@state.co.us">Shelly.Reed@state.co.us</a>
MIS/Technology Project Manager	Natalie Schroder	<a href="mailto:Natalie.Schroder@state.co.us">Natalie.Schroder@state.co.us</a>
Application Support Specialist/Help Desk	Juanita Ramirez	<a href="mailto:Juanita.Ramirez@state.co.us">Juanita.Ramirez@state.co.us</a>
WIC Program Assistant	Peg Ramirez	<a href="mailto:Peg.Ramirez@state.co.us">Peg.Ramirez@state.co.us</a>
Purchasing Agent	Tamera Abad	<a href="mailto:Tamera.Abad@state.co.us">Tamera.Abad@state.co.us</a>
Performance Improvement Assistant	Alexis Sannoh	<a href="mailto:Alexis.Sannoh@state.co.us">Alexis.Sannoh@state.co.us</a>

### Nutrition Consultant Local Agency Assignments

Kathy Baker	Brigitte Boyd	Vanessa Hodack	Erin Johnson	Jill Kilgore
303 692-2474	303 692-2380	303 692-2403	303 692-2543	303 692-2468
<a href="mailto:Kathleen.Baker@state.co.us">Kathleen.Baker@state.co.us</a>	<a href="mailto:Brigitte.Boyd@state.co.us">Brigitte.Boyd@state.co.us</a>	<a href="mailto:Vanessa.Hodack@state.co.us">Vanessa.Hodack@state.co.us</a>	<a href="mailto:Erin.Johnson@state.co.us">Erin.Johnson@state.co.us</a>	<a href="mailto:Jill.Kilgore@state.co.us">Jill.Kilgore@state.co.us</a>
15 – Delta 21 - El Paso - <b>PC</b> 43 - Montrose 49 – Pitkin 59 - Summit 71 – Sunrise - <b>PC</b> 72 – UAACOG	7 – Boulder - <b>PC</b> 19 – Eagle - <b>PC Text</b> 30 – Jefferson - <b>PC</b> 39 – Mesa - <b>PC</b> 38 – Northeast - <b>PC Text</b> 60 - Teller 73 - Valley Wide- <b>PC Text</b>	80 – Broomfield- <b>PC Text</b> 32 - Kit Carson - <b>PC Text</b> 37 – Lincoln - <b>PC Text</b> 3 - Tri County - <b>PC</b>	5 – Baca - <b>PC Text</b> 6 – Bent - <b>PC Text</b> 16 – Denver - <b>PC</b> 23 – Garfield - <b>PC Text</b> 26 – Gunnison - <b>PC Text</b> 47 - Park 50 – Prowers - <b>PC Text</b>	10 - Clear Creek 17 – Dolores 39 – Grand 35 – Larimer - <b>PC</b> 36 – Las Animas/Huer.- <b>PC Text</b> 42 –Montezuma 41 - Northwest VNA 45 – Otero - <b>PC Text</b> 46 - Ouray 51 – Pueblo - <b>PC Text</b> 52 - Rio Blanco 34 - San Juan Basin - <b>PC Text</b> 57 - San Miguel

**PC** - Local Agency has operates a BF PC program

**PC Text** - Local Agency participates in the BF PC Texting Program

[Colorado WIC Clinics by County](#)



## General Information

### Questions and Answers

#### Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

##### What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious food to supplement the diet of pregnant women, new mothers, infants, and children under five years of age who meet income standards and who qualify as "nutritionally at risk" based on a nutrition assessment. Participants also receive nutrition education, breastfeeding support and referrals to health services. USDA Food and Nutrition Service allocates funds to participating state health departments or comparable state agencies. These state agencies distribute funds to participating local agencies to pay specified administrative costs.

##### Who administers WIC?

- At the Federal level
  - ✓ The Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) reviews State WIC applications for funding, awards grants, and collects information for evaluation of the Program.
- At the State Level
  - ✓ USDA regulations direct state health departments or other agencies approved by FNS to assume full responsibility for developing programs and determining which local applicants should receive grants. The state health department:
    - Accepts and approves applications from local agencies.
    - Is responsible for effective and efficient administration of Program and fiscal operations within its jurisdiction.
    - Develops and operates the food delivery system under its jurisdiction.
    - Monitors the operations, nutrition, and fiscal components of the local WIC programs.
    - Develops and coordinates the nutrition education portion of program operations, including the provision of training and technical assistance to local agency staff in nutrition education.
- At the local level, public or private nonprofit health agencies:
  - ✓ Submit applications to state agency.
  - ✓ Certify persons as eligible to participate in the WIC Program.
  - ✓ Conduct nutritional assessments and maintain participant charts or records.
  - ✓ Distribute checks to participants for the purchase of approved foods.
  - ✓ Keep financial and administrative records.
  - ✓ Submit monthly financial reports to the state.
  - ✓ Provide a nutrition education program.
  - ✓ Monitor approved food retailers.

##### What can a WIC grant be used for?

- For specified nutritious supplemental foods (described under XII).
- For specified operational and administrative costs.

##### Which local agencies can apply for grants?

- Local agencies operated by the state, county, city or private nonprofit health or human service organization.
- Local agency is eligible to apply if it:
  - ✓ Serves an area that includes low-income residents.
  - ✓ Serves women, infants, and children under 5 years of age who are at nutritional risk. (A program may serve one or more categories of eligible persons.)
  - ✓ Has a registered dietitian or registered nurse on staff to supervise WIC Program activities and to counsel high-risk participants.
  - ✓ Have agreements with health and social service providers to coordinate services.

#### **Who selects local grantees?**

- The State health department selects local agencies. Selection of areas of service must comply with affirmative action plans, which designate neediest areas according to ranking criteria.

#### **How does a local agency apply for a Colorado WIC Program grant?**

- The local agency submits an application to the Colorado Department of Public Health & Environment (local agencies which are subdivisions of the State agency are not exempt from this requirement).
- Within 15 days after receipt of an incomplete application, the State agency shall provide written notification to the applicant agency of the need for additional information.
- The State agency shall notify the applicant agency in writing, within 30 days, of the approval or denial of its application with the receipt of a completed application.
- The State agency shall deny applications from local agencies if there are no funds available.

#### **What are the standards for selection of a local agency?**

- Ability of an existing (if any) WIC administrative agency to serve the population.
- Where the applicant agency falls in the federal local agency priority system.
- Severity of nutritional risk or other health problems affecting residents of the project area (Affirmative Action List). A detailed description of these factors and procedures for determining risk has been established by the State WIC Program.
  - ✓ For pregnant, postpartum, or breastfeeding women: inadequate nutrition, high rates of anemia, history of miscarriage, premature births, low birth weight births, abnormal pattern of growth, or pre-existing medical conditions.
  - ✓ For infants and children: prematurity, low birth weight, abnormal growth patterns, anemia, inadequate nutrition, or pre-existing medical conditions.
- Percentage of area residents with low incomes and other problems which decrease their opportunity to receive good nutrition.
- Number of expected participants in each category of eligible persons and demographic characteristics (such as infant and maternal death rates, prematurity rates, and ethnic composition).
- Expertise and ability of the local agency to conduct necessary anthropometric measurements and perform hemoglobin/hematocrit tests.
- Sufficient local agency staff to manage WIC in addition to its regular duties.
- Past performance administering federally funded programs.
- Ability of the local agency to comply with WIC Program and fiscal requirements.

#### **How are the grants announced?**

- State notifies local agencies regarding approval of the application.

#### **What must be done before an approved grant will be made available?**

- The local agency must sign and agree to conform to provisions of a formal State contract.

#### **What kinds of records and receipts must be kept?**

*Participant records must be kept for 3½ fiscal years, after the end of the applicable fiscal year. Financial records must be kept in accordance with the State contract.*

- Budget and records of receipts and disbursements.
- Food issuance records.
- Participant charts or records as specified in the WIC Program Manual.
- Reports as specified in the WIC Program Manual.
- Local agencies must submit data necessary for billing of WIC administration.

#### **Who is eligible to participate in WIC Program?**

- Pregnant women.
- Postpartum women:
  - ✓ Up to 6 months after delivery (non-breastfeeding), or
  - ✓ Up to one year after delivery (breastfeeding).
- Infants from birth to 1 year of age.
- Children to 5 years of age.
- All participants are required to live in an approved area, be served by an authorized local agency, and meet financial eligibility requirements.

**Benefits Received by Participants in the WIC Program:**

- Nutrition education.
- Breastfeeding support.
- Food assistance.
- Referrals to medical and human services.

**What types of supplemental foods are available?**

Depending on the age and category of the WIC participant, WIC provides fruit and vegetables, milk, cheese, tofu, soy beverage, breakfast cereal, whole grains, juice, eggs, dry and canned beans, peanut butter, canned fish, and baby food (fruits, vegetables, and meats). WIC provides formula for infants who are not exclusively breastfed as well as WIC-eligible medical foods for children and women with special medical needs. USDA determines the maximum allowable amount of each food for each participant age and category. WIC is a supplemental nutrition program. The amount of foods or formula provided is not intended to meet the complete nutritional needs of the WIC participant.

The State WIC Office determines the types and brands of infant formulas and medical foods allowable for WIC participants. Infants with no specific medical (or religious) needs may only be issued contract brand formulas. Other formulas may only be issued when a medical need has been documented by a person with prescriptive authority. Specific restrictions and requirements apply.

See Section 9, Food Delivery, of the FFY2018 Colorado WIC Program Manual for more information about amounts of foods issued, limitations/substitutions and specific rules related to foods, infant formulas, and WIC-eligible medical foods.

**How do participants receive WIC food benefits?**

Local WIC agency staff issue one eWIC card to every household containing one or more WIC participants. Households use these eWIC cards at a Colorado WIC-approved retailer to obtain specific WIC foods.

# Application to Become a Local Agency Providing the Colorado Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

## Contents:

Introduction

Application Form

Budget

**Introduction:**

The Colorado WIC Program, in cooperation with participating local agencies, operates the Special Supplemental Nutrition Program for Women, Infants, and Children, officially known as the WIC Program. The Program is funded by the United States Department of Agriculture (USDA) which has designated the Colorado Department of Public Health & Environment as the primary agent responsible for WIC in the State of Colorado.

Any questions concerning the Program should be directed to:

Heidi Hoffman, Acting WIC Program Director  
Colorado WIC Program  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Phone: 303-692-2400  
FAX: 303-756-9926

Accompanying this WIC Program application is a *Colorado WIC Program Manual*. This manual is an important reference in planning a new local WIC agency as well as for completing this application. Applicants are also encouraged to contact the Colorado WIC Office for technical assistance in completing this application.

## Application to become a local Colorado WIC agency

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of agency:  Public  Private, non-profit  other (specify)

Geographic area served: \_\_\_\_\_

***Official responsible for WIC:***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

***Contact Person:***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please complete and return this application (including pages that follow) to the State WIC Office:

Heidi Hoffman, Acting WIC Program Director  
Colorado WIC Program  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Phone: 303-692-2400  
FAX: 303-756-9926

The Colorado State WIC Agency selects local agencies in accordance with the following system, which is based on the availability of health and administrative services:

1. First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care, and administrative services.
2. Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care, or administrative services.
3. Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category or participants (women, infants, or children).
4. Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine pediatric and obstetric care.
5. Fifth consideration shall be given to a public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

Indicate below which of the five classifications best describes your agency.

\_\_\_\_\_ 1          \_\_\_\_\_ 2          \_\_\_\_\_ 3          \_\_\_\_\_ 4          \_\_\_\_\_ 5

Please describe in detail how your agency fits the classification indicated above. In your narrative include details with respect to how ongoing, routine pediatric and obstetric care is provided. If agreements are involved with an outside agency (agencies), please include copies of those agreements:

## Health Services

With respect to your agency, complete the following information:

### Staffing Pattern:

Are staff in any of the following areas available in your agency? Give total numbers.

- Physicians
- Nutritionists/Dietitians
- Registered Nurses
- Health Educators

*Comments:*

### Health Services Offered:

Which of the following health services are offered by your agency?

- Physician Services
- Nursing Services
- Home Health Services
- Nutrition Education
- Dental Services
- Occupational Therapy
- Physical Therapy
- Pharmacy
- Social Services
- Family Planning
- Other (specify)

*Comments:*

### Types of Clinics:

Which of the following health clinics are offered by your agency?

- Prenatal\*
- Well Child\*
- EPSDT
- Family Planning
- Immunization
- Other (specify)

*Comments:*

\*If these services are not available in your agency, who do you refer to for ongoing care?



Which of the following are available for use by the proposed WIC clinic?

	Available	Needed
Equipment for measuring height and weight	_____	_____
Equipment for determining hematocrits	_____	_____

Is there private, secure space available in close proximity to the proposed WIC clinic where heights, weights, and hematocrits can be performed?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Give numbers served per month for health or human services by your agency (if new agency, provide estimates)?

- \_\_\_\_\_ Pregnant Adults
- \_\_\_\_\_ Pregnant Teenagers
- \_\_\_\_\_ Breastfeeding Women
- \_\_\_\_\_ Infants under 1 year
- \_\_\_\_\_ Children 1 to 5 years

What income guidelines do you use for determining eligibility for health services by your agency?

**Equal Opportunity Requirement:**

*USDA is an equal opportunity provider and employer. USDA specifically prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in the WIC Program; however, all qualified people are expected to have equal access to the WIC Program. WIC provides services without regard to residency status, including services to undocumented persons. WIC also provides services to those with limited or no fluency in English.*

Does your agency have any policies that restrict services to people on the basis of characteristics or classes to which the person may belong (list details of any restrictions)?

Will your agency adhere to the USDA equal opportunity statement listed above? (If no, please explain.)

**Confidentiality Requirement:**

*USDA has a very strict policy with respect to confidentiality of all WIC participant data, including the identity of participants on the Program. Generally, WIC information may not be shared even between programs within an agency (there are some limited exceptions). The agency must agree to maintain access to the internet and maintain the band width specified in the Program Manual. Can your agency guarantee that WIC participant data will be held confidential and maintain access to the internet? If no, please explain any limitations.*

Do you currently have any discrimination or civil rights complaints filed against your agency?

Does your agency provide translation services for people who cannot speak English (provide details of how translation is provided and for what languages)?

## Service Area Information

*Note: Information to complete the following questions can be found on a number of web sites using census tract data. Most data can be found on the Colorado Health Information Dataset (CoHID) web site listed below.*

Estimated Population of service area: \_\_\_\_\_

Number of low income individuals in service area population (<185% poverty level): \_\_\_\_\_

### Service Area Data

#### *Morbidity/Mortality (if available)*

Infant Mortality Rate: \_\_\_\_\_

Maternal Mortality Rate: \_\_\_\_\_

#### *Pregnancy*

Rate of Pregnancy (*total annual pregnancies per 1,000 women aged 15-44 years*): \_\_\_\_\_

Number of Teenage Pregnancies: \_\_\_\_\_

#### *Incidence of (if available):*

\_\_\_\_\_ Premature Infants

\_\_\_\_\_ Low Birth Weight

\_\_\_\_\_ Nutritional Anemia

#### *Racial Composition of the Population*

\_\_\_\_\_ % White

\_\_\_\_\_ % Black

\_\_\_\_\_ % American Indian/Alaskan Native

\_\_\_\_\_ % Asian or Pacific Islander

#### *Ethnic Composition of the Population*

\_\_\_\_\_ % Hispanic

\_\_\_\_\_ % Non-Hispanic

### Estimated WIC Caseload that would be served

Pregnant women: \_\_\_\_\_

Breastfeeding women: \_\_\_\_\_

Postpartum, Non-breastfeeding Women \_\_\_\_\_

Infants \_\_\_\_\_

Children \_\_\_\_\_

**Total Estimated** \_\_\_\_\_

## Local Resources

The following are web sites which may help with completing information about the local agency service area. The first site listed, CoHID, can provide most of the health information necessary to complete this application.

The Colorado Health Information Dataset (CoHID) gives information on population, mortality/ morbidity, fertility rates, prematurity/low birth weights. <http://www.chd.dphe.state.co.us/cohid/Default.aspx>

Colorado Department of Public Health and Environment home page: <https://www.colorado.gov/cdphe>

Most recent birth and death statistics from the Colorado Department of Public Health and Environment: <http://www.chd.dphe.state.co.us/DataRequestSystem/Default.aspx>

Maternal and Child Health County Datasets from the Colorado Department of Public Health and Environment: <http://www.chd.dphe.state.co.us/DataRequestSystem/Default.aspx>

Colorado Division of Local Affairs contains population estimates and US Census data: [www.dola.state.co.us/index.htm](http://www.dola.state.co.us/index.htm)

Colorado Health and Hospital Association provides information related to all hospitalizations in the state: [www.cha.com/](http://www.cha.com/)

## National Resources

United States Census home page: [www.census.gov](http://www.census.gov)

National Behavioral Risk Factor Surveillance System dataset: <http://www.cdc.gov/brfss/>

National Center for Health Statistics contains information on births, deaths and other vital statistics: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)

Healthy People 2010 information and data: [www.health.gov/healthypeople](http://www.health.gov/healthypeople)

Combined Health Information Database (CHID): [http://www.cehn.org/combined\\_health\\_information\\_database\\_chid\\_online](http://www.cehn.org/combined_health_information_database_chid_online)

## PROPOSED WIC SERVICES

Describe number of clinic sites and clinic space to be used:

Is the space used for the clinic(s) handicap accessible?

What hours of operation are anticipated for each clinic?

What telephone services will be available to each clinic (include information on number of telephones, voice mail, whether the phones will be answered through an operator or call directly into the clinic, and availability of a direct line for data transfer between the local clinic and State WIC)?

Will a photocopier and fax machine be available for use by WIC staff? Where are they located in proximity to the WIC clinic(s)?

What office equipment will be provided by the local agency (including desks, file cabinets, and waiting room chairs)?

What kind of LAN (local area network) computer system does your agency have? Is the proposed WIC site wired for LAN connectivity?

Describe the proposed staffing for the WIC clinic(s) including number, qualifications, and WIC FTE of WIC staff (the State WIC Office can provide characteristic levels of staff and staff/participant ratios).

Who would supervise the WIC staff? Is this person an RD (Registered Dietician), BSN/RN (Registered Nurse), or MD (Medical Doctor)?

Do you currently have, or have you ever had, a contract with the Colorado Department of Public Health and Environment?

## ADDITIONAL INFORMATION

Add any additional information/comments that may facilitate review of this application:

Return this completed application, an organization chart of your agency, and a proposed budget to:

Heidi Hoffman, Acting WIC Program Director  
Nutrition Services - WIC Program  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
Phone: 303-692-2400  
FAX: 303-756-9926

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Date

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Signature of Local Official Responsible for WIC

## Budget

Please complete the enclosed budget form and return it to the State WIC Office with the Application.

Funding for operation of a local agency WIC clinic(s) is disseminated by a funding formula that uses WIC caseload served, percentage of high risk participants, participant turnover rates, local agency salaries, travel and economies of scale (in the case of new agencies projections may be used). Some start up monies may be available during the initial startup period to fund one-time expenses such as equipment, office furniture, and WIC computer system installation. The purpose of this budget is to determine fiscal feasibility of the prospective WIC clinic(s).

## Budget Instructions

### Page 1 - Personnel Summary

See Colorado WIC Program Manual for job descriptions for WIC personnel. At a minimum a WIC clinic must have professional (RD/RN) and paraprofessional staff (WIC Educator).

- Agency Name - Enter your agency's name on each page.
- Enter estimated WIC caseload.
- Budget Period - Budget for 12 months.
- Personnel Services - List position, 12-month salary, fringe benefits, and the FTE that each employee works for WIC. (FTE is based on a 40-hour work week. If your agency works a 35-hour week and a person is full time WIC, then the FTE would be 35 divided by 40, equaling .875. Or if your agency works a 37.5-hour work week and a person is half time WIC, then the FTE would be 18.75 (half of 37.5) divided by 40, equaling .469).
- Personnel Contractual/Fee for Service (if applicable) - Include position, hours worked, rate-per-hour for personnel contracted to provide WIC services).
- Total Personnel Services - Total the columns.
- Complete the bottom table of total FTE for professional, paraprofessional, and other including ratio of clients to staff (Estimated WIC Caseload divided by each FTE).

### Page 2 - Operating Expenses

- Office supplies - Fill in amount estimated for general office supplies (paper, pens, pencils, etc.).
- Expendable Medical - Fill in estimated amount for consumable medical supplies (disposable lancets, gloves, capillary tubes, etc.).
- Participant Education Materials - Estimated expenses should be at least \$0.45 per estimated participant.
- Estimated Copier and Printing Costs.
- Estimated Postage Costs.
- Estimated Phone Costs.
- Estimated Travel Costs. Description of travel costs is required including destinations, purpose of travel and cost.
- Staff Training and Education Costs.
- Other - Describe any other expenses that do not fit into the other categories.
- Total Operating Costs - Total items 8 through 16.

### Page 3 - Overhead

- Building/Facility Costs - Show rent and other building related costs (utilities, maintenance, etc.) if not included in your indirect rate.
- Administrative/Indirect Cost (if applicable) - Local health departments must provide your current approved CDPHE indirect cost rate and check the appropriate line for which the rate applies.

The maximum allowable indirect rates are:

- 25% Based on Total Direct Costs
- 27% Based on Salary and Fringe Only
- 30% If Billing Only Salary and Fringe

- Total Project Costs - Total lines 6, 17, 18 & 19
- Source of Funding for "Applicant and Other" - List the source of funds for "applicant and other" (i.e., County General Fund).

### Page 4 - Equipment Justification

- List all equipment that would be requested to be purchased by the State WIC Office including estimated costs.

### Page 5 - Floor Plan

- Attach a floor plan of the WIC office(s) including area used to perform heights, weights, and hematocrits. Show placement of furniture and other equipment. Indicate which furniture and equipment will be provided by the local agency and which will be requested from WIC. Include the dimensions of the rooms.

## Preliminary Budget

**Page 1 - Personnel Summary**

1. Agency Name: \_\_\_\_\_

2. Estimated Caseload: \_\_\_\_\_

3. Budget for the period _____ to _____ WIC Position	12-Month Salary for WIC Hours (dollars)	12-Month Fringe for WIC Hours (dollars)	Total Dollars Required	FTE for WIC
4. Personnel:				
5. Contractual/Fee-for-Service				
<b>6. Total Personnel Expenses</b>				
			<b>FTE</b>	<b>Caseload/FTE</b>
7. Total Professional FTE (RD/RN)				
Total Paraprofessional FTE (WIC Educators & Clerks)				
Total Other/Administrative FTE				
Total FTE				



Page 2 - Operating Expenses

Agency Name: \_\_\_\_\_

Operating Expenses	Total Amount Required (dollars)
8. Estimated Office Supplies (pens, pencils, Paper, etc.)	
9. Estimated Expendable Medical (lancets, cotton, gloves, etc.)	
10. Estimated Participant Education Materials (justify any major expenses)	
11. Estimated Copier and Printing Costs	
12. Estimated Postage Costs	
13. Estimated Phone Costs	
14. Estimated Travel Costs (must attach description & justification of travel costs)	
15. Staff Training and Education Costs	
16. Other (must attach description and justification of each item)	
<b>17. TOTAL EXPENSES</b>	

**Page 3 - Overhead Expenses**

Agency Name: \_\_\_\_\_

Overhead Expenses	Total Amount Required (dollars)
18. Building/Facility Costs	
19. Estimated Copier and Printing Costs  Indirect Cost Rate _____ %  CDPHE Approved? _____ Yes _____ No  Rate applied to:    Total Direct Costs _____ Salary & Fringe _____ Salary _____ Billing for only Salary & Fringe _____	
20. Total Project Costs	

21. Sources of funding for project other than WIC (list sources of funding and amount to be received from each).

**Page 4 - Equipment Justification**

Agency Name: \_\_\_\_\_

List all equipment requested to be purchased by the State WIC Office including estimated costs.

Equipment & Justifications	Cost
TOTAL COST	

**Page 5 - Floor Plan**

Agency Name: \_\_\_\_\_

Complete a floor plan of the WIC clinic including area to be used for height, weight and hematocrit measurements. Show placement of furniture and other equipment. Include dimensions of rooms.

## **Federal Regulations**

[PART 246—SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN](#)  
[01.01.16 Edition](#)

## Program Policy Letters

## Local Staffing

### Guidelines for Staffing in Local Colorado WIC Programs

#### Local Agency WIC Director

##### General Statement of Duties:

Local Agency WIC Director performs professional administrative and supervisory work in the planning, development, implementation and evaluation of the WIC Program. Oversees and coordinates the WIC activities of all clinic sites to ensure compliance with federal and state regulations. In large agencies, many of the duties described in this role may be delegated to other staff members. However, the ultimate responsibility for each duty falls on the WIC Director. In small agencies, the WIC Director and the WIC High Risk Counselor may be the same individual.

##### Supervision Received:

WIC Director works under the supervision of the agency's health officer or a designated high level administrator.

##### Supervision Exercised:

WIC Director has line authority over subordinate professional and paraprofessional staff involved in the WIC Program.

##### Qualifications:

- *Registration/License:* The WIC Director must be a Registered Dietitian (RD) with the Commission on Dietetic Registration, a Registered Nurse (BSN or RN) licensed to practice in the State of Colorado, or a Medical Doctor (MD). Because WIC is a nutrition program, the position of WIC Director is ideally held by a Registered Dietitian.
- *Education:* Minimum requirements include Bachelor of Science degree from an accredited university with major studies in foods and human nutrition or nursing. Preference is given to those who have a Master of Science (MS) or Master of Public Health (MPH) degree.
- *Experience:* Experience in public health or ambulatory care setting is preferred. A minimum of one-year experience in a public health setting or one year in a hospital setting is acceptable for consideration.

##### Knowledge, Skills and Abilities:

A fully functioning WIC Director should possess the knowledge, skills, and abilities listed below. In hiring for this position, supervisors should look for persons who possess most of these skills:

- Knowledge of human nutrition in health and nutrition needs for disease and its application to public health practices. Knowledge of infants, children and women during the prenatal, postpartum, and breastfeeding stages.
- Knowledge of training, supervision, counseling, and educational concepts and methods.
- Ability to communicate effectively orally and in writing.
- Ability to manage Program operations and carry out Program planning functions; ability to formulate plans, policies, and procedures.
- Ability to organize, prepare, and analyze reports.
- Ability to establish and maintain effective working relationships.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.
- Ability to supervise and direct professional and paraprofessional staff.
- Ability to develop forms and educational materials.

##### The following are responsibilities defined by the State WIC Office to ensure a quality WIC Program:

- Manages overall WIC clinic operations:
  - ✓ Formulates plans (including nutrition education plans), policies, standards, and procedures for the operation of the agency WIC Program within state and federal guidelines.
  - ✓ Understands state and federal rules and regulations and follows up on agency deficiencies.
  - ✓ Interprets and makes arrangements for implementation of federal and state regulations and policies.
  - ✓ Evaluates implementation of new policies.
  - ✓ Manages caseload and spending levels to meet appropriations by State Office.
  - ✓ Develops and makes recommendations for WIC budget proposals. Contacts State WIC fiscal officer and/or nutrition consultant regarding fiscal concerns/issues.

- ✓ Oversees, coordinates, and manages prescreening and waiting lists.
- ✓ Completes all forms/reports as requested by State WIC staff for monitoring and site visits; attends monitoring and site visit sessions; follows up on all monitoring findings and submits a timely response to the State Office.
- ✓ Ensures required retail monitoring and vendor training is done and that retailer monitoring reports are completed; works with retailers to prevent or correct problems. Ensures retailer contacts are documented in retailer files, and retailer misuse is documented in participant electronic charts. Ensures State Retailer Coordinator is contacted with vendor problems/issues.
- ✓ Evaluates services to participants including clinic flow, use of staff time, clinic access, phone coverage, clinic space, and community needs.
- ✓ Provides State Office with immediate feedback on adverse consequences of State policies or if policies are not understood.
- ✓ Ensures consistency among clinics in technical procedures and use of forms. Makes regular visits to all decentralized clinics to oversee operations.
- ✓ Oversees maintenance of equipment and testing for accuracy at all clinic sites.
- ✓ Maintains participant confidentiality and ensures that participants are treated equally and with respect, compassion, and empathy.
- ✓ Informs the State Office of major changes (i.e., staff, address, telephone, clinic hours which affect services).
- ✓ Participates in continuing education activities; attends meetings, conferences, and workshops; keeps abreast of current nutrition research as it relates to the WIC Program and participants. Registered dietitians must maintain registration with the required 75 credit hours per five-year period.
- ✓ Runs appropriate reports to verify check issuance and redemption, processing standards, caseload management, etc.
- ✓ Contacts nutrition consultant with questions concerning caseload, management reports, clinic flow, State policies, equipment needs, nutrition education, staffing, and monitoring visits.
- ✓ Maintains a basic working knowledge regarding the Compass computer system and how it operates.
- ✓ Complies with the state WIC office regarding synchronization and NDT functions of the Compass system.
- ✓ Ensures that administration areas of Compass are updated: referrals, pamphlets, Master Schedule, etc.
- ✓ Oversees breast pump loan program.
- ✓ Oversees Breastfeeding Peer Counseling Program (if applicable).
- ✓ Ensures staff is well trained.
  - Recruits, interviews, and recommends individuals for hire.
  - Oversees or conducts the orientation, training, and evaluation of newly hired WIC personnel.
    - Ensures new staff complete Level I, II and III of the WIC Certification Program as outlined by the state office.
    - Observes staff interaction during appointments, including performing thorough nutrition assessments and providing nutrition information and counseling participants.
  - Defines staff roles and responsibilities, evaluates participant/staff ratios and staff needs.
  - Supervises WIC staff including annual performance evaluations, ongoing coaching and feedback.
  - Ensures continuing education opportunities for staff, including at least two sessions per year devoted to nutrition education.
  - Holds regular staff meetings to provide and enhance communication, to provide updates on policy and procedures, and provide staff training. Monthly staff meetings are optimal; however, small agencies may need bi-monthly or quarterly meetings.
  - Ensures quality nutrition education services to participants.
  - Develops or adapts and implements protocols of nutrition care.
  - Ensures staff members are trained in protocols.
  - Ensures that a WIC high risk counselor is available and trained to provide high risk education contacts.
  - Defines high risk for the agency (ensuring the State defined minimum definitions of high risk are covered); ensures WIC Educators know how to make appropriate referrals of high risk participants to the high risk counselor.
  - Observes counseling skills of all staff members to ensure that accurate and appropriate information is being disseminated and that counseling skills are adequate. Trains staff in areas where improvement is needed.
  - Ensures that the documentation in participant electronic chart meets the required criteria listed in the WIC Program Manual.



- Reviews, selects, or develops nutrition education materials as needed.
- Attends and ensures that all staff members attend State sponsored WIC training. Attends and ensures that all staff members attend the annual State sponsored WIC training.
- Oversees the implementation of Program nutrition objectives, participates in the nutrition education planning process via State Office guidance, and ensures that nutrition education and data collection conforms to standardized and accepted practices.
- ✓ Coordinates activities with other community services.
  - Arranges outreach and publicity for the agency WIC Program.
  - Develops formal referral relationships with pediatric and obstetric health caregivers.
  - Acts as a liaison to the community regarding WIC services, policies, and/or nutrition issues (e.g., informing and updating health care providers, social service agencies, assessing community needs).
  - Coordinates and assists staff to be familiar with community resources and services when referring WIC participants.

### **High Risk Counselor**

#### *Possible Titles:*

- *Nutritionist*
- *Registered and/or Licensed Dietitian*
- *Community Nutritionist*
- *Public Health Nutritionist*
- *Community Nurse*
- *Public Health Nurse*
- *High Risk Counselor*
- *WIC High Risk Counselor*

#### **General Statement of Duties:**

The WIC High Risk Counselor performs professional and supervisory public health nutrition activities by delivering direct care participant services as well as participating in program planning and evaluation as assigned. In small agencies, this professional may be the same individual as the WIC Director.

#### **Supervision Received:**

Works under the supervision of the Local Agency WIC Director.

#### **Supervision Exercised:**

May supervise the WIC Educator and/or other WIC High Risk Counselor as assigned.

#### **Qualifications:**

- Because WIC is a nutrition program, the job of the WIC High Risk Professional is ideally held by a Registered and/or Licensed Dietitian (RD) approved by the Commission on Dietetic Registration. When a Registered/Licensed Dietitian is not available, an individual with a Bachelor of Science degree in a nutrition-related field may function as the WIC High Risk Counselor with State approval.
- Individuals with the following qualification also qualify to perform the duties of the WIC High Risk Counselor: Licensed Physicians (MD) (licensed by the Colorado Medical Board to practice in the State of Colorado), Physician's Assistants (PA) (licensed by the Colorado Medical Board to practice under supervision of a physician in the State of Colorado), Registered Nurses (BSN or RN licensed to practice in the State of Colorado).
- *Education:* Minimum of a Bachelor of Science degree from an accredited university with major studies in foods and human nutrition or in nursing.
- *Experience:* Experience in an ambulatory care, public health, or clinical setting.

#### **Knowledge, Skills and Abilities:**

A fully functioning WIC High Risk Professional will need the knowledge, skills, and abilities listed below. In hiring for this position, a supervisor should look for persons possessing the majority of these skills:

- Knowledge of human nutrition in health and disease and its application to public health practices.
- Knowledge of nutrition needs for infants and children and women during the prenatal, postpartum, and breastfeeding stages.
- Knowledge of effective counseling and educational concepts and methods.
- Ability to communicate effectively orally and in writing.

- Ability to establish and maintain effective working relationships.
- Ability to develop and carry out ongoing plans for nutrition education.
- Ability to interpret scientific information for lay audiences.
- Knowledge and understanding of the high risk functions related to the Compass computer system.
- Ability to assess nutritional status, design nutritional care plans, and counsel participants toward improved diets with behavior change.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.
- Ability to be understanding and empathetic when dealing with participants.
- Ability to prepare educational materials and prepare and deliver in service trainings.
- Ability to supervise paraprofessional/professional staff as needed to assist the WIC Director/Coordinator.

The following are responsibilities to ensure a quality WIC Program, as defined by the State WIC office:

- Interviews participants and makes thorough nutrition assessments by interpreting anthropometrics and laboratory data, health histories, medical diagnoses, physician's orders, eating habits and nutrition practices, diet assessments), and other related factors.
- Develops implements, evaluates, and follows up on participant care plans. Counsels participants and families on nutritional needs with consideration of income, cultural and religious food patterns, home facilities, educational level, and other psychosocial factors.
- Maintains participant confidentiality and ensures that participants are treated equally with respect, compassion, and empathy.
- Consults with health care providers on participants' nutritional needs, formula requiring prescription, and health concerns; makes appropriate referrals and follow up.
- Provides appropriate documentation in participant electronic charts, including participant concerns, nutrition assessment, and materials provided, nutrition education, referrals, and progress toward attaining new behavior change nutrition goals, and follow up plans.
- Counsels all high risk participants at least once during a certification period and within the required time frame.
- Determines follow up care for as long as the participant is considered high risk.
- Authorizes the use of exempt infant formulas, WIC-eligible medical foods, and individual needs for certain tailoring of WIC food packages.
- Reviews and signs as the authorized certifying professional for WIC Educators who have not completed Level I of the WIC Certification Program.
- Provides nutrition education through individual and/or group instruction to participants, professionals, and community groups.
- Helps orient, train, supervise, and evaluate WIC paraprofessionals, volunteers, and clerical staff as assigned.
- Conducts and/or assists with in service education for staff and professional groups.
- Reviews, evaluates, and/or develops nutrition education materials.
- Participates in Program planning development and evaluation; works on assigned nutrition projects.
- Acts as a resource person for nutrition information.
- Assists with outreach and public relation activities.
- Participates in monitoring electronic charts, paper files, clinic activities, nutrition education, and counseling.
- Participates in continuing education activities; attends meetings, conferences, and workshops; keeps abreast of current nutrition research as it relates to the WIC Program and participants.
- Participates in staff conferences, meetings, in service training, and State meetings.

## **WIC Educator**

### **General Statement of Duties:**

Delivers WIC services to participants by determining and documenting eligibility, issuing food benefits, maintaining participant and Program electronic records and paper files related to participant certification, interviewing, providing nutrition education with behavior change goals, and developing individual care plans based on a sound understanding of nutritional concepts.

The WIC Educator develops proficiency in providing the full range of WIC services to participants. In large agencies, the duties assigned to this role may be delegated to various other staff members. Titles of these individuals might include Lead WIC Educator, Administrative WIC Educator, WIC Technician, WIC Clerk, or WIC Secretary. The Lead WIC Educators are assigned higher level duties such as training and supervising other staff.

The WIC Educator is expected to work under minimal supervision and to exercise independent judgment and a high degree of initiative within established procedures.

**Supervision Received:**

Educator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

**Qualifications:**

- Because WIC is a nutrition Program, the job of WIC Educator is ideally held by a Diet Technician (someone who has a two-year degree in nutrition science). Also highly desirable in this position is a Licensed Practical Nurse (LPN). All persons hired as a WIC Educator must complete the WIC Certification Program modules within defined timelines.
- *Education:* Minimum high school diploma or GED.
- *Experience:* Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred.
- *Special Qualifications:* Bilingual (Spanish) desirable.

**Knowledge, Skills and Abilities:**

A fully functioning WIC Educator will need all of the knowledge, skills, and abilities listed here. In hiring for the position, a supervisor should look for the first ten skills. The last six can be learned on the job.

- Knowledge of business English, spelling, and math.
- Knowledge of standard office practices and procedures.
- Knowledge of socio economic conditions of local community and social agencies.
- Ability to operate standard office equipment, including a computer.
- Ability to read and interpret a variety of complex rules, regulations, and other materials.
- Ability to prepare and maintain accurate and neat records.
- Ability to provide participant services to assigned caseload and complete paperwork within time limits.
- Ability to establish and maintain effective working relationships.
- Ability to communicate effectively orally and in writing.
- Ability to work with minimal supervision; ability to work as a team member.
- Ability to pass the WIC Certification Program with the required passing scores for Level I II and III.
- Ability to work with height/length, weight, and measuring devices.
- Ability to perform finger stick blood tests to determine hematocrit or hemoglobin levels.
- Knowledge of effective interviewing and counseling techniques.
- Knowledge of nutrition and nutritional concepts.
- Ability to promote breastfeeding as the optimal infant feeding choice while allowing participant choice.

The following are responsibilities that have been defined by the State WIC Office to ensure a quality WIC Program:

- Completes the WIC Certification Program within the timelines defined.
- Explains the Program to prospective participants; takes applications over the phone and in person; maintains waiting lists by priority and prescreening list, when necessary.
- Provides assistance in completing the certification process for people who have difficulty in speaking or writing.
- Schedules appointments with participants and follows up on participants who miss their appointments.
- Takes accurate health assessments at specified intervals involving heights, lengths, weights, and hematocrit or hemoglobin measurements; accurately enters this information into the Compass computer system and/or routes to appropriate person.
- Collects comprehensive diet information with a participant centered positive approach.
- Determines and documents complete Program eligibility; identifies all relevant risk factors; enrolls participants; reevaluates participants for continued Program eligibility.
- Determines and tailors food packages to individual needs; documents tailoring; and issues food benefits.
- Provides full explanation of the Program to participants to prevent and help resolve participant misuse; explains purpose of the WIC food package and the nutrients provided.
- Educates participants on the *Colorado WIC Program Allowable Foods List*.
- Assesses need for and refers participants to appropriate health care and social service programs; makes individual referrals to health/social professionals and follows up referrals.
- Assists participants with individual nutrition education plans; dialogues with participants to identify appropriate behavior change goals; makes appropriate referrals; follows up and documents progress toward goals; reevaluates and establishes new goals; follows protocols.

- Identifies high risk participants according to the definition and makes appropriate referrals to the WIC High Risk Counselor.
- Maintains confidentiality of participants and ensures that participants are treated equally with respect, compassion, and empathy.
- Understands retailer requirements; documents participant and retailer requests or problems and resolves simple problems; refers more complex or repeated problems for resolution.
- Ensures all equipment is clean and maintained in working order and tested for accuracy at regular intervals.
- Orders and maintains adequate inventory of office supplies, clinical supplies, forms, educational pamphlets, eWIC card stock, and other materials for the clinic site.
- Participates in on-going training on the Compass computer system.

### **Clinic Operations and Compass Coordinator**

#### **General Statement of Duties:**

The Clinic Operations and Compass Coordinator perform daily and periodic administrative functions on Compass in the WIC clinic.

#### **Supervision:**

Works under the supervision of the WIC Director, WIC High Risk Counselor or WIC Supervisor.

#### **Qualifications:**

- *Education:* Minimum high school diploma or GED. Computer skills training is helpful.
- *Experience:* Previous work experience with the public. WIC and/or public health experience is preferred. Experience and/or familiarity with computers is helpful.
- *Knowledge, Skills and Abilities:* (See the complete listing of skills for the WIC Educator position)
  - ✓ Ability to understand and follow system administrative functions.
  - ✓ Ability to communicate effectively orally and in writing.
  - ✓ Ability to prepare and maintain accurate and neat records and reports.

#### **Examples of Duties:**

- Performs clinic server synchronization each clinic day. Delegates and plans for coverage when unavailable.
- Reviews the Intrastate Dual Participation report in the Compass computer system. Follows up and resolves any potential dual participants.
- Point of contact with State WIC IT unit.
- Coordinates and communicates Network Down Time (NDT) and switches over system operations with State WIC IT staff.
- Reviews and acts upon reports identified as important to clinic operations.
- Reviews Alerts and Communications in Compass and communicates to local agency staff.
- Assists WIC staff with maintaining general clinic operations and organizes any paper files with an easy-to-locate system.

### **Local Agency Retailer Coordinator (LARC)**

#### **General Statement of Duties:**

WIC contact person for the state office and for the WIC retailers regarding food delivery topics. Communicate with local retailers regarding current WIC policy and procedures. Complete retailer monitoring as needed. Follow up with participant and store complaints and concerns.

#### **Supervision:**

Local Agency Retailer Coordinator (LARC) works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

#### **Qualifications:**

- *Education:* Minimum high school diploma or GED.
- *Experience:* Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred. Experience with retail stores and/or cashier experience is helpful.
- *Knowledge, Skills and Abilities:* (See the complete listing of skills for the WIC Educator position)
  - ✓ Ability to read and interpret the WIC retailer rules and regulations.

- ✓ Ability to prepare and maintain accurate and neat records.
- ✓ Ability to communicate effectively orally and in writing.
- ✓ Ability to assist with conflict resolution and confidentiality issues.
- ✓ Knowledge of effective counseling and education concepts and methods.
- ✓ Ability to establish and maintain effective working relationships.
- ✓ Ability to deliver orientation/training/monitoring sessions to various levels of retail staff.

**Examples of Duties:**

(See Retailer Participation (section VI), Local Agency Retailer Coordinator (LARC) Roles and Responsibilities, Colorado WIC Program Manual for detailed listing of local agency management of stores.)

- Sets up a process so that any staff member can record comments or problems. Keeping detailed, precise records is the key to effective coordination between the State, Local Agency and retailers.
- Conducts pre-authorization visits.
- Collects and maintains retailer reports from State WIC staff detailing WIC food benefit redemption, inventory and/or volume history. Assists with training and problem resolution, as needed, for the store.
- Completes training and orientation visit for all new WIC retailers, including shelf surveys.
- Conducts informal site visits and retailer monitoring visits using the Retailer Monitoring Report form.
- Reviews WIC policy and procedures such as redeeming food benefits, the Allowable Foods List, stocking requirements, with the local agency, retailers, and participants as appropriate.
- Develops processes for tracking and resolving retailer and participant complaints and/or problems.
- Participates, as appropriate, in State WIC retailer coordination meetings and conference calls.
- Provides written documentation supporting sanctions/disqualifications of participants and/or retailers if needed, including testifying at Fair Hearing Procedures.
- Provide retailer coordination guidance to local agency staff.

**Local Agency Outreach Coordinator****General Statement of Duties:**

Publicizes the availability of the WIC Program, builds an outreach network, informs organizations in the outreach network about the WIC Program, and coordinates with other community resources to increase the WIC caseload.

**Supervision:**

Outreach Coordinator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

**Qualifications:**

- *Education:* (See the education and qualifications listed for all of the WIC positions)
- *Experience:* Previous work experience with the public. WIC and/or public health experience and experience with low income participants is preferred. Experience with other community programs and agencies plus work with various media is helpful.
- *Knowledge, Skills and Abilities:* (See the complete listing of skills for the WIC Educator, WIC High Risk Counselor.)
  - ✓ Ability to coordinate and chair a committee.
  - ✓ Ability to evaluate all possible outreach approaches and possible audiences.
  - ✓ Ability to work with a variety of media.
  - ✓ Ability to communicate effectively orally and in writing.

**Examples of Duties:**

- Coordinates outreach planning with the WIC Director, the WIC staff, an outreach committee or task force.
- Publicizes the availability of the WIC Program.
- Establishes an outreach network with community agencies/programs serving similar populations.
- Educates the agencies/organizations about the WIC Program and how possible participants can apply.
- Documents outreach activities, agencies contacted and the date of completion.
- Assists the Local Agency WIC Director with updating referral list in Compass.
- Under the direction of the Local Agency WIC Director, performs duties associated with the local agency's PEAKPro WIC Referral Inbox.

## Local Agency Breastfeeding Coordinator

Every WIC agency in Colorado has a designated local agency Breastfeeding Coordinator, although larger agencies may have a designated coordinator at each clinic. The Breastfeeding Coordinator is responsible for coordinating breastfeeding promotion and support activities for the agency or clinic in collaboration with the agency's WIC Director.

### **General Statement of Duties:**

Breastfeeding Coordinator coordinates breastfeeding promotion and support activities for the clinic/agency. The Breastfeeding Resource Coordinator ensures that:

- The clinic/agency environment is breastfeeding-friendly by implementing the following requirements:
  - ✓ Portray breastfeeding as the preferred infant-feeding method in a culturally and aesthetically appropriate manner.
  - ✓ Establish a positive attitude toward breastfeeding by clinic and agency staff.
  - ✓ Avoid use of printed and audiovisual materials and office supplies developed by formula manufacturers in any WIC clinic.
  - ✓ Store infant formula in areas not visible to the WIC participant.
  - ✓ Provide a supportive clinic environment in which women feel comfortable breastfeeding their infant.
  - ✓ Incorporate positive peer influence into the prenatal period through use of peer counselors, bulletin boards that display successful breastfeeding mothers and infants, or hosting sessions where pregnant women can talk with breastfeeding women, and/or scheduling pregnant and breastfeeding women at the same time.
  - ✓ Include participants' family and friends in breastfeeding education sessions.
  - ✓ Issue a formula package consistent with the mother's breastfeeding goals and the infant's nutritional needs.
- Systems/programs are in place to provide timely support services to breastfeeding women and infants. Activities may include:
  - ✓ Create procedures to ensure breastfeeding women and infants are certified within 7 to 10 days of delivery.
  - ✓ Coordinate in-services on assessing the breastfeeding dyad.
  - ✓ Collaborate with community programs/organizations to identify or develop systems of support (e.g., La Leche League, local hospital lactation programs, home visitation program, public health nursing).
  - ✓ Coordinate a telephone follow-up program.
  - ✓ Assess agency needs for breast pumps and supplies and making purchasing recommendations to the agency's WIC Director.
  - ✓ Review policies and procedures for issuing breast pumps and supplies with all staff periodically.
  - ✓ Use breastfeeding reports to identify common reasons women cease breastfeeding and develop strategies to address barriers.
  - ✓ Track breastfeeding rates for the agency/clinic.
  - ✓ Participate in local agency breastfeeding coordinator conference calls, meetings, and other activities with the state breastfeeding coordinator.
- Ensures all staff members are competent in providing breastfeeding education and support. Activities may include:
  - ✓ Orient new employees on the agency's breastfeeding activities and services, WIC policies and procedures, and the Program's breastfeeding goals.
  - ✓ Assess staff training needs and coordinate training opportunities as appropriate.
  - ✓ Plan and implement breastfeeding continuing education for staff annually.
  - ✓ Review participant breastfeeding education materials and staff training materials annually to ensure they are up-to-date and accessible to staff.
  - ✓ Apprise staff of changes in WIC breastfeeding policies, procedures, or recommendations. Review tailoring of the breastfeeding infant food package with staff on a regular basis.
  - ✓ Work with the WIC Director to include questions in the interview process for prospective employee's ability to provide breastfeeding education as well as in the annual evaluation process of the employee.
  - ✓ Serve as a breastfeeding resource person for staff (e.g., is well versed in Colorado WIC breastfeeding policies and procedures, maintains local agency/clinic breastfeeding library [books and videos], and materials needed to complete the Breastfeeding Module).
  - ✓ Coach staff to build their skills in providing breastfeeding education and support.

- The clinic/agency staff actively promotes and supports breastfeeding to the WIC population and community. Activities may include:
  - ✓ Coordinate activities to celebrate WIC National Breastfeeding Week.
  - ✓ Distribute the Colorado Breastfeeding Update newsletter to health care providers in the community.
  - ✓ Present to local organizations and health care programs on the services provided by WIC emphasizing breastfeeding education and support services.
  - ✓ Participate in the local breastfeeding task force or possibly initiate the development of a task force if one does not exist.
  - ✓ Submit breastfeeding articles and public service announcements to local media.

**Supervision Received:**

Breastfeeding Coordinator works under the supervision of the WIC Director, WIC High Risk Counselor or designated WIC Supervisor.

**Qualifications:**

- *Education:* Minimally, has received at least 20 hours of training in breastfeeding promotion and support beyond the WIC Certification Program (e.g., breastfeeding workshops; WIC breastfeeding regional training, State WIC Meeting training).
- *Experience:* Previous work experience with the public and/or community programs. Breastfeeding experience desirable, but not required.
- *Knowledge, Skills and Abilities:* (See complete listing of skills for the WIC Educator position)
  - ✓ Ability to disseminate and implement appropriate policies and guidelines that support and promote breastfeeding as the preferred method of infant feeding.
  - ✓ Ability to collaborate with prenatal, well child, and family planning programs, hospitals, and/or other community health care providers to coordinate breastfeeding promotion and support activities.
  - ✓ Ability to prepare and maintain accurate and neat records, and submit reports to the State Office in a timely manner.
  - ✓ Ability to communicate effectively orally and in writing.

**Lactation Management Specialist (LMS)**

All WIC High Risk Counselors are required to participate in a training to be able to function as a lactation management specialist and counsel participants with a breastfeeding nutrition risk factor or breastfeeding concerns and to be able to assess for need and issue breast pumps and aids. WIC Educators are encouraged to participate in the same training and upon successful completion of the training (see Qualifications), a test, and two observations, they may also serve in this important role.

**General Statement of Duties:**

The Lactation Management Specialist (LMS) provides counseling for participants assigned the breastfeeding complications nutrition risk factor and for participants with breastfeeding concerns beyond the basics defined in the Colorado WIC Program Breastfeeding Module and Resource Manual for all WIC staff.

**Supervision:**

The Lactation Management Specialist works under the supervision of the WIC Director, WIC High Risk Counselor, or designated WIC Supervisor.

**Qualifications:** Meets qualifications of WIC High Risk Counselor or WIC Educator.

- *Education:* Minimally, has participated in state approved training in lactation management (three day Colorado WIC course, "Comprehensive Training for WIC Lactation Management Specialist," or any of the following certificate courses: certified lactation counselor, certified lactation educator, certified breastfeeding educator)
- *Experience:* Previous work experience with the public and/or community programs.
- *Knowledge, Skills and Abilities:* In addition to the following, see complete listing for WIC High Risk Counselor and educators in Local Staffing section, respectively.
  - ✓ Ability to disseminate and implement appropriate policies and guidelines that support and promote breastfeeding as the preferred method of infant feeding.
  - ✓ Ability to review evidence based literature and apply to practice.
  - ✓ Ability to pass the exam at the completion of the respective breastfeeding training course.

### **Educator Lactation Management Specialist (Educator LMS)**

This is an enhanced role for an Educator who has received higher level breastfeeding education (LMS, CLC, or IBCLC) and has developed their expertise. The following roles and responsibilities are within the scope of practice for WIC Educator LMS:

#### **Required Functions:**

- Performing the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the High Nutrition Risk Protocols.
  - ✓ Educator LMS who provide the counseling at time of risk assignment for high risk breastfeeding conditions must schedule a high risk follow up appointment with the WIC High Risk Counselor or Educator CLC/IBCLC within two weeks.
  - ✓ Counseling provided for high risk breastfeeding conditions by an Educator CLC/IBCLC at time of risk assignment completes the high risk follow up visit. The Educator CLC/IBCLC should follow up by phone within two weeks (best practice).
- Providing prenatal anticipatory guidance (responding to concerns and issues about breastfeeding; such as, reinforcing that it takes about a month to establish milk supply; no formula first month; what to request in the hospital, i.e., the Colorado Can Do 5! issues for returning to work or school; hand expression; and breastfeeding resources in community).
- Making referrals to WIC High Risk Counselor LMS or Educator CLC/IBCLC (required within two weeks for NRF 602/603), IBCLCs, and hospital lactation staff or to participant’s primary care provider.
- Responding to participant breastfeeding questions.
- Troubleshooting breastfeeding concerns such as inadequate milk supply (perceived or real) and solutions for engagement.

#### **Optional Functions:**

- Coordinating and loaning/issuing breast pumps and supplies (e.g. breast shells). Teaching participant breastfeeding classes and/or leading breastfeeding support groups.
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.
- Recommending breast shells, breast pads, and other breastfeeding aids.

### **WIC High Risk Counselor Lactation Management Specialist (High Risk Counselor LMS)**

The following roles and responsibilities are within the scope of practice for WIC High Risk Counselor LMS:

#### **Required Functions**

- Mentoring Educator LMS.
- Performing the counseling expectations described in the “Breastfeeding Complications or Potential Complications (602/603)” content in the High Nutrition Risk Protocols.
- Providing high risk follow up to a mother and infant within two weeks of risk assignment of NRF 602/603 if initial visit was with an Educator LMS.
- Providing prenatal anticipatory guidance (responding to concerns and issues about breastfeeding; reinforcing that it takes about a month to establish milk supply; no formula first month; what to request in the hospital; issues for returning to work or school; hand expression; breastfeeding resources in community).
- Coordinating and loaning/issuing breast pumps and supplies. Can delegate to Educator LMS.
- Making referrals to primary care provider, IBCLC or hospital lactation staff.
- Contacting participant’s health care provider to discuss concerns (e.g. medications and breast milk; formula supplementation prescriptions).
- Responding to participant breastfeeding questions.
- Recommending breast shells, breast pads, and other breastfeeding aids.
- Troubleshooting breastfeeding concerns such as inadequate milk supply (perceived or real) and solutions for engagement.



### Optional Functions

- Teaching breastfeeding classes and/or leading support groups.
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.

### **Breastfeeding Peer Counselor Lactation Management Specialist (BF PC LMS)**

This is an enhanced role for peer counselors who have received higher level breastfeeding education (LMS, CLC, and IBCLC) and have developed their expertise, and who can maintain her role as a peer connecting with a peer. This scope may be appropriate for staff members who are employed as educators and peer counselors. This enhanced role is not necessarily available to any peer who has attended the LMS training or has become a CLC or IBCLC. Supervisors must consider each peer individually (knowledge, skill, desire, etc.) to assess if they fit the criteria and can continue to be a peer while having this additional knowledge.

The following roles and responsibilities are within the scope of practice for the BF PC LMS:

### Required Functions

- Providing prenatal anticipatory guidance (responding to concerns and issues about breastfeeding; reinforcing that it takes about a month to establish milk supply; no formula first month; what to request in the hospital, i.e., the Colorado Can Do 5! issues for returning to work or school; hand expression; breastfeeding resources in community).
- Responding to participant breastfeeding questions.
- Troubleshooting breastfeeding concerns such as inadequate milk supply (perceived or real) and solutions for engorgement.

### Optional Functions

- Coordinating and loaning/issuing breast pumps and supplies (e.g. breast shells) for Breastfeeding Peer Counselor Program participants.
- Performing in the clinic the counseling expectations described in the "Breastfeeding Complications or Potential Complications (602/603) content in the High Nutrition Risk Protocols, and entering counseling documentation in computer system as outlined in the Nutrition Education and Breastfeeding Promotion Support section of the Program Manual.
- Leading breastfeeding support groups and classes. (USDA makes clear that peer counseling funds are to support programs beyond current operations, breastfeeding classes are considered current operations. If a BF PC LMS/IBCLC leads a breastfeeding class, the funds should come from the WIC budget rather than the peer counseling budget. On the other hand, since support groups are not considered current operations, peer counselor funds can be used to pay for the peer counselor's time to lead these groups.)
- Providing support calls to mothers prenatally or early postpartum to offer encouragement and respond to questions.
- Recommending breast shells, breast pads, and other breastfeeding aids.
- Depending on level of skill and knowledge of supervision, could serve as a local agency's Breastfeeding Peer Counselor Program Coordinator.

*Special reminder: Breastfeeding Peer Counselors who are not LMS are to be a peer and as a peer should not be in the role of educator or teacher. BF PCs should be considered part of the team for the care of the mother/baby and should know when to yield to the WIC High Risk Counselor LMS or Educator who has received a higher level breastfeeding education (i.e.: LMS, CLC, or IBCLC).*

### **NOTE: Out of Scope for All Colorado WIC Program Lactation Management Specialists**

- Recommending use of a galactagogue - should refer to mother's primary care provider, hospital lactation or IBCLC in community.
- Recommending treatment for or diagnosing breast yeast or bacterial infection or breastfeeding or breast milk jaundice - should refer to health care provider.
- Fitting and placement of nipple shields - should refer to hospital lactation or IBCLC in community.
- Diagnosing based on infant test weights done in the WIC clinic.
- Recommending a specialized infant formula when supplementation is medically warranted. Staff should refer the mother back to the health care provider.

## WIC Breastfeeding Peer Counselor Program Supervisor/Coordinator

### General Statement of Duties:

The WIC Breastfeeding Peer Counselor Program Supervisor/Coordinator manages the Breastfeeding Peer Counselor Program at the local agency level.

### Supervision:

WIC Breastfeeding Peer Counselor Supervisor/Coordinator works under the direction of the Local Agency WIC Director.

### Qualifications:

- **Education:** Minimum high school diploma or GED. IBCLC preferred.
- **Experience:** Previous work experience with the public. WIC and/or public health experience and experience with low-income participants is preferred.
  - ✓ Has demonstrated experience in program management.
  - ✓ Has demonstrated experience in supervision.
  - ✓ Has demonstrated expertise in breastfeeding management and promotion.
  - ✓ Has attended a State-approved training in lactation management.
  - ✓ Has a minimum of one-year experience counseling breastfeeding women.
- **Knowledge, Skills and Abilities:** A fully functioning breastfeeding peer counselor program supervisor/coordinator will have the following skills or be able to learn them on the job.
  - ✓ Knowledge of socio-economic conditions of local community.
  - ✓ Ability to read and interpret a variety of materials.
  - ✓ Ability to prepare and maintain accurate, neat records.
  - ✓ Abilities to provide services to the assigned caseload and complete paperwork within time limits.
  - ✓ Ability to establish and maintain effective working relationships.
  - ✓ Ability to communicate effectively orally and in brief writing.
  - ✓ Ability to work as a team member.
  - ✓ Ability to complete WIC and breastfeeding information modules.
- **Training:**
  - ✓ Attends training on WIC Peer Counselor program policies and procedures.
  - ✓ Receives State-approved training in breastfeeding management.
  - ✓ Participates in continuing education about breastfeeding annually.
  - ✓ Completes "Using Loving Support to Manage Peer Counseling Programs" training.
- **Special Duties:**
  - ✓ Assists in establishing program goals and objectives.
  - ✓ Assists in establishing peer counseling program protocols and policies.
  - ✓ Determines peer counselor staffing needs.
  - ✓ Recruits and interviews potential peer counselors in alignment with program policies and standards.
  - ✓ Arranges for training of peer counselors.
  - ✓ Mentor new peer counselors during the first three months, providing routine follow-up and guidance in the early days of the job.
  - ✓ Provides ongoing supervision.
  - ✓ Holds monthly meetings with peer counselors.
  - ✓ Collects documentation records and data as appropriate.
  - ✓ Monitors the program, including conducting spot checks.
  - ✓ Routinely reports on the program to supervisor and State Breastfeeding Coordinator.
  - ✓ Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.

## WIC Breastfeeding Peer Counselor (BFPC)

### General Statement of Duties:

A WIC Breastfeeding Peer Counselor (BFPC) is a paraprofessional support person who provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers. The BFPC is required to document contacts and make referrals to lactation experts when concerns are beyond their scope of practice.

**Supervision:**

WIC Breastfeeding Peer Counselor works under the supervision of the local agency's Breastfeeding Peer Counselor Program Coordinator or Local Agency WIC Director.

**Qualifications:**

To ensure that the BFPC relates with a WIC mother, the position qualifications are:

- Has breastfed at least one baby for at least 6 months (does not have to be currently breastfeeding).
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.
- Bilingual (Spanish/English).
- Can work a set number of hours a week (as established by the local agency).
- Has reliable transportation.
- *Knowledge, Skill and Abilities:*  
A fully functioning BFPC already has the following skills and/or learns them on the job.
  - ✓ Knowledge of socio-economic conditions of local community.
  - ✓ Ability to read and interpret a variety of materials.
  - ✓ Ability to prepare and maintain accurate, neat records.
  - ✓ Abilities to provide services to the assigned caseload and complete paperwork within time limits.
  - ✓ Ability to establish and maintain effective working relationships.
  - ✓ Ability to communicate effectively orally and in writing.
  - ✓ Ability to work as a team member.
  - ✓ Ability to complete WIC and breastfeeding information modules.
- *Training:*
  - ✓ Observes in WIC setting to understand the program services.
  - ✓ Attends training on WIC BFPC program policies and procedures.
  - ✓ Attends a series of breastfeeding classes (nursing babies are welcomed).
  - ✓ Observes other peer counselors or lactation consultants helping mothers breastfeed.
  - ✓ Completes required activities (Basic Nutrition Module, Breastfeeding Module, and read assigned books or materials about breastfeeding).

**Specific Duties:**

- Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program.
- May counsel women in the WIC clinic.
- Receives a caseload of WIC mothers and makes routine periodic contacts with all clients assigned.
- Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
- May be available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
- Respects each mother by keeping her information strictly confidential.
- Keeps accurate records of all contacts made with WIC clients.
- Refers mothers, according to clinic-established protocols, to appropriate resources:
  - ✓ WIC Nutritionist or Breastfeeding Coordinator.
  - ✓ Lactation consultant.
  - ✓ The mother's physician or nurse.
  - ✓ Public health programs in the community.
  - ✓ Social service agencies.
- Attends and assists with prenatal classes and breastfeeding support groups.
- Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
- Reads assigned books and materials on breastfeeding that are provided by the supervisor.
- May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

## WIC Wellness Coordinator

### General Statement of Duties:

The WIC Wellness Coordinator is a designated staff person who serves as a wellness, healthy eating, and active living subject matter expert, advocate, and role model within a local agency. The activities of the Wellness Coordinator intend to advance early childhood obesity prevention and wellness in WIC. WIC Wellness Coordinators are supported by a system of collaboration and learning developed and overseen by Colorado WIC Program staff at the Colorado Department of Public Health and Environment.

### Supervision:

The WIC Wellness Coordinator works under the supervision of the WIC Director or Clinic Supervisor.

### Qualifications:

The WIC Wellness Coordinator may be a Local Agency WIC Director, WIC Nutritionist/WIC Nurse, or WIC Educator. Qualifications include:

- Demonstrates enthusiasm about wellness, healthy eating, and active living and acts as a wellness role model for others.
- Can devote an average of 5-6 hours per month to activities related to the WIC Wellness Coordinator System.
- *Knowledge, Skill, and Abilities:* A fully functioning Wellness Coordinator will have the following skills and be able to learn them on the job.
  - ✓ Knowledge of socio-economic conditions of local community.
  - ✓ Knowledge of community conditions that present barriers to healthy eating and active living
  - ✓ Knowledge of WIC's early childhood obesity prevention focus areas.
  - ✓ Knowledge of local community resources that assist WIC families in making good choices.
  - ✓ Ability to read and interpret a variety of materials.
  - ✓ Ability to communicate effectively orally and in writing.
  - ✓ Ability to work as a team member.
  - ✓ Ability to train other staff on topics learned.
- *Training:*
  - ✓ Attends Wellness Coordinator calls for training from the State Office and to learn from other Wellness Coordinators.
  - ✓ Reads assigned material.
  - ✓ Engages in group learning discussions.

### Specific Duties:

#### *Basic roles:*

- Participate in regular Wellness Coordinator and state agency calls approximately every 6 weeks initially and less frequently once the system is well established.
- Represent the interest of the local agency by providing feedback and recommendations during statewide decision making processes related to early childhood obesity prevention or wellness.
- Serve as the early childhood obesity prevention subject matter expert and a wellness role model and advocate for the local agency.
- Train and mentor clinic staff members on various topics and state initiated policies and procedures related to early childhood obesity prevention and wellness.
- Facilitate necessary communication as needed with staff members in their local agency.
- Assist in the local agency adoption and implementation of consistent messages and state initiated policies related to early childhood obesity prevention and wellness.
- Coordinate wellness activities for WIC families, which may be activities of existing annual nutrition education plans, or other activities.

#### *Advanced roles:*

- Coordinate wellness activities for local agency staff members.
- Develop and maintain active community partnerships with local public health and early childhood programs, health care providers, and appropriate community organizations.
- Maintain strong community referral systems and documentation of referrals that support healthy eating and active living for WIC families.

- Intentionally connect clients with community resources for chronic disease prevention, such as the Diabetes Prevention Program or other similar services in the community.
- Identify opportunities for alignment between wellness initiatives and activities of the Local Agency Breastfeeding Coordinator and the Local Agency Retail Coordinator.

## WIC Certification Program

The WIC Certification Program is a competency based training program designed for WIC staff. All new staff members are expected to complete the training within the timeframes specified below. The Colorado WIC website ([www.coloradowic.com](http://www.coloradowic.com)) has a section that posts guidance documents, instructions for accessing the online post-tests and the Orientation Checklists for Level I, II and III.

Certified WIC Authority (CWA) determines a WIC applicant's eligibility, assigns risk factors, offers low-risk nutrition education and assigns appropriate food packages. This person must complete all required activities outlined in Level I of the Colorado WIC Certification Program to independently perform CWA-designated duties.

When a new employee is in training and has not yet completed Level I, a WIC High Risk Counselor or experienced WIC Educator with CWA qualifications must review the participant's nutrition interview, anthropometric assessment, blood collection information and risk assignment to ensure that all eligibility criteria have been entered, including correct nutrition risk factors. WIC High Risk Counselor or experienced WIC Educators creates a second participant care plan to provide feedback and indicate approval of the visit's documentation.

### Objectives:

- To ensure quality service to WIC participants throughout the state.
- To train all staff to properly perform the WIC certification procedure, proper anthropometric and hematologic measurements, nutrition and health assessment, nutrition education, risk identification, and food package selection/issuance.
- To provide all WIC staff with current nutrition information for the WIC population.
- To train using interactive self-directed learning methods.

### New Employee Training Resources:

Training materials and guidance documents are located on the Colorado WIC website under Local Agencies; WIC Certification Program. *New Employee Training Guidelines and CO TRAIN Quick Guide* are documents that all supervisors and new employee should read prior to beginning any module or online course.

### Level I Includes:

- Basic WIC background requirements and procedures to certify and provide benefits to participants.
- Specific training materials:
 

<ul style="list-style-type: none"> <li>✓ WIC Orientation Module &amp; Post-Test</li> <li>✓ Food Package Module &amp; Post-Test</li> <li>✓ Nutrition Risk Factor Module &amp; Post-Test</li> <li>✓ Screening Module &amp; Post-Test</li> <li>✓ Colorado WIC Hemoglobin Testing training video</li> <li>✓ Welcome to WIC Video</li> <li>✓ Review of Mini-Manual</li> </ul>	<ul style="list-style-type: none"> <li>✓ Saving the Children: Story of WIC Video Part I &amp; Part II (recommended)</li> <li>✓ Review of Nutrition Education Counseling Guide</li> <li>✓ Compass Training Online Course</li> <li>✓ Level I Participant Record Review</li> <li>✓ Level I Observation Checklist</li> </ul>
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All Level I activities must be completed within three months (90 days) of employment. Each new employee must have a local agency trainer/mentor who ensures that all activities on the Level I Orientation Checklist are completed. This designated staff person electronically documents the training activity completion in the Compass system, Staff Competencies.

Online Compass Training course: Online Compass Training consists of 13 self-paced, interactive training modules. The online modules are designed to orient new WIC employees to the Compass computer system. New employees should complete the Level I modules and post-tests prior to beginning the online Compass Training course.

**Level II Includes:**

- Current nutrition and food safety information for the WIC population including basic nutrition, infant, child, pregnancy, breastfeeding, and postpartum.
- Specific training materials:
 

<ul style="list-style-type: none"> <li>✓ Prenatal and Postpartum Module &amp; Post-Test</li> <li>✓ Breastfeeding Module and Resource Manual &amp; Post-Test</li> <li>✓ Infant Nutrition Module &amp; Post-Test</li> <li>✓ Preschool Child Nutrition Module &amp; Post-Test</li> <li>✓ Basic Nutrition Module &amp; Post-Test</li> </ul>	<ul style="list-style-type: none"> <li>✓ Baby Behavior Online Module &amp; Post-Test</li> <li>✓ Partnering with WIC for Colorado Kids Video</li> <li>✓ Closer Look - Allowable Foods Video</li> <li>✓ WIC Visit Assessment and Counseling Evaluation Tool</li> </ul>
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All Level II activities must be completed within six months of employment. Each new employee must have a local agency training/mentor who ensures that all activities on the Level II Orientation Checklist have been completed. This designated staff person electronically documents training activity completion in the Compass computer system, Staff Competencies.

**Level III Includes:**

- Participant- centered care online course. This course offers ten self-paced modules and activities focused on providing Participant-Centered Education (PCE) by incorporating counseling methods i.e. motivational interviewing, rapport building, and active listening.
- Specific training materials:
 

<ul style="list-style-type: none"> <li>✓ Introduction: Welcome to WIC PCE</li> <li>✓ What Motivates People to Change?</li> <li>✓ The Spirit of PCE</li> <li>✓ Opening the Conversation</li> <li>✓ O.A.R.S</li> <li>✓ Roadblocks to Listening</li> <li>✓ Moving from Assessment to Counseling</li> </ul>	<ul style="list-style-type: none"> <li>✓ Providing Advice: Offering Nutrition Education</li> <li>✓ Rolling with Resistance</li> <li>✓ Next Steps</li> <li>✓ Level III: PCE Post-Test</li> <li>✓ PCE handouts and training activities (recommended; not required)</li> </ul>
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- All Level III activities must be completed within nine months of employment. Each new employee must have a local agency training/mentor that ensures that all activities on the Level III Orientation Checklist have been completed. This designated staff person electronically documents training activity completion in Compass, Staff Competencies.

**Non-WIC Staff with WIC Program Duties**

Local Agency WIC Directors may assign WIC duties to agency staff not considered WIC employees. For example, a non-WIC staff may be assigned to obtain heights, weights, and hemoglobin/hematocrit measurements. Most often, these staff persons have limited access to Compass. To ensure these individuals are adequately trained, the WIC Director develops a training plan to provide the individual with the skills and knowledge needed to perform her/his work. State Office Nutrition Consultants are available to assist.

All non-WIC staff must complete three WIC training topics: Civil Rights, Customer Service, and Breastfeeding. The training for these topics along with the topics pertinent to the staffs' position responsibilities can be acquired from a variety of training options. The options include:

- Review of pertinent areas of the current Colorado WIC Program Manual; and/or
- Completing the online Compass Training course; and/or
- Completion of Level I, II or III.

The supervisor is required to document the training that was provided for the individual including the topics, method of training, test scores, and dates of completion. This information must be kept in the employee's file and electronically entered into Compass, Staff Competencies. Should the non-WIC staff not have Compass access, maintain documentation of provided training in a separate file.

## Standards for Use of Volunteers in WIC Clinics

WIC clinics are continually challenged with the problem of how to improve quality services with limited financial resources. One of the creative solutions to this problem has been the use of volunteers in the clinic. One concern when using volunteers is to see that they receive quality training and appropriate supervision. This is necessary to ensure participants receive a high level of care and WIC protocols and procedures are maintained.

Local agencies may have a volunteer coordinator and established policies for using volunteers. It is recommended that local WIC Programs coordinate WIC volunteer services within the agency policies. The following standards must be followed when beginning a volunteer program for WIC:

- Local WIC agencies will discuss the plan for use of volunteers with the State Office assigned nutrition consultant.
- Program administrators will check local agency policies regarding insurance, legal liability, and confidentiality concerning the use of volunteers in the agency setting.
- All volunteers will receive an orientation to the overall WIC Program and to the specific local agency.
- All volunteers will receive direct supervision from a WIC administrative professional and/or WIC Supervisor. Supervision must include ongoing coaching and feedback and a yearly performance evaluation. Observation of volunteers may be included in state site visits and monitoring visits.
- Volunteers are used in different capacities based on their interests and skills and the agency's needs. Some of the activities that volunteers have been used for include intake eligibility work (e.g., helps participants with completion of forms); clerical work (e.g., filing, typing, answering the phone, folding pamphlets, organizing pamphlets); and height and weight screening (e.g., takes heights and weights).
- Volunteers must not determine nutrition risk, nutrition eligibility, or issue, WIC food benefits.

An appropriate training plan must be developed based on assigned duties. The training plan should be developed based on the tasks the individual is responsible for in the WIC clinic. The supervisor is required to document the training that was provided for the individual including the topics, method of training, test scores, and dates of completion. This information should be kept in the volunteer's file and electronically entered into the Compass computer system, if appropriate.

## Legislation

### Introduction

The purpose of this section is to clarify the legislative process. Occasionally local agencies are contacted by State legislators and congressional members who want information on specific issues affecting the WIC Program. Such inquiries may include:

- The health and nutrition benefits of the Program and supporting evaluation data.
- The experiences and outcomes of participants.
- The numbers of women and children served on waiting lists or estimates of potentially eligible.

### Legislative Process

There are three types of committees involved in the Congressional legislative process: Standing Committees, Select or Special Committees and Joint Committees.

- Standing committees continue from one Congress to the next. The Appropriations Committee is a Standing committee.
- Select committees are temporary and formed for a particular purpose.
- Joint committees are similar to Select Committees and are made up of both House and Senate representatives.

There also are a number of other committees used by Congress with specific functions.

- Subcommittees share specific tasks and are part of a full "parent" committee.
- Conference committees are joint, ad hoc groups that work out differences between similar bills from both the House and the Senate.

- Other committees such as the Committee of the Whole (House only) and the Joint Select Committee on Deficit Reduction address budget deficit reduction.

All bills must begin and end in committees, whether they become law or not. Of approximately 8,000 bills that go to committee each year, fewer than 10 percent of them make it to consideration in the full House or Senate.

WIC legislation is generally handled through two Congressional committees:

- The Senate Authorization Committee for WIC legislation is the Agriculture, Nutrition and Forestry Committee.
- The House Authorization Committee for WIC legislation is the Education and the Workforce Committee.

The Senate Agriculture, Nutrition and Forestry Committee and the House Education and the Workforce Committee work independently but are responsible for discussing proposed bills and combining them into a single bill. Each committee holds public hearings and then meets to make decisions on which provisions ought to be included in the bill. The process of deciding which provisions will be included is called "mark up." The committees then send their bills to the full House and Senate where they are discussed and voted on. Members of Congress can offer amendments to the bills when the full House and Senate are discussing the bill.

After the House and Senate vote on their respective bills, the bills are sent to a conference committee. The conference committee discusses the two bills and decides what should be included in the final bill. The conference committee bill is sent to the House and Senate for final passage. Once passed by Congress, the bill is sent to the President for his signature.

After a bill is passed, the House and Senate Appropriations committees pass appropriation bills that make money available for programs. The House must act upon appropriate bills before the Senate. The Appropriations committees cannot appropriate more money than was authorized; however, they can appropriate less money than was authorized. It is the Appropriations committees that make the final decision about how much money Congress will provide for specific programs.

The first concurrent resolution is, in effect, a recommendation for budget levels for the coming fiscal year. It is unlikely that the Authorization and Appropriation committees would be willing to exceed the spending level proposed in the resolution. By May 15 the Authorization Committees must report bills to the full House and Senate.

## Key USDA Officials

Thomas J. Vilsack, Secretary of Agriculture  
United States Department of Agriculture  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250  
Kevin W. Concannon, Under Secretary for Food,  
Nutrition and Consumer Services  
United States Department of Agriculture  
1400 Independence Avenue, S.W., Room 217E  
Washington, D.C. 20250

**Jessica Shahin, Acting Administrator**  
USDA Food and Nutrition Service  
3101 Park Center Drive  
Alexandria, VA 22302  
Darlene Barnes, Regional Administrator  
Supplemental Nutrition Assistance Program  
United States Department of Agriculture  
Mountain Plains Regional Office  
1244 Speer Boulevard, Suite 903  
Denver, CO 80204  
303-844-0331

## U.S. Senators

*Senator Cory Gardner (R)*  
United States Senate  
B40B Dirksen Senate Office Building  
Washington, D.C. 20510  
<http://www.gardner.senate.gov/>  
Phone: 202-224-5941  
Fax: 202-224-6524

*Senator Michael F. Bennet (D)*  
United States Senate  
458 Russell Senate Office Building  
Washington, D.C. 20510-0606  
<http://bennet.senate.gov/>  
Phone: 202-224-5852  
Fax: 202-228-5036



## U.S. Representatives

***Representative Diana DeGette (D) District 1***

United States House of Representatives  
2368 Rayburn House Office Building  
Washington, D.C. 20515-4329  
<http://degette.house.gov/>  
D.C. Phone: 202-225-4431  
D.C. Fax: 202-225-5657

***Representative Jared Polis (D) District 2***

United States House of Representatives  
1433 Longworth House Office Building  
Washington, D.C. 20515-0603  
<http://polis.house.gov/>  
D.C. Phone: 202-225-2161  
D.C. Fax: 202-226-7840

***Representative Scott Tipton (R) District 3***

United States House of Representatives  
218 Cannon House Office Building  
<http://tipton.house.gov/>  
Washington, D.C. 20515  
D.C. Phone: 202-225-4761  
D.C. Fax: 202-226-966

***Representative Ken Buck (R) District 4***

United States House of Representatives  
416 Cannon House Office Building  
Washington, D.C. 20515  
<https://buck.house.gov/>  
D.C. Phone: 202-225-4676  
D.C. Fax: 202-225-5870

***Representative Doug Lamborn (R) District 5***

United States House of Representatives  
2402 Rayburn House Office Building  
Washington, D.C. 20515  
<http://lamborn.house.gov/>  
D.C. Phone: 202-225-4422  
D.C. Fax: 202-226-2638

***Representative Mike Coffman (R) District 6***

United States House of Representatives  
2443 Rayburn House Office Building  
Washington, D.C. 20515-0606  
<http://coffman.house.gov/>  
D.C. Phone: 202-225-7882  
D.C. Fax: 202-226-4623

***Representative Ed Perlmutter (D) District 7***

United States House of Representatives  
1410 Longworth House Office Building  
Washington, D.C. 20515  
<http://perlmutter.house.gov/>  
D.C. Phone: 202-225-2645  
D.C. Fax: 202-225-5278

See web sites for Colorado Offices' contact information.

Previously Section 5 - Fiscal Administration  
(except Audits/Fiscal Monitoring)

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## Introduction to WIC Fiscal Administration

Nutrition Services and Administration funds (NSA) are distributed to local agencies based on a funding formula that was developed by a committee comprised of Local Agency WIC Directors, Local Agency Directors of Administrative Services, and State Office staff. The objective of using a formula is to distribute funding to local agencies in a fair, impartial, and efficient manner. The formula uses six factors to distribute available funds: number of participants served, number of high-risk participants, participant turnover rate, salaries at each agency, travel set aside for agencies with extensive travel, and economies of scales. The Colorado WIC Program runs the funding formula after USDA announces the Colorado WIC Program's level of funding. This can occur anytime between January and May of any given year.

In accordance with Federal Rules and Regulations, "All WIC expenditures for which reimbursement is claimed from WIC Program funds must be supported by records which identify source and application of all such funds."

In order to comply with Federal Rules and Regulations, all local agencies are required to submit a Colorado Department of Public Health and Environment Reimbursement Invoice Form to the State WIC Office by the 20th of the month (example: all September reports are due October 20). Invoice forms must be e-mailed and a signed copy of the form must be either scanned and e-mailed or faxed. Sample reports appear in this section.

In addition, a yearly WIC salary survey estimating expenditures for WIC staff for the following fiscal year will be required. Other special funding reports may be required during the fiscal year in order to compile information needed for reallocation reports.

All fiscal reports are to be e-mailed and faxed to:

Cyril Padilla  
Fiscal Contract/Monitor Lead  
Nutrition Services Branch - A4  
Colorado Department of Public Health & Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
[cyril.padilla@state.co.us](mailto:cyril.padilla@state.co.us)  
Fax# 303-756-9926

Please ensure that all staff involved in the preparation of WIC Contract Reimbursement Statements receives a copy of this section.

## Financial Management Standards

All local agencies must have a financial management system in place which, at a minimum, ensures the following:

- Accounting records are supported by source documents
- Records show the source and application of funds and contain information pertaining to reimbursement from Federal funds, authorizations, obligations, unobligated balances, assets, liabilities, outlays and income
- Accurate, current, and complete disclosure of the financial results of the Program, and effective control over, and accountability for all funds, property, WIC checks, and other Program assets to assure that they are safeguarded and used solely for authorized purposes
- Comparison of actual outlays with budgeted amounts
- A systematic method to assure timely and appropriate resolution of audit and/or monitoring findings and recommendations
- Records detailing all procurements made with WIC funds that assure that such procurements meet Federal and State procurement standards
- An accounting system that ensures that no other program costs are charged to WIC
- Adequate internal controls to assure separation of duties

## Allowable WIC Costs - General

All local Colorado WIC Agencies operate under the auspices of the CDPHE WIC Program. Local agencies perform under the jurisdiction of a State of Colorado contract with the WIC Program.

Federal funds are available to local agencies through contracts/agreements to provide for the following:

- Cost of WIC food benefits
- Certification of WIC participants
- Nutrition education
- Breastfeeding Promotion
- Outreach
- General program administration

Prior to entering into a formal contract, the State WIC Office allocates funds to each local agency through a funding formula. A formal contract, specifying the maximum administrative budget and effective time periods for that budget, is signed by the local agency, the State WIC Office, and the CDPHE. The contract specifies that **administrative costs are reimbursed upon the basis of the maximum allocated amount or actual documented expenditures, whichever is less, and that costs will be reimbursed up to the allowed maximum.**

Expenses in excess of the maximum **will not** be reimbursed. WIC contracts cannot be amended retroactively (i.e., if you need additional funds for June and do not request those additional funds until July, WIC will not be able to amend your contract).

If you have **any** questions regarding maximums or unexpected problems staying within those maximums, please call the WIC Fiscal Unit Manager.

All local agencies are required to follow Federal Regulations (7CFR Part 246 and 7CFR 3016), the State WIC Procedure Manual, and applicable OMB rules and regulations -**2 CFR Chapter I, and Chapter II, Parts 200, 215, 220, and 230 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.**

This provides guidelines for identifying allowable costs under grants to public entities and nonprofit organizations. It states that users should not construe the failure to mention a particular item of cost as an implication that such cost item is either allowable or unallowable. Users are instructed to determine the appropriate treatment of a cost item that is not expressly mentioned by relating it to the treatment of similar items that are mentioned. The general rule for determining the allowability of costs is the "reasonable and necessary" cost test.

### Reasonable Costs:

- Provide the Program a benefit generally commensurate with the costs incurred,
- Are consistent with the costs of similar items from other vendors,
- Are in proportion to other program costs for the function that the costs serve,
- Are a priority expenditure relative to other demands on available administrative resources, and
- Have a proven or intuitive positive impact.

### Necessary Costs:

- Are incurred to carry out essential program functions, and
- Cannot be avoided without adversely impacting program operations.

The State WIC Program has final authority over what constitutes reasonable and necessary costs.

The following categories of cost are allowable under WIC regulations:

- The amount of funding allocated for food costs is based on predicted caseload levels.
- Operational and administrative costs allowable costs are outlined as follows:

### Direct Costs

Salaries and Wages	Compensation of employees for <b>actual</b> time and effort devoted specifically to the WIC program, including fringe benefits. <b>Time and effort (T &amp; E) certification must be available at the local agency.</b> These T & E forms must include the employee's and supervisor's dated signatures and a certification statement.
Supplies	Costs of materials acquired, consumed, or expended specifically for WIC, i.e., food models and samples; medical supplies such as Band-Aids; office supplies such as paper, pens; nutrition education materials and printing costs (see Nutrition Education below).
Nutrition Education	Nutrition Education and Breastfeeding Promotion expenses, i.e., costs related to individual or group educational sessions with participants; provision of nutrition education and/or breastfeeding promotion materials such as pamphlets, training and evaluation of education, and mailing education materials. These costs must be clearly identified on the Contract Reimbursement Statement.
Equipment	<p>Equipment: Office equipment such as chairs, desks, filing cabinets, non-expendable medical equipment; blood analysis equipment, measuring boards, and scales. Equipment purchases must have prior approval from the Fiscal Unit Manager. Equipment is defined as an article of non-expendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of the capitalization level established by the governmental unit for financial statement purposes or \$5,000.</p> <p>All equipment purchased with WIC funds becomes the property of the WIC Program. Per 7 CFR 3016.32(d)(1), property records must be maintained by the local agency that include a description of the property, a serial number or other identification number, the source of the property, who holds the title, the acquisition date, cost of the property, percentage of Federal participation in the cost of the property, the location, use and condition of the property and ultimate disposition data including the date of disposal and sale price of the property. No WIC equipment may be disposed of without State and/or USDA approval. The local agency will return WIC equipment if so requested.</p> <p>A physical inventory of the equipment must be taken and the results reconciled with the property records bi-annually. All ADP equipment must have prior approval from USDA through the Fiscal Unit Manager or it will not be reimbursed.</p> <p>When equipment is billed to the State WIC Program during the last month of the fiscal year, causing the local agency to exceed their contract maximum, it will be processed as follows:</p> <ul style="list-style-type: none"> <li>• When the equipment purchased was requested in the approved WIC budget, or approval has been received from the Fiscal Unit Manager, the amount of the equipment will be reimbursed (while other expenditures to the extent of the contract excess will not be reimbursed) and will become the property of WIC.</li> </ul> <p>When the equipment purchased was not requested in the approved WIC budget, or approval was not received from the Fiscal Unit Manager the amount of the equipment will be deducted (not allowed) from the reimbursable amount and the equipment will become the property of the local agency.</p>
Travel	WIC personnel travel to and from clinic sites and travel necessary to fulfill WIC Program functions. All out-of-state travel, and travel other than within the agency service area or to State-sponsored WIC meetings must meet the generally accepted accounting criteria of "reasonable and necessary" and further the goals of the program. Mileage will be reimbursed at the local agency's rate up to the maximum allowed by the IRS.

Lab Fees	Lab fees associated with certification. (Lab fees <u>cannot</u> be charged to participants, Medicaid or other third parties).
Outreach	Outreach costs, including advertising.
Program Incentives	Program incentive items. Reasonable and necessary costs that promote the specific Program purposes of outreach, nutrition education and/or breastfeeding promotion. Program incentive items are primarily intended for use by Program participants or potential participants. Occasionally, it may sometimes be appropriate to distribute Program incentive items to staff when those items present an outreach, nutrition education, or breastfeeding message. These items should be of nominal cost. Contact your nutrition consultant for more information.
Physical Activity	Elements of physical activity promotion as a part of nutrition education may be considered an allowable cost for the WIC Program. Examples of allowable costs include: educational materials that reinforce health benefits of physical activity, nutrition education classes that reinforce and contain physical activity messages, brief physical activity demonstrations, training for staff on the health benefits, promotion of physical activity, and how to promote behavior change in participants. (See Unallowable costs for examples of items that are not allowable.)
Building Space & Related Facility Costs	<p>The rental cost of space in privately - or publicly-owned buildings used for the benefit of the Program is allowable subject to the following conditions:</p> <ul style="list-style-type: none"> <li>• The total cost of space may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality</li> <li>• The costs charged to WIC must be based on actual costs paid by the agency</li> <li>• WIC's share of the rental costs must be based on WIC's share of the total space based on square footage studies</li> </ul> <p>When the building is owned by the county and/or agency and no rent is paid, a usage fee or depreciation cost may be charged. These charges must be in accordance with the appropriate OMB fiscal guidelines.</p>
Purchase, Repair or Renovation of Buildings	The purchase, repair or renovations of real property are capital expenditures that require prior approval from the USDA Regional Office. Only in areas where other options are not available, will USDA approve capital expenditures for the purchase, repair or renovation of buildings. Any local agency requests for prior approval must be submitted to the State WIC Office for submission to the USDA. Upkeep of grounds, necessary maintenance, normal repairs and alterations, and the like are allowable to the extent that they: keep property in an efficient operating condition, do not add to the permanent value of property or appreciably prolong its intended life, and are not otherwise included in rental or other charges for space.

Local agencies shall ensure that no claim is submitted for reimbursement of services already funded by other state or federal programs, or for costs which are not allowable.

## Indirect Costs

- Indirect costs are those incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the direct costs specified previously.
  - ✓ Shared expenditures such as postage, phone, and administrative overhead in terms of salaries of administrators, accountants, nurses.
  - ✓ Other shared expenditures such as building space, heating and lighting and printing or copying.
- Documentation must be submitted on a yearly basis (or as the rate changes) to CDPHE for approval.
- Costs included in the indirect cost pool cannot be charged as direct costs.

Questions concerning allowable costs should be directed to the State Fiscal Unit Manager. Effective January 1, 2015 changes in OMB circular guidance allows that agencies may submit indirect costs up to 10% per invoice without prior approval from CDPHE's internal auditing department. No indirect rates exceeding 10% will be reimbursed without a CDPHE approved indirect rate. Rate changes occurring within a contract year must be reflected on contract reimbursement statements.

## Unallowable Costs

### Costs NOT Allowed Are Specified Below:

- Food costs may not be used as a basis for determining indirect cost rates.
- Bad debts any losses arising from uncollectible accounts and other claims and related costs.
- Contingencies, contributions to a contingency reserve or any similar provision for unforeseen events.
- Contributions and donations.
- Entertainment, costs of amusements, social activities and incidental costs relating thereto, such as meals, beverages, lodgings, rentals, transportation and gratuities.
- Fines and penalties costs resulting from violations of, or failure to comply with Federal, State and local laws and regulations.
- Governor's expenses, salaries and expenses of the Office of the Governor or the chief executive of a political subdivision are considered a cost of general State or local government.
- Interest and other financial costs, interest on borrowings (however represented), bond discounts, cost of financing and refinancing operations and legal and professional fees paid in connection therewith, are unallowable except when authorized by Federal legislation.
- Legislative expenses, salaries and other expenses of the State Legislature or similar local governmental bodies such as county supervisors, city councils, school boards, etc., whether incurred for purposes of legislation or executive direction.
- Under recovery of costs under grant agreements any excess of cost over the Federal contribution under one grant agreement is not allowable under other grant agreements.
- Implementation and maintenance of Health Insurance Portability Accountability Act (HIPAA) and National Smallpox Vaccination Program (NSVP).
- Biological Disaster Response Teams, unless all other sources of funds are exhausted.
- Physical activity items such as, fitness center dues or memberships, exercise equipment, exercise classes, incentive items. Contact the State Office with any questions.

This list is not all-inclusive. Questions concerning the allow ability of costs should be referred to the State Fiscal Unit Manager prior to purchase and/or expenditure.

## Local Agency Time Study

The purpose of the time study is to document, through the use of staff time logs, the expenditure of at least 1/6 of Colorado WIC's administrative budget for nutrition education, the expenditure of allocated funds for breastfeeding promotion, and the amount of time spent providing client services and general administration. Time Study reports are due by the 20th of the month following the period and are dependent on whether the Agency reports 1 week per month or 1 month per quarter.

- Scope of Study
  - ✓ All WIC staff at the state agency and local agencies will maintain time logs.

- Duration of Data Collected
  - ✓ At local agencies, staff will maintain daily time logs for one full work week (five days) per month or for one full month per quarter. State staff members are required to document daily time and effort. Therefore, costs for State staff will be based on actual time.
- Date Collection Instrument and Reporting
  - ✓ Time logs will be filled in by the worker after each activity. The activity axis will include listings of nutrition education, breastfeeding promotion, client services, and general administration activities performed by WIC staff. Local agencies will provide a report listing the percentage of time spent in each activity for each WIC staff with the Contract Reimbursement Statement.

## Local Agency Retention of Records

Full and complete records concerning program operations shall be maintained. These records shall include, but are not limited to:

- A copy of the contract with the State WIC Program.
- Information on the service area and financial eligibility standards used.
- Complete and accurate participant records documenting nutrition risk, certification information of applicants, foods prescribed, nutrition care, counseling, and referrals provided under the WIC Program.
- Complete, accurate, documented, and current accounting of all funds received and expended pursuant to the contract.
- Detailed inventory records including purchase date, acquisition cost, location, inventory number, and disposition information.
- Complete and accurate retail records documenting training, monitoring, and problems of each retailer.
- Racial/ethnic participation data.
- Fair hearing information.
- Participant abuse records.

All WIC Program records shall be retained for 3½ years following the end of the applicable Federal fiscal year. The USDA has reserved the right to require by written notice, retention of any records deemed by it to be necessary for resolution of an audit or any litigation. If any litigation, claim, or audit is started before the expiration of the 3½ year period, the records must be retained until all litigation, claims or audit findings involving the records have been resolved.

Additionally, if the USDA deems any of the program information to be of historical interest, it may require the state or local agency to forward such records to the department whenever the state or local agency decides to dispose of them.

All WIC records shall be available during normal office hours for representatives of the Colorado Department of Public Health & Environment, The United States Department of Agriculture, The General Accounting Office of the United States, and State designated auditors to inspect, audit and copy, provided that medical case records of individual participants shall remain confidential.

## Termination of Local Agency Contracts

The State WIC Office may disqualify a local agency:

- When the State determines noncompliance with Federal and/or State regulations.
- When the State's Program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
- When the State determines, following a review of local agency operations, that another local agency can operate the Program more effectively and efficiently.
- When the State determines abuse of Program funds.
- When the State determines greater need in another area according to the Affirmative Action Plan.
- When another agency in the area of a higher priority according to the local agency priority system (see 7CFR Part 246, January 1995) is available to administer the Program.
- When another WIC agency in the area is capable of accepting the local agency's participants in order to consolidate local WIC Programs.



The right of appeal shall be granted when, during the course of the contract, a local agency is disqualified or any adverse action which affects participation is taken. Should the need arise to schedule an administrative hearing, the Regulations provide that the local agency shall have one opportunity to reschedule the hearing date upon specific request. EXPIRATION AND SUBSEQUENT NON RENEWAL OF A CONTRACT SHALL NOT BE SUBJECT TO APPEAL.

The State Office shall provide the affected local agency with written notice not less than 60 days in advance of the pending disqualification which includes an explanation of the reasons for disqualification, the date of disqualification, and except in cases of the expiration of a local agency's contract, the local agency's right to appeal as set forth in Federal Regulations 7CFR 246.18.

Previously Section 8 - Clinic Procedures  
(except items listed in MIS)

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## Introduction to Clinic Procedures

The local WIC clinic's Certified WIC Authority (CWA) screens applicants to determine whether an individual is eligible for enrollment on the WIC Program. The CWA has met the qualifications established in the WIC Certification Program, **as described in *Local Staffing in Section 4 of the Program Manual, Organization and Management***. The CWA collects participant health and eligibility information and enters that information in Compass, the Colorado WIC computer system.

Compass is a web-based system with a centralized database. State and local WIC staffs access the Compass system through the internet with their Internet Service Provider (ISP). Authorized users enter their User ID and password and Compass authenticates their credentials. After a successful Logon, the user has access to some or all of the eight functional areas of Compass based on their job responsibilities. Most clinic users have access to the Clinic Services, Scheduler, Operations, Vendor Management, and Reports functional areas; however, their security access to the various panels within these functional areas varies depending on the scope of their job responsibilities.

Once the CWA determines an individual to be WIC-eligible, the CWA enrolls (certifies) that individual in the WIC Program. The participant receives a nutrition assessment, nutrition education, food benefits and an appointment for a return visit.

The Colorado WIC Program operates under a tri monthly food benefit issuance system where participants identified as low risk typically receive periodic nutrition screenings, nutrition education, and three months' worth of food benefits.

## WIC Appointment Types

- **Certification:** After completing the intake procedures either over the phone or in person, schedule participant for a certification visit.
- **Recertification:** Schedule up to 30 days prior to the participant's Certification End Date. If the recertification appointment follows the Certification End Date, food benefits cannot be issued until a new certification period begins. Schedule pregnant women, prior to delivery, for recertification after the baby is born. Refer to the **Section 3. MIS, Recertification/Changing Participant Categories** for more information on recertification.
- **Midcertification:** Weight and length/height are collected and a nutrition interview completed for infant between 5-7 months of age or child 5-7 months from the child's certification or recertification date.
- **Follow-Up:** Schedule for nutrition education and food benefit issuance.
- **Follow-Up plus Anthros:** Similar to Follow-up visit except that this appointment type indicates that a height, weight and/or hemoglobin must be completed.
- **Transfer:** Active WIC participants transferring to your clinic from out of state or another Colorado clinic.
- **High Risk:** Visit with the WIC High Risk Counselor.
- **Add Baby:** For the mom and baby pair when the mom is coming in to be recertified as Breastfeeding/Non-breastfeeding and the infant is being added to the WIC Program.
- **Breast Pump:** Issue participants a breast pump.
- **Nutrition Education Class:** Used by agencies offering group nutrition education classes.
- **Phone Follow-Up:** Provide nutrition education by phone or video call.
- **Non-WIC:** Time blocked for staffs' lunch times and meeting times, etc.
- **Personal:** Time blocked for staffs' personal appointments (i.e. annual leave).

## Missed Appointments

FNS requires WIC staff to notify every pregnant woman who misses her initial certification appointment. See **Section 8, Certification, Eligibility and Coordination, "Providing WIC Services to Pregnant Women"**.

Local agencies may choose to enforce a Missed Appointment Policy. Once developed, the local agency must apply their missed appointment policy equally to all participants. This includes informing all participants of their missed appointment policy at Certification during the Initial Explanation of WIC.

### Missed Nutrition Education Appointments and Non-Denial of WIC Benefits

Although local agencies are required to make reasonable efforts to provide nutrition education to each participant, individuals cannot be denied supplemental foods for failure to attend an educational activity or for lack of willingness, readiness, or ability to participate in the activity.

#### Ideas for local WIC agencies to manage missed appointments:

1. Contact the participant to learn why appointments are missed:
  - a. Determine if the participant is eligible for an exemption from physical presence requirement due to a disability, medical condition, or an infant or child with working caregivers whose working status presents a barrier to bringing the child to the clinic. See **Section 8, Certification, Eligibility and Coordination, Physical Presence Requirement.**
  - b. Offer nutrition education through wichealth.org, telephone or video call (if eligible). Upon completion of the nutrition education, issue food benefits remotely.
2. Agencies may elect to notify participants when an appointment is missed by printing and mailing the *Notice of Missed Appointment*, accessed from the Scheduler screen by right-clicking a WIC appointment that was in the past and then selecting *Notice of Missed Appointment*. Note that participants participating in the texting program will be sent an appointment reminder text and a text reminder if they have not picked up benefits.
3. The missed appointment rate is an important indicator to effectively manage resources. Agencies are encouraged to use appointment reminders and/or contact participants to try to reschedule missed appointments.

#### Termination policy and procedure

If a WIC participant fails to receive food benefits for two consecutive months, Compass terminates the participant from the WIC Program with a reason of No Recent FB Pickup. **Prior to termination, participants participating in the texting program will receive a text reminder that they have not picked up benefits.** Although not required, local agencies may elect to print and mail the *Notice of Termination* (from the Compass Printout tab).

Local agencies may also elect to print the *Terminated by System* report accessible from the Compass Reports panel. This report provides a list of all participants who have been terminated within the specified print range.

#### Reinstatement

A participant who has been terminated by Compass (e.g., No food benefit pickup) may be reinstated if they have not reached their Certification End Date. However, when their Certification End Date has passed, the participant must be recertified in order to receive benefits.

Once the participant reaches their Certification End Date, Compass sets their WIC status to Terminated. To recertify, access the Application panel and create a new application. WIC status changes to Pending and staff may proceed with the recertification.

#### Access to WIC Services

WIC clinics must make allowances for clients who cannot come to regularly scheduled appointments. For example, emergency/natural disaster, extreme weather or health conditions can prevent either participants or local staff from traveling to the clinic. Additionally, local agency WIC staff persons can remotely issue food benefits when the endorser is eligible for wichealth.org or telephone nutrition education counseling.

#### Suggestions for expanding accessibility are:

- Reschedule participant's appointment at the next available time slot within the same month. (Remember that the participant will receive a pro-rated food package if the next appointment is 20 or fewer days before the start of the next month).
- Set aside some time slots weekly or monthly where individuals can make up missed appointments.
- Offer extended hours including lunch time, weekends and evenings if possible.
- Offer same day appointments whenever possible.
- Accept walk-in's whenever possible

- Offer alternate nutrition education options for follow up visits, such as wichealth.org, telephone or video call and coordinate remote food benefit issuance with eligible participants.

### Extending the Certification Period

Categories of participants eligible for certification extension are as follows:

- Children who have not reached 5 years of age.
- Infants (certification may be extended up to, but not beyond, the 13th month of age).

Valid reasons for extending the certification period include hospitalization, a child with contagious illness, and to align certification dates of all family members. The participant's Certification End Date cannot be extended if the participant has already been terminated or if the Certification End Date has already been extended. If the termination date has been reached, the participant must be recertified.

## Food Benefit Issuance

After assigning the participant's nutrition risk factors, WIC staff assigns a food package appropriate for the participant's category, age, risk factors, and preferences. Summaries of maximum monthly food amounts for women, children and infants are provided in this section. These foods are contained within model food packages - specific combinations of foods that are most frequently issued to participants.

In Compass, the model food packages meeting the participant's specific category and profile display in a drop down box in the Food Package panel. From the food package panel, staff members have the ability to:

- Assign one of the displayed model food packages -OR-
- Select a model and then tailor it -OR-
- Create a new food package

Compass automatically adjusts food packages for infants at 4 and 6 months of age. When that happens, the word "Changed" is added to the name of the previously assigned food package. CWA's have the ability to override the automatic changes. When a participant's category and age change, Compass displays new model food packages meeting the participant's profile that can be assigned. Changing risk factors may prompt the need to change food packages. If a food package is inappropriate for a participant's age or category, or contains more than the maximum allotment of foods, Compass will not verify the package. Staff must correct the package before issuing food benefits.

### Issuance Cycle

Compass generally defaults to a three-month issuance cycle except with provisional certifications. There are instances when local agency WIC staff members are required to reduce monthly issuance. The Colorado WIC Program is on a tri-monthly food benefit issuance system, which means that the majority of WIC participants are issued food benefits for three months at a time.

**Note:** Compass issuance for high risk participants defaults to three months. If the high risk participant has not received high risk counseling from the WIC High Risk Counselor at the certification/recertification visit, staff members are required to schedule the participant for a high risk counseling session with the WIC High Risk Counselor within one month for most high risk nutrition risk factors (one exception: NRF 19 - overweight child can be issued 3 months benefits at certification).

Other times when clinic staff may change the 3-month issuance to one month are:

- Foster children who move frequently
- Migrants
- Infants receiving a special formula or any formula that is likely to change more often than once every three months.
- Breastfeeding mothers receiving a full-formula package for their infant.

### Food Package Effective Date

The food package effective date is the date the food package is first available for issuance. In Compass, the food package effective date defaults to today's date. Compass functionality allows the user to set a future food package effective date.

## Changing food packages

The selected food package remains in effect until the user selects a different food package. In order to change a food package, the user must enter a new effective date.

When selecting a new food package for the following month, make the effective date the first day of the following month. For example, on July 15 if a new food package will be needed for August, use the date selector to make the effective date of the new food package August 1. For benefits issued and then exchanged on the same day, the new food package effective date will be the same date as the previous effective date.

## Prorated Food Packages

When there are 20 or fewer days until the first day of the next month, Compass automatically prorates food packages to provide food for a shorter period of time. This typically occurs when a participant enrolls on the WIC program after the 10<sup>th</sup> of the month, or if an existing participant is issued food benefits after the 10<sup>th</sup> of the month. Benefits will still be valid from the first day through the last day of the month. The three levels of food package proration are:

- Full: no proration occurs if there are 21 or more days until the first day of the next month
- Two-thirds: approximately 2/3 of the full food package amounts are provided when 11-20 days remain before the first day of the next month.
- One-third: approximately 1/3 of the full food package amounts are provided when 10 or less days remain before the first day of the next month.

Prorated food packages are considered one month's issuance. Participants receiving prorated benefits may be issued two months of full benefits in addition to the prorated food package.

## Remote issuance of WIC food benefits

The following are examples when WIC staff may remote issue WIC food benefits (and notify the endorser/participant that their food benefits are available):

- **WIChealth.org** lesson is completed for follow up WIC visits. Upon completion of an online lesson and during the month the participant's food benefits expire, the participants should be instructed to contact the WIC clinic to notify them when the lesson is completed. Staff will verify the lesson was completed and notify the endorser by phone when their food benefits will be available. Technical and nutrition-related assistance and follow up must be available to address questions and to provide feedback to endorsers.
- Food package exchanges not requiring formula returned to the clinic.
- Telephone/video call nutrition education contact is completed.
- Emergency/natural disaster, extreme weather or health conditions prevent either participants or local staff from traveling to the clinic.
- In rare situations when the participant would otherwise lose benefits through no fault of their own, one month of benefits may be remotely issued. Examples include: transferring a participant from a main clinic to a small satellite clinic (where the satellite clinic is not open as frequently and would result in the participant losing benefits); scheduling a participant for high risk counseling in a small clinic where the WIC High Risk Counselor is only available a few days and the participant would otherwise lose benefits.

## Food Benefit Signature & proof of ID capture

The endorser/participant/proxy shows proof of ID and electronically signs the signature pad to acknowledge receipt of food benefits. Staff records the proof of ID seen in the Proof of Identification drop down on the Signature Capture pop up in Compass.

## No Signature Available

If a signature is not available, staff must check the *No Signature Available* checkbox and select one of the following reasons:

- Equipment malfunction
- Mailed
- Refused
- NE Class

- Remote benefit issuance
- Other

When “other” is selected, the reason must be documented in the participant’s file. For reasons other than remote benefit issuance, all participants must provide a signature stating that they have received their food benefits. Signatures not captured electronically must be captured on paper and scanned into Compass.

There are two ways to capture an electronic signature from those attending a NE class:

- Signature can be captured at the time benefits are issued.
- If benefits are issued while the participant is in the NE class, staff can capture the participant signature after the class by accessing the NE Class in *Scheduler* and clicking on the *Signature* button.

When a required electronic signature is not captured, staff must complete the appropriate form, obtain the endorser’s signature, and scan the form into Compass. The forms to complete are listed in the **Scanned Documents table located in this section.**

## Issuing the eWIC Card and Food Benefits

At the clinic the WIC staff person:

- Chooses the participant’s individual food package from the Compass model food package drop down list in the Food Package panel. (Alternatively, staff may tailor a food package, or create a new package “from scratch.”) Verify the correct food package(s) are assigned to each participant in the economic unit.
- Assigns one eWIC card to each economic unit. Each foster child receives their own eWIC card.
  1. Accesses the Card Operations panel, select the “Initial Setup” button.
  2. The PAN pop-up appears.
  3. Swipes the eWIC card in the magnetic card reader (or manually enter the 16-digit PAN). Compass performs a search to: 1) verify the PAN is associated with numbers received by that clinic; and 2) is not assigned to another economic unit. If the PAN is not assigned and is in the clinic card inventory, the pop-up closes and the active PAN displays at the top of the Card Operations panel.
- Accesses the Food Benefits panel. Verifies the appropriate issuance (1-3 months) and click the “Issue Benefits” button to issue food benefits to the family’s PAN
- Obtains the endorser or proxy’s electronic signature in Compass to acknowledge receipt of food benefits and record their proof of identification.
- On the eWIC card:
  1. Either initial or additional endorser signs the “Authorized signature” line on the back eWIC card.
  2. Writes the foster child’s name on the back of the eWIC card.
  3. Local Agency option: writes the FID on the back of the eWIC card.
- Instructs the endorser how to: 1) set a Personal Identification Number (PIN); 2) use and protect the eWIC card; 3) change their PIN; 4) report lost/stolen/damaged cards.
- Reviews/Explains:
  1. The *Family Food Benefits* printout and provides a printed copy to the endorser/proxy.
  2. To the endorser/proxy that s/he can only purchase their WIC foods at Colorado WIC-authorized stores.
  3. To the endorser/proxy that s/he can only purchase the items listed on the current month’s *Family Food Benefits* printout.
  4. The *Allowable Foods List* shows the specific brands, amounts and sizes of WIC foods that can be purchased at the store.
  5. How to select WIC foods at the store and use the eWIC card at checkout.
  6. Ways to obtain the remaining WIC food balance.
  7. Authorized stores are required to follow certain rules and provide only the approved items. Otherwise, they risk not getting paid or being disqualified as a CO WIC-approved retailer.
  8. Potential misuse violations and consequences (as stated on the *Participant Rights and Responsibilities*)
  9. At subsequent WIC visits, the eWIC card serves as a proof of identification for all participants and endorsees of that household.

### PIN Unlock

If an endorser or WIC shopper incorrectly enters their PIN 4 times in a row, their account will be locked until midnight. If this happens on the last day of the month, any remaining food benefits will expire before the PIN unlocks. To avoid loss of food benefits on the last day of the month, local agency staff may unlock the PIN for an endorser or for a proxy who has provided authorization from the endorser. WIC staff must first verify the endorser’s (or proxy’s) identity. Staff recognition or any other acceptable proof of ID may be used except for the signed eWIC card



## Food Packages

### WIC Food Packages - General

#### INTRODUCTION:

An important function WIC CWAs perform is selecting food packages and issuing WIC food benefits. Only a qualified CWA is authorized to prescribe the categories of authorized supplemental foods in quantities that do not exceed the required maximum amounts and are appropriate for the participant. Individual nutrition tailoring is allowed, based on the CWA's assessment of a participant's supplemental nutritional needs. CWAs assign food packages based on the participant's age, category, profile, and nutrition risk factors. The foods available on the WIC Program were chosen based on scientific research and the specific supplemental nutritional needs of the participant categories and populations. WIC food benefits reinforce nutrition education messages provided to participants with the intent to help participants continue healthful dietary practices after leaving the Program.

#### POLICY:

The Certified WIC Authority (CWA) prescribes monthly supplemental foods in quantities that do not exceed the regulatory maximums and are appropriate for the participant's age, category, profile, and nutritional needs.

#### PROCEDURE:

1. After assigning the participant's nutrition risk factors, WIC staff assigns a food package appropriate for the participant's category, age, risk factors, and preferences. These foods are contained within model food packages – specific combinations of foods that are most frequently issued to participants. In Compass, the model food packages meeting the participant's specific category and profile display in a drop down box in the Food Package panel.
2. From the food package panel, staff members have the ability to:
  - Assign one of the displayed model food packages -OR-
  - Select a model and then tailor it -OR-
  - Create a new food package
3. Compass automatically changes food packages for infants at 4 and 6 months of age. When that happens, the word "Changed" is added to the name of the previously assigned food package. CWA's have the ability to over-ride the automatic changes. When a participant's category and age change, Compass displays new model food packages meeting the participant's profile that can be assigned. Changing risk factors may prompt the need to change food packages. If a food package is inappropriate for a participant's age or category, or contains more than the maximum allotment of foods, Compass will not verify the package. Staff must correct the package before issuing food benefits.

### Food Package Issuance Basics

- Individual nutrition tailoring is allowed based on the CWA's assessment of a participant's supplemental nutrition needs.
- By federal regulation, the full maximum monthly allowance of all supplemental foods in all food packages must be made available to participants if medically or nutritionally warranted.
- The one exception is that breastfed infants who also receive supplemental formula should be provided the minimum amount of supplemental formula and offered counseling and support to ensure breastfeeding success. Tailoring the package to provide less than the full amount is appropriate only when:
  - ✓ Medically or nutritionally warranted such as removing an item due to a food allergy
  - ✓ A participant refuses or cannot use the maximum monthly amount
  - ✓ Quantities necessary to supplement another program's contribution to fill a medical prescription are less than the maximum monthly amount.
- There are instances when issuance of a food package requires both medical documentation from a health care provider licensed to prescribe in Colorado and approval by the WIC High Risk Counselor.

## WIC Food Packages - Infants

### POLICY:

All WIC staff are responsible to promote, protect, and support breastfeeding. These tasks are part of a broader effort to educate mothers throughout pregnancy and provide support and follow-up after delivery. To ensure a mother's milk supply is fully established and to support exclusive breastfeeding, formula will not be routinely provided to breastfed babies before four weeks of age. All pregnant and breastfeeding participants must be made aware of this policy.

Regardless of an infant's age all request for formula by a breastfeeding mother, requires readily available breastfeeding support and advice from WIC staff. In situations where staff is unable to determine if formula is necessary, the situation must be appropriately assessed by a specially trained staff member to determine the appropriateness of supplementation for the infant. All current employees and applicants for positions with WIC must agree that they understand and will support this policy.

Staff must consistently treat mothers who choose not to breastfeed in a non-judgmental, respectful manner.

### BACKGROUND:

The WIC Program is federally mandated to promote and support long-term breastfeeding. Extensive research, especially in recent years, documents diverse and compelling advantages to infants, mothers, families, and society due to breastfeeding and the use of human milk. In accordance with all major medical organizations and the American Academy of Pediatrics Policy Statement, *Breastfeeding and the Use of Human Milk*, each woman enrolled in the WIC Program will be encouraged to breastfeed exclusively for the first six months after birth, at which point gradual introduction of iron and zinc-enriched solid foods should complement the breast milk diet. The Academy also recommends that breastfeeding continue for at least 12 months and thereafter, for as long as mutually desired between mother and infant. **In order for mother and infant to receive the greatest health benefits from breastfeeding, breastfeeding should be exclusive and continue over time.** The longer the time, the greater the protection breastfeeding provides mother and infant. Colorado WIC Program staffs promote breastfeeding as the norm and recommend every woman breastfeed, unless breastfeeding is contraindicated for health reasons. WIC staff must support the goal to have the majority of participants breastfeed exclusively.

### DEFINITIONS:

The USDA definition of breastfeeding refers to the practice of feeding a mother's breast milk to her infant(s) on the average of at least once per day. This definition recognizes that any breastfeeding, even if only on an average of once a day, provides immunological and nutritional benefits that would otherwise not be provided to an infant. Breastfeeding woman and infant food package categories are:

#### Woman:

- Exclusively Breastfeeding Woman or "Excl BF Woman"- refers to any breastfeeding woman whose breastfed infant receives no WIC formula.
- Partially (Mostly) Breastfeeding Woman or "Part BF Woman - in range" - refers to any breastfeeding woman who is also offering formula (WIC) amounts in range.
- Partially Breastfeeding Woman or "Part BF Woman - out of range" - refers to any woman who is breastfeeding, but is not likely to continue. She is offering formula (WIC) amounts out of range of partially breastfeeding.

**Infant:**

- Exclusively Breastfeeding Infant - refers to an infant who is breastfed and receives no WIC formula.
- Partially (Mostly) Breastfeeding Infant - refers to an infant who is breastfed and receiving WIC formula. Two subcategories of formula amounts are:
  - ✓ “Partial (Mostly) BF Within Range”: An amount of standard formula (12.5-ounce cans powder) an infant can receive that allows mother to receive a partially breastfeeding food package for herself
  - ✓ “Partial BF Out of Range”: An amount of standard formula (12.5-ounce cans powder) greater than what is allowed for mother to receive a partially breastfeeding food package for herself.

Age of breastfed infant at first day of the month	In Range	Not In Range
Less than 1 month		1 to 9 cans
1 - 3 months	1 to 4 cans	5 to 9 cans
4 - 5 months	1 to 5 cans	6 to 10 cans
6 - 12 months	1 to 4 cans	5 to 7 cans

- Fully Formula Fed or “Full Formula” - refers to an infant who receives WIC formula and is not breastfed.

**PROCEDURE:**

All WIC staff members are responsible to promote and support breastfeeding. This means WIC staff must:

- Educate all mothers throughout the prenatal and early postpartum period about the benefits of exclusive breastfeeding. Make them aware of the policy that Colorado WIC does not routinely provide formula to breastfed infants who are younger than one month of age.
- Not routinely issue WIC formula to breastfed babies during the first four weeks of life while mother is establishing her milk supply.
- Perform assessments, provide education, and use participant-centered approaches to understand each individual request for formula from a breastfeeding mother, and determine the appropriateness of supplementation.
- Document a mother’s plan for breastfeeding in her nutrition education plan.

**Infant Food Package Issuance**

Infant food packages are based on the infant’s age and breastfeeding description (Excl BF, Prim Excl/No F Pkg, Prim Excl/Comp, Part BF, No Longer BF, and Never BF). When certifying/recertifying a mother/infant pair, begin with entering infant data into Compass and then proceed with entering mother data. Staff can use the *Colorado WIC Early Breastfeeding Screening Form* to start a dialogue and assess needs for breastfeeding support. Refer to the *Breastfeeding Module and Resource Manual* for more information on the screening form.

***Infants less than 1 month of age***

**Note:** Infant must be  $\geq 1$  month of age at the beginning of the month in order for Compass to recognize the infant as over 1 month of age.

There are three food package options for infants less than 1 month of age:

- Infant is exclusively breastfed: The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman. No food package is needed for the infant.
- Feeding breast milk and formula: An infant who is being breastfed and formula-fed will *not* receive a food package with formula unless medically indicated (reasons below) or staff conducts a thorough assessment and determines that the mother will not be breastfeeding long-term. If the mother reports she is breastfeeding and offering formula, staff must find out why formula is being used or requested, and consider the age of the infant and amount of formula being routinely offered. The counseling may be done by the educator or passed on to a WIC RD, RN, or Lactation Management Specialist depending on the situation.
- Medical indication: Certain medical indications may pose a temporary or long term problem for breastfeeding and require supplementation of formula or banked human milk (although banked human milk is not available through Colorado WIC). Staff must work with mothers to determine the amount of formula that the food package shall contain.

- Staff should provide the minimum amount of formula that is needed, remembering that WIC is a supplemental program and that mothers will have greater breastfeeding success in maintaining milk production by emptying their breasts. Based on the amount of formula given, the mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding.
  - ✓ Maternal medical indications:
    - Breast anatomical challenges (e.g., tubular breasts or marked breast asymmetry, inverted nipples for which shields and pumping alone will not suffice)
    - Breast surgery (e.g., reduction, augmentation, abscesses, cancer)
    - Endocrine abnormality (e.g., diabetes, pituitary insufficiency - noted as a lack of noticeable breast enlargement during pregnancy, failure of lactogenesis stage 2 - milk did not noticeably come in)
    - Polycystic ovary syndrome (PCOS). Many mothers with PCOS have no problems with breastfeeding, but recent research shows that mothers with PCOS are at greater risk for insufficient milk supply. On the other hand, about one-third of women with PCOS report problems with oversupply.
    - Perinatal complications (e.g., hypertension, hemorrhage, retained placental fragments)
    - Contraindicated medication
    - Severe obesity
  - ✓ Infant medical indications:
    - Premature ( $\leq 37$  weeks/0 days gestation) or very low birth weight
    - Excessive weight loss (not regained birth weight by 10 days of age or loss of more than 10% of birth weight)
    - Acute dehydration not responsive to routine breastfeeding
    - Breast milk jaundice
    - Hypoglycemia
    - Inborn errors of metabolism (e.g., PKU)
    - Special formula needed
    - Not feeding well at discharge and sent home pumping with a formula supplement (should be followed by a physician within 24-72 hours after discharge).

WIC staff will ask mothers of infants who are receiving medically-indicated temporary supplementation what length of time the doctor recommended the supplement, particularly if the need is for a standard formula and there is no prescription. If the mother does not know, staff will recommend she contact her infant's provider.

- No medical indication: If there is no medical indication, provide information and troubleshoot with the mother in order for the mother to receive the Exclusively Breastfeeding food package. Find out mother's plan or goal for breastfeeding. Inform mother of alternatives to formula such as expressing breast milk by hand or with a manual or electric breast pump. Lack of confidence in her ability to breastfeed may be a key factor explaining early formula supplementation. Address mothers' issues by suggesting ways to handle them. For example, if "baby acts hungry," then staff should offer ways to increase milk supply. If "baby is doing great with combined formula feedings and breastfeeding," then staff should educate about full breastfeeding to establish a milk supply.

Situations in which mothers choose not to receive a food package for exclusively breastfeeding women should be rare, and should occur only after extensive evaluation and counseling by the WIC High Risk Counselor or Lactation Management Specialist. Some non-medical reasons mothers may present include:

- Returning to work soon and has no desire/ability to pump
- Intent to wean over the next couple of weeks

If, after counseling and education, the mother insists she receive formula, determine if the infant is already receiving formula, then change the infant's breastfeeding description to "part BF" and **provide only the minimum amount of formula needed**. Remember that WIC is a supplemental program, and that mothers will have greater breastfeeding success when they continue to empty their breasts.

The mother will receive a model or tailored food package for novel breastfeeding women since she is not exclusively breastfeeding. Work with the mother to create food packages for the following months that best support her breastfeeding plan, explaining that smaller formula packages may enable her to receive more food for herself with a food package for partially breastfeeding women.

- **Infant not breastfed:** A fully formula-fed infant should receive a formula food package, and the mother should get a food package for postpartum/non-breastfeeding women.

### *Infants over 1 month of age*

There are three food package options:

- **Infant is exclusively breastfed:** The mother should receive either a model or tailored food package appropriate for an exclusively breastfeeding woman. Congratulate and praise the mother for her breastfeeding efforts and encourage her to continue exclusively breastfeeding through her infant's first six months of life. No food package is needed for the infant until he/she is 6 months old.
- **Feeding breast milk and formula:** If the mother reports that she is breastfeeding and offering formula, find out why formula is being used or requested. Inquire what the mother's breastfeeding plan or goal is. Depending on the situation, counseling may be done by the educator or can be passed on to a WIC RD, RN, or Lactation Management Specialist. Discuss with mother the alternatives to formula, such as breast milk collected by hand, or manual or electric breast pump expression. If, after counseling and education, the mother insists she receive formula, verify that the infant's breastfeeding description is "part BF" and **provide only the minimum amount of formula needed**. Remember that mothers have greater breastfeeding success when they continue to empty their breasts. The amount of formula the infant receives determines the mother's food package. Explain that packages with smaller amounts of formula may enable her to receive more food for herself.
- **Infant not breastfed:** A fully formula fed infant receives a formula food package and the mother receives a food package for postpartum/non breastfeeding women until her infant is 6 months old. After her fully formula fed infant reaches 6 months or age, the mother is no longer WIC-eligible.

### *Infants 11 month of age until their first birthday*

Issue an infant food package to all infants, including those between 11 and 12 months of age. If the recertification occurs during the month the child turns one year of age, recertify using the Infant Nutrition Interview, assign infant nutrition risk factors, and issue an infant food package for the full month. Issue a child food package at the beginning of the month when the child has already turned one year of age.

## Infant Formulas

### Definition:

Infant Formula: Any infant formula designed for normal, healthy infants without special medical conditions. (See FDC Act 21 U.S.C. 321(z))

### Categories:

Formulas are classified into four categories:

1. **Primary Contract Brand Infant Formula:** Any (standard) infant formula manufactured by the company with whom Colorado WIC has a formula rebate contract. (See MPSF: WC-00-25-P). A prescription is not required for WIC to issue primary contract brand infant formula.

**Contract for Infant Formula Rebate:** Federal regulations require that state WIC Programs contract with a single infant formula manufacturer. Additionally, federal regulations require the use of Primary Contract Brand Infant Formulas, except when contraindicated by a specific medical condition. The Colorado WIC Program contracts with Mead Johnson Nutritionals to be the provider of standard milk and soy-based formulas. These formulas contain at least 10 mg iron per liter and 20 kilocalories per fluid ounce. Rebates for the contract formulas, which are used to enroll more children and women in WIC, support approximately 25% of the Colorado WIC caseload. There are no exceptions for the provision of standard formulas made by other manufacturers.

CO WIC receives rebate for the following formulas:

- **Enfamil Infant** - A milk-based formula
- **Enfamil ProSobee** - A soy-based formula
- **Enfamil Gentlease** - A reduced-lactose milk-based formula that has partially hydrolyzed protein

- **Enfamil Reguline** - A milk-based formula with added prebiotics
  - **Enfamil AR** - A milk-based formula with added rice starch
2. **Non-Contract Brand Infant Formula:** Any infant formula or exempt infant formula that is not a contract formula. (See MPSF:WC-00-25-P) As of January 1, 2008, Colorado WIC no longer provides non-contract brand infant formula.
  3. **Exempt Infant Formula.** Any infant formula designed for infants with special medical conditions who require a modified infant formula. (See FDC Act 21 U.S.C. 350a). Exempt infant formulas are those that are represented and labeled for use by an infant who has an inborn error of metabolism, a low birth weight or who otherwise has an unusual medical or dietary problem. They are often used with infants who have medical problems that affect their nutritional needs and/or their ability to digest regular infant formulas. It is very important that a physician regularly reevaluate the need and acceptance by an infant receiving an exempt infant formula.
  4. **WIC Eligible Nutritionals:** Certain enteral products that are specifically formulated to provide nutritional support for infants, children, teens and adult women with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC Eligible Nutritionals may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding. WIC Eligible Nutritionals include many, but not all, products that meet the definition of medical foods in Section 5(b) (3) of the Orphan Drug Act [21 U.S.C. 360ee (b) (3)]. WIC eligible nutritionals may not be a conventional food, drug, flavoring, or enzyme.

Issuance of an exempt infant formula and a WIC Eligible Nutritional is only permitted with a properly completed Colorado WIC Program's *Physician Authorization Form* or a physician's prescription and WIC High Risk Counselor approval of prescription prior to issuance. It is important that a physician regularly reevaluates the appropriateness of the type and amount of the formula or nutritional prescribed. For more information, see "Medical Documentation" in this section.

#### **Physical Forms of Formulas**

Formulas may be available in powder, concentrate and ready-to-feed physical forms.

#### **Issuance of Ready-To-Feed**

Federal and State regulations require that infant formulas, exempt infant formulas and WIC eligible nutritionals be issued in concentrated liquid or powder physical forms. Ready-to-feed (RTF) WIC formulas may be authorized when the CWA determines and documents that:

- The family's water supply is contaminated and / or is unsafe for consumption
- The caregiver has difficulty correctly diluting concentrate or powder formula
- For a medically fragile infant (i.e. premature)
- The formula only comes in ready-to-feed form

#### **Use of Primary Contract Brand Infant Formulas**

All infants enrolled on the Colorado WIC Program receiving a standard infant formula should receive one of five primary contract brand infant formulas: Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease, Enfamil Reguline or Enfamil AR. Mead Johnson Nutritionals contracts with Colorado WIC to provide rebate dollars for each container of Enfamil Infant, Enfamil ProSobee, Enfamil Gentlease, Enfamil Reguline or Enfamil AR issued to WIC participants. Rebate money is used to support additional caseload.

## Issuance of Exempt Infant Formulas/WIC Eligible Nutritionals/Supplemental Food

The Colorado WIC Program recognizes that specific medical conditions, allergies and intolerances may require exempt infant formulas, WIC eligible nutritionals, and/or supplemental foods.

### POLICY:

Women, infants, and children on the WIC Program may be issued CO WIC-approved exempt infant formulas, WIC eligible nutritionals and / or supplemental foods with an approved method of medical documentation, usually a *Physician Authorization Form* or physician's prescription.

### PROCEDURE:

- USDA final food rules allow the medical provider to order the type and amount of WIC foods or refer that decision to the WIC High Risk Counselor and communicating this information on an approved form of prescription (i.e. [CO WIC Physician Authorization Form](#) - PAF). The back of the PAF lists all Colorado WIC-approved exempt infant formulas and WIC eligible nutritionals.
- Because the list of CO WIC-approved formulas frequently changes, the current version is posted on the CO WIC web site.
- Acceptable medical documentation must be provided prior to issuance of exempt infant formulas, WIC eligible nutritionals, and/or supplemental foods. Acceptable forms of medical documentation include: an original written document, an electronic document, or facsimile. When necessary, all of the required medical documentation information may be obtained by telephone, provided WIC receives written and complete medical documentation within one to two weeks of the phone call.
- All medical documentation, including descriptions of telephone requests from the health care provider, and the WIC High Risk Counselor's authorization of appropriate supplemental foods is maintained in Compass.
- A participant presenting as an out-of-state transfer may need an exempt infant formula, WIC eligible nutritional and /or supplemental foods but may not have the required medical documentation. The medical documentation requirement can be satisfied by using one of the following approaches:
  - ✓ Colorado local agency WIC staff calls the originating WIC clinic and verifies that proper and timely medical documentation was presented there.
  - ✓ The out-of-state VOC satisfies the medical documentation requirements when the VOC specifies recent issuance of an exempt infant formula, WIC eligible nutritional and /or supplemental foods.

In either instance, a description of the approach must be documented in the participant's Compass record with the plan to secure proper written medical documentation from a medical provider in Colorado. Staff may issue a maximum of one-month formula/food benefits prior to receiving written medical documentation.

- The WIC High Risk Counselor is responsible for approving or not-approving requests for exempt infant formulas, WIC eligible nutritionals and/or supplemental foods before the WIC Educator may issue. If the WIC High Risk Counselor is unavailable, the WIC Educator can call a State WIC Nutrition Consultant for issuance approval. In those situations, the WIC Educator must document issuance authorization details in the participant's record and communicate with the WIC High Risk Counselor to review as soon as possible.

### The Physician's Role:

- Selects the formula/product and (unless defers to WIC High Risk Counselor) appropriate supplemental foods from a list of allowable WIC products, educates the participant/family on its use, and monitors tolerance, growth, hemoglobin, improvement of symptoms, etc., and continued need. Provides the endorser/participant Medical Documentation in the form of a prescription or the Colorado WIC Program's *Physician Authorization Form* (see copy of form at end of this section). Complete Medical Documentation includes the following required information:
  - ✓ Name of the authorized WIC formula prescribed, including amount needed per day;
  - ✓ Length of time the prescribed WIC formula is required by the participant;
  - ✓ Medical reason / diagnosis for issuance of the authorized WIC formula;
  - ✓ Authorized supplemental foods (unless deferred to WIC High Risk Counselor); and
- Signature, date and contact information.

- Provides the participant with a starter supply of the formula/product when it is needed immediately, to allow the WIC clinic to schedule an appointment for the participant and to arrange stocking with the retailer.
- In addition to a physician (MD), medical documentation can be completed and signed by a physician assistant (PA), a doctor of osteopathy (DO), a nurse practitioner (NP), or a health care professional licensed to write medical prescriptions in Colorado.

#### The WIC High Risk Counselor's Role:

The following responsibilities of the WIC High Risk Counselor may never be delegated to paraprofessional staff:

- Works in partnership with the physician to provide the formula/product that best meets the participant's needs. Contacts the physician when more information is needed and helps differentiate among the available products to assist the physician in prescribing.
- Reviews the Medical Documentation for completeness and appropriateness for the participant's needs. Maintains all medical documentation in the participant's record.
- Reviews participant record to determine the participant's age, growth, development, symptoms, and diagnosis.
- Reviews history of WIC food package issuance to determine what previous formulas and/or nutritionals and supplemental foods the participant has been issued. How long has the participant used these formulas and what were the symptoms?
- Reviews product list to determine the recommended use, nutritional information, and any cautions mentioned for the prescribed product.
- Determines the appropriate supplemental foods, prescribed amounts, and length of time required.
- Contacts the physician, as needed, to discuss concerns about the prescribed formula and/or supplemental foods. Discusses the following as needed:
  - ✓ Participant's weight history, previous formulas, and reported symptoms.
  - ✓ Other formulas and nutrition products that are WIC approved.
  - ✓ The prescription form and the maximum time prescription are valid.
  - ✓ Instructions for dilution and amount of formula needed.
  - ✓ Amount of formula that WIC can issue and how participant can purchase or obtain additional formula.
  - ✓ Using a less expensive product or changing to a WIC-approved formula to help the participant as much as possible.
  - ✓ The plan to assess the use of the product (examples: use 1 month and see physician; or use 6 months and complete a new prescription for the next WIC appointment; or ongoing long term use and the need for additional authorization forms).
- Determines the length of time the product and/or supplemental foods can be issued without a new prescription. The time limit should not exceed the maximum time that the prescription is valid.
- Signs and dates the [Physician Authorization Form](#) in the "WIC Use Only" area and scans to the participant's record. Notes when a new prescription is needed (try to combine with a scheduled WIC mid-certification or recertification appointment to avoid having the participant return for extra appointments).
- Reinforces the physician's recommendations for use of the formula, dilution instructions and any additional supplemental foods.
- Contacts a State WIC nutrition consultant to discuss an order for a formula/product not WIC approved or for consultation regarding a formula/product or medical diagnosis.
- Documents in the WIC participant's care plan to ensure continuity of care: appropriate follow up, education, future directions. Documentation includes formula preparation and dilution instructions provided and any issues encountered with the pharmacy and ordering the special product.
- Makes appropriate referrals to ensure follow up and evaluation (physician, public health nurse, home health care, Department of Social Services, EFNEP, etc.). Is prepared to discuss the following:
  - ✓ Will safety and tolerance be concerns if the product is issued?
  - ✓ Is there adequate measuring equipment available for the participant to use?
  - ✓ Does the participant need help to provide the correct dilution and amount of formula?
  - ✓ Is there a plan for a health care provider to see the participant and evaluate tolerance and continued use of the product? These issues are often a concern with formula exceeding 24 kcal/oz and if the formula requires the addition of other ingredients (carbohydrates, MCT oil, vitamin supplements, etc.).
- Follows the high risk protocol regarding seeing participants and providing necessary documentation when exempt infant formulas and WIC eligible nutritionals are issued to WIC participants.



- Ensures availability of the formula/product by placing an order with a WIC-approved vendor. If the formula/product is not available locally, submits an order to the state office following the procedure: [eWIC Ordering Instructions for Products Not on Retail Shelves for Local Agencies](#) (July 2016 revision) described later in this section.

**The WIC Educator's Role:**

- Refers to the Medical Documentation to see the WIC High Risk Counselor's notations regarding the length of time the product will be issued.
- Reviews the care plan that has been completed by the WIC High Risk Counselor. Follows any instructions that are given such as food package to provide, number of month's benefits to issue, what retailer to contact, what education to review with the participant or education materials to provide, and when the participant needs to return to the WIC clinic.
- Explains to the participant when the next prescription or authorization is needed and provides the participant with a [Physician Authorization Form](#) to bring to the next WIC appointment
- Contacts the WIC retailer as needed to arrange for the product to be stocked, gives timelines for expected use and determines when it will be available.
- Follows the high risk protocol and schedules the participant to see the WIC High Risk Counselor as needed.

**COLORADO WIC PROGRAM: AUTHORIZED INFANT FORMULAS**  
CONTRACT-BRAND INFANT FORMULAS / EXEMPT INFANT FORMULAS  
(8/1/17 version)

**Contract-Brand Infant Formulas:**

Enfamil Infant  
Enfamil ProSobee  
Enfamil Gentlease  
Enfamil Reguline  
Enfamil AR

**Exempt Infant Formulas and WIC Eligible Nutritionals:\***

Elecare Infant	Nutramigen with Enflora LGG
Enfamil EnfaCare	Pregestimil
Enfaport	PurAmino
Neocate Infant	Similac Alimentum
<b>Neocate Syneo Infant</b>	Similac NeoSure
Nutramigen	Similac PM 60/40

**Human Milk Fortifier:\***

Similac Human Milk Fortifier +

**Exempt Infant Formulas for Inherited Metabolic Diseases:\***

Calcilo - XD	Phenex 1
Cyclinex-1	Phenyl Free 1
GA - 1 Anamix Early Years	PKU Periflex Early Years
Glutarex-1	Pro-Phree
HCU Anamix Early Years	ProViMin
Hominex-1	Propimex-1
I VA Anamix Early Years	RCF (Ross Carbohydrate Free)
I Valex-1	TYR Anamix Early Years
Ketonex-1	Tyrex 1
MMA/PA Anamix Early Years	TYROS 1
MSUD Anamix Early Years	

Additional infant formulas designed for metabolic conditions can be approved by the State WIC Office on a case-by-case basis when requested by a physician's prescription.

\*CO WIC Program *Physician Authorization Form* or prescription required

+ Prescription required every month

## COLORADO WIC PROGRAM: AUTHORIZED WIC ELIGIBLE NUTRITIONALS\*

For WOMEN and CHILDREN (as of 8/1/17)

Boost High Protein**	Nutren 1.0 **
Boost Kid Essentials 1.5 cal	Nutren 1.0 with fiber**
Boost Kid Essentials 1.5 cal with fiber	Nutren 1.5**
Bright Beginnings Soy Pediatric Drink	Nutren 2.0**
Compleat Pediatric	Nutren Junior
E028 Splash	Nutren Junior with Prebio Fiber
EleCare Infant	Osmolite 1 cal**
EleCare Junior	PediaSure
Enfagrow Toddler Transitions Soy	PediaSure with fiber
Enfamil AR	PediaSure Enteral
Enfamil EnfaCare	PediaSure Enteral with fiber
Enfamil Gentlease	PediaSure 1.5 cal
Enfamil Infant	PediaSure 1.5 cal with fiber
Enfamil ProSobee	Peptamen**
Enfamil Reguline	Peptamen with Prebio Fiber**
Enfaport	Peptamen Junior
Ensure**	Peptamen Junior with Prebio Fiber
Ensure Plus**	Portagen
Neocate Infant	Pregestimil
<b>Neocate Syneo Infant</b>	PurAmino
Neocate Junior	Similac Alimentum
Neocate Junior with Prebiotics	Similac NeoSure
Neocate Splash	Similac PM 60/40
Nutramigen	Tolerex**
Nutramigen with Enflora LGG	Vivonex Pediatric
	Vivonex T.E.N. **

### WIC Eligible Nutritionals designed for metabolic conditions:

Cyclinex -1	Phenyl-Free HP
Cyclinex-2	PhenylAde Essential Drink Mix
GA -1 Anamix Early Years	PKU Periflex Early Years
Gluterex-1	PKU Periflex Junior Plus
Gluterex-2	Pro-Phree
HCU Anamix Early Years	ProViMin
Hominex-1	Propimex-1
Hominex-2	Propimex-2
IVA Anamix Early Years	RCF (Ross Carbohydrate Free)
I Valex-1	TYR Anamix Early Years
I Valex-2	Tyrex-1
Ketonex-1	Tyrex-2
Ketonex-2	TYROS-1
MMA/PA Anamix Early Years	TYROS-2
MSUD Anamix Early Years	XLeu Maxamum **
MSUD Maxamum **	XLys, XTrp Maxamum **
Phenex-1	XMet Maxamum **
Phenex-2	XMTVI Maxamum **
Phenyl Free 1	XPhe Maxamum **
Phenyl-Free 2	

Additional metabolic formulas can be approved by the State WIC Office on a case-by-case basis when requested by a physician's prescription.

\* CO WIC Program *Physician Authorization Form* or prescription required

\*\* CO WIC-approved for women only

## Guidelines for Providing Supplemental Formula To Non-Exclusively Breastfed Infants:

Staff carefully determine with mothers the amount of formula the food package shall contain for the non-exclusively breastfed infant. When possible staff should provide the minimum amount of formula needed and issue powder (not concentrate) formula.

Breastfed Infant's Average Daily Formula Intake	Number of cans powder formula			
	Enfamil EnfaCare Nutramigen with Enflora LGG Similac Alimentum Similac NeoSure	EleCare Infant Enfamil Infant Gentlease Prosobee Enfamil AR Enfamil Reguline	Neocate Infant PurAmino Similac PM 60/40	Pregestimil
1-3 ounces	1	1	1	1
4 ounces	2	2	2	1
5-6 ounces	2	2	2	2
7 ounces	3	2	2	2
8 ounces	3	3	3	2
9 ounces	3	3	3	3 * #
10 ounces	4 #	3	3	3
11-12 ounces	4	4 * #	4 * #	3
13 ounces	5 *	4	4	4 +
14-15 ounces	5	5 +	5 +	4
16-17 ounces	6 +	5	5	5
18-19 ounces	6	6	6	5
20 ounces	7	6	6	6
21 ounces	7	7	6	6
22 ounces	8	7	7	6
23 ounces	8	8	7	7
24 ounces	9	8	7	7
25-26 ounces	9	9	8	7
27 ounces	10	9	8	8
28 ounces or more	11	10	9	8

\* Maximum "in range" formula for 1-3 month olds

+ Maximum "in range" formula for 4-5 month olds

# Maximum "in range" formula for 6-11 month olds

**INFANT FOOD PACKAGES by AGE**

Age	Exclusively Breastfeeding	Partially Breastfeeding - in range	Partially Breastfeeding - out of range	Fully Formula-Fed
< 1 month	None	None	Up to 870 oz powder or Up to 806 oz concentrate or Up to 832 fl oz RTF	870 oz powder or 806 oz concentrate or 832 fl oz RTF
1 mo. through 3 mo.	None	435 oz powder or 364 oz concentrate or 384 oz RTF	436 - 870 oz powder or 365 - 806 oz concentrate or 385 - 832 oz RTF	870 oz powder or 806 oz concentrate or 832 oz RTF
4 mo. through 5 mo.	None	522 oz powder or 442 oz concentrate or 474 oz RTF	523 - 960 oz - powder or 443 - 884 oz concentrate or 475- 913 oz RTF	960 oz - powder or 884 oz concentrate or 913 oz RTF
6 mo. through 11 mo.	(31) 2.5-oz jars baby food meat (2-3) 8-oz boxes baby cereal (64) 4-oz jars baby food F/V	384 oz powder or 312 oz concentrate or 338 oz RTF  (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V	385 - 696 oz powder or 313 - 624 oz concentrate or 339 - 643 oz RTF  (2-3) 8-oz boxes baby cereal  (32) 4-oz jars baby food F/V	696 oz powder or 624 oz concentrate or 643 oz RTF  (2-3) 8-oz boxes baby cereal  (32) 4-oz jars baby food F/V
9 mo. through 11 mo.	(31) 2.5-oz jars baby food meat (2-3) 8-oz boxes baby cereal  (64) 4-oz jars baby food F/V or (32) 4-oz jars baby food F/V + \$8 CVB	384 oz powder or 312 oz concentrate or 338 oz RTF  (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or (16) 4-oz jars baby food F/V + \$4 CVB	385 - 696 oz powder or 313 - 624 oz concentrate or 339 - 643 oz RTF  (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or 16(4-oz) jars baby food F/V + \$4 CVB	696 oz powder or 624 oz concentrate or 643 oz RTF  (2-3) 8-oz boxes baby cereal (32) 4-oz jars baby food F/V or (16) 4-oz jars baby food F/V + \$4 CVB

## SPECIAL and METABOLIC PACKAGES for INFANTS, CHILDREN and WOMEN

### Monthly Maximum Amounts

	Infant 0-3 mo	Infant 4-5 mo	Infant 6-11 mo	Child 1-4 years	Women
Formula (reconstituted ounces)  (Exempt Infant Formula or WIC eligible nutritionals only)	870 oz powder -or- 806 oz concentrate -or- 832 oz RTF	960 oz powder -or- 884 oz concentrate -or- 913 oz RTF	696 oz powder -or- 624 oz concentrate -or- 643 oz RTF		
Formula  (Infant formula, Exempt infant formula or WIC eligible nutritionals)				910 ounces reconstituted formula (powdered, concentrate or ready-to feed)	910 ounces reconstituted formula (powder, concentrate or ready-to feed)
Supplemental foods	None	None	*Age appropriate supplemental infant foods may be approved for issuance by WIC High Risk Counselor	**Age appropriate supplemental child foods may be approved for issuance by WIC High Risk Counselor	**Category appropriate supplemental foods may be approved for issuance by WIC High Risk Counselor

**NOTE:** Issuance of Special and Metabolic food packages always requires a written order from an authorized health care provider for the formula.

\* With medical documentation, infants 6-11 months of age with a medical condition that precludes food may receive the same amount of contract formula, exempt infant formula or WIC eligible nutritionals as 4-5 month old infants in lieu of infant foods (infant cereal, bananas, baby fruits and vegetables).

\*\* With medical documentation, children and women whose special dietary needs require the use of pureed foods (in addition to requiring the use of a special formula) may receive jarred infant food fruits and vegetables in lieu of the cash value benefit. Children may receive 32 (4-oz) jars; women may receive 40 (4-oz) jars.

## WIC Food Packages: Women (Pregnant, Breastfeeding and Postpartum)

### POLICY:

The CWA selects food packages for pregnant women according to the woman's nutritional needs. Food packages for breastfeeding and postpartum women are determined by her infant's age, the amount of formula (if any) issued to her infant(s), and the mother's nutritional needs. Staff may select a model food package, tailor a model food package, or create a new food package. Model food packages, meeting the participant's specific category and profile, display in a drop down box.

### PROCEDURE:

- Pregnant / Partially Breastfeeding woman food packages are for women with singleton pregnancies and women whose breastfed infant receives infant formula in amounts "in range."
- Postpartum Woman (not breastfeeding) / Novel Breastfeeding woman food packages are for women who are within 6 months postpartum and not breastfeeding, and women who are within 6 months postpartum and breastfeeding an infant who receives infant formula in amounts "out of range" for partially breastfeeding. When a woman reports that she is partially breastfeeding a > 6-month old infant who receives "out of range" infant formula, the WIC user: 1) issues a final minimum of 15 days food benefits and; 2) chooses "No Food Benefits" in FB Issuance, either on family panel or food package panel. Although she no longer receives a food package, she continues to be counted as an active WIC participant with the category of "breastfeeding" and continues to receive breastfeeding support, nutrition education, and referrals.
- Exclusively Breastfeeding woman food packages are for breastfeeding women up to 1 year postpartum whose infants do not receive infant formula from WIC (these breastfeeding women are assumed to be exclusively breastfeeding their infants). This food package is also designed for issuance to women participants partially breastfeeding multiple infants from the same pregnancy "in range," women who are pregnant with two or more fetuses (pregnant with multiples), and pregnant women who are also partially (mostly) breastfeeding an infant "in range."
- Exclusively Breastfeeding Multiples food packages are for women who are exclusively breastfeeding multiple infants who receive no formula from WIC. The monthly maximum for these women is 1.5 times the maximum quantity of the Exclusively Breastfeeding Women food package above. In order to provide maximum amounts allowed, foods are divided into "even and odd month" food packages which are issued over a two-month period of time.
- Women receiving WIC eligible nutritionals are also eligible to receive a food package that can include up to the maximum allowable amount of juice, milk (or milk alternatives), breakfast cereal, cheese, eggs, fruits and vegetables, whole grains, legumes, canned fish, and peanut butter. (The WIC High Risk Counselor can determine appropriate supplemental foods.)

### Summary of Women Food Packages

Food	Pregnant/Partially BFing	Postpartum/Novel BFing	Exclusive BFing	Exclusive BFing Multiples
Milk (gallons)	4 ½ gal + 1 quart	3 gal + 1 quart	5 gal + 1 quart	8 ¼ gallons
Cheese (pounds)	1	1	2	2 (even) 3 (odd)
Eggs (dozen)	1	1	2	3
Juice (ounces)	144	96	144	216
Cereal (ounces)	36	36	36	54
Whole grains (lbs)	1	--	1	1 lb., 8 oz
Dry Beans and/or Peanut Butter	1 pound and 18 oz	1 pound or 18 oz	1 pound and 18 oz	1 lb., 8 oz and 27 oz
Canned fish	--	--	30 oz	45 oz
CVB	\$11	\$11	\$11	\$16.50

## WIC Food Packages: Children

### POLICY:

The CWA shall select children's food packages according to the participant's age and nutritional needs.

### PROCEDURE:

- When an infant reaches one year of age, issue a child food package with whole milk.
- When a child's age is between 12 through 23 months, issue a food package containing whole milk.
- When a child's age is between 24 through 59 months, issue a child package with low-fat (1%) or fat free milk).

### Summary of Children Food Packages

Food	Children
Milk (gallons)	3 gal + 1 qt
Cheese (pounds)	1
Eggs (dozen)	1
Juice (ounces)	128
Breakfast cereal (ounces)	36
Whole grains (pounds)	2
Dry beans and/or peanut butter	1 lb or 18 oz
Cash Value Benefit (CVB)	\$8

- The CWA prescribes allowable alternatives and tailors the package according to additional participant needs and preferences.
- The CWA may determine issuance of the following foods:
  - ✓ Soy-based beverage or tofu as a substitution for milk\*
  - ✓ Reduced fat milks (2% 1% or fat free) for 1 year children for whom overweight or obesity is a concern\*\*
- When substantiated with proper and complete medical documentation and approval from the WIC High Risk Counselor, the following formulas can be issued to children:
  - ✓ Primary contract brand infant formula
  - ✓ Exempt infant formula
  - ✓ WIC eligible nutritional
- The WIC High Risk Counselor may approve issuance of the following foods:
  - ✓ Supplemental foods for children receiving "special formulas."
  - ✓ Whole or 2% milk for  $\geq 2$ -year-old underweight children receiving "special formula."

\*Must be based on staff's determination through individual nutritional assessment and consultation with the child's health care provider if necessary. It is incumbent upon local agency WIC staff to ensure the endorser/participant understand the importance of milk over milk substitutes and that the diet may be nutritionally inadequate when milk is replaced by other foods. Such determinations can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diet, or religious preference (i.e. kosher).

\*\*The WIC CWA may issue reduced fat milks (2%, 1% or fat free) to one-year-old children (12-23 months) meeting these criteria:

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile.

### Selection and Documentation of reduced fat milk for one-year-old children

Food packages containing reduced fat milk (2%, 1% or fat free) are accessed by selecting "Special Diet" from the Food Package screen in Compass. WIC staff must complete the Documentation box, noting "concern of overweight/obesity" as the medical diagnosis reason. The authorization period ("Rx Expiration Date") may be up to the date in which the child turns two years old. Staff should add their name as both "Approved by" and "Authority." A Physician Authorization form is not required.



**SUMMARY of COLORADO WIC FOOD PACKAGES**

	Infant 0-3 mo	Infant 4-5 mo	Infant 6-8 mo	Excl BF Infant 6-8 mo <sup>a</sup>	Infant 9-11 mo	Excl BF Infant 9-11 mo	Child 1 year	Child 2-4 yr	Pregnant/ Part BF Woman	Postpartum/ Novel BF Woman	Excl BF Woman <sup>b</sup>	Excl BF Multiples
Infant Formula <sup>c</sup>	870 oz pwd 806 oz conc -or- 832 oz RTF	960 oz pwd 884 oz conc -or- 913 oz RTF	696 oz pwd 624 oz conc -or- 643 oz RTF		696 oz pwd 624 oz conc -or- 643 oz RTF							
Infant Cereal			2 or 3 8-oz boxes	2 or 3 8-oz boxes	2 or 3 8-oz boxes	2 or 3 8-oz boxes						
Baby Food Fruit/Veg.			32 4-oz jars	64 4-oz jars	32 4-oz jars -or- 16 (4-oz) jars FV + \$4 CVB	64 4-oz jars -or- 32 (4-oz) Jars F V + \$8 CVB						
Baby Food Meat				31 2.5-oz jars		31 2.5-oz jars						
Milk <sup>d,e,f</sup>							16 qt. whole	16 qt. 1%/fat free	22 qt. 1%/fat free	16 qt. 1%/fat free	24 qt. 1%/fat free	36 qt. 1%/fat free
Cheese <sup>g</sup>							1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb may replace 3 qt. milk	1 lb – and 2 lb may replace 6 qt. milk	1 ½ lb – and 2 lb may replace 6 qt. milk
Eggs							1 dozen	1 dozen	1 dozen	1 dozen	2 dozen	3 dozen
Juice							2 64-oz containers	2 64-oz containers	3 12-oz fz conc	2 12-oz fz conc	3 12-oz fz conc	4 ½ 12-oz fz conc <sup>h</sup>
Breakfast Cereal							36 oz	36 oz	36 oz	36 oz	36 oz	54 oz
Whole Grains							32 oz	32 oz	16 oz	16 oz	16 oz	24 oz
Dry Beans and/or Peanut Butter							1 lb beans or 18 oz peanut butter	1 lb beans or 18 oz peanut butte	1 lb beans and 18 oz peanut butt	1 lb beans or 18 oz peanut butter	1 lb beans and 18 oz peanut butter	1 ½ times excl BF allowance <sup>i</sup>
CVB F/V							\$8.00	\$8.00	\$11.00	\$11.00	\$11.00	\$16.50
Canned Fish											30 oz.	45 oz.

<sup>a</sup> Exclusively BF infants 0-6 months are counted as WIC participants even though they are not issued food benefits.

<sup>b</sup> Exclusively BF woman's package also issued to women pregnant with multiples, women partially (mostly or "in range") breastfeeding multiples from the same pregnancy, pregnant women who are partially (mostly) breastfeeding singleton infants.

<sup>c</sup> Reconstituted ounces of infant formula.

<sup>d</sup> Soy milk may be substituted for cow's milk at the rate of 1 quart soy milk per 1 quart cow's milk. The CWA may determine and document the need for soy milk for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher). No additional documentation is needed for women.

<sup>e</sup> Tofu may be substituted for cow's milk at the rate of 1 lb tofu per 1 quart milk. The CWA may determine and document the need for tofu for children. Determination must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Such determinations can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets or religious preference (i.e. kosher diet). No documentation is needed for women

<sup>f</sup> Yogurt may be substituted for fluid milk at the rate of 1 quart yogurt per 1 quart milk. A maximum of 1 quart of milk may be substituted. Additional amounts of yogurt are not authorized. Whole yogurt is the standard yogurt for issuance to 1-year-old children (12 through 23 months.) Lowfat or non-fat yogurt may be issued to 1-year-old children for whom overweight and obesity are a concern. Lowfat or nonfat yogurts are the only types of yogurt authorized for children ≥ 24 months of age and women.

<sup>g</sup> Maximum substitution of milk for cheese:  
Children: 3 quarts (maximum 1 pound cheese)  
Pregnant, Postpartum and Partially (Mostly) BF Women: 3 quarts (maximum 1 pound cheese)  
Exclusively BF Women: 6 quarts (maximum 2 lb cheese).

<sup>h</sup> Foods can be divided into "even" and "odd" month packages to provide the full authorized amount of juice over a 2-month period.

<sup>i</sup> A combination of dry beans, canned beans, and peanut butter may be issued in order to provide the full authorization of beans and peanut butter.

**Allowed Substitutions:**

- Canned beans may be substituted for dry beans at the rate of 4 16-oz cans beans per 1 lb dry beans.
- When both beans and peanut butter are provided, beans may be substituted for peanut butter and vice versa.
- Canned evaporated milk may be substituted for fresh at the rate of one 12-oz can per quart fresh milk.
- Powdered milk may be substituted for fresh at an equal reconstituted rate.
- Infant cereal (32 oz) may be substituted for 36 oz breakfast cereal for women and children receiving WIC eligible nutritionals (formulas).
- **A maximum of one quart yogurt may be substituted for one quart fluid milk.**

**Standard milk types:**

- Whole milk is the standard milk for one-year-old children (12-23 months).
- Low fat (1%) or fat free milk is the standard milk for women and 2-4-year-old children (24-59 months)

**Issuing milk for overweight one-year old children**

Based on the WIC CWA's determination (through individual nutritional assessment and consultation with the child's health care provider if necessary) fat reduced milks (2%, 1% or fat free) may be issued to one-year-old children for whom obesity and overweight are a concern who meet these criteria:

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile

**Issuing milk for underweight women and 2-4-year-old children**

Based on the WIC High Risk Counselor determination (through individual nutritional assessment and consultation with the participant's health care provider if necessary) whole or 2 % milk may be issued to women with insufficient weight gain and underweight 2-4-year-old children (24-59 months) only when participant is also receiving a special formula.

**WIC Food Packages:****Prescription-Required Formula (With/Without Supplemental Food)****POLICY:**

These food packages are reserved for issuance to women, infants and children participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt infant formula or WIC eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Supplemental foods may also be issued as an accompaniment to the WIC formula. For maximum issue amounts of formula and supplemental foods, please refer to SPECIAL and METABOLIC PACKAGES for INFANTS, WOMEN and CHILDREN table, in this section. A properly completed prescription or Colorado WIC Program *Physician Authorization Form* <https://www.colorado.gov/cdphe/wic-health-care-providers> must be presented and approved by the WIC High Risk Counselor prior to issuance of this food package. Participants who are eligible to receive this food package must have one or more qualifying conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status as determined by a health care professional licensed under State law to write medical prescriptions. The qualifying conditions include but are not limited to premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutritional status.

**The Prescription-required formula package is not authorized for:**

- Infants whose only condition is:
  - ✓ A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
  - ✓ A non-specific formula or food intolerance.
- Women and children who have an intolerance to lactose or milk protein that can be successfully managed with the use of another WIC food packages; or
- Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition. For example, PediaSure should not be issued for a healthy child for the purpose to enhance the child's nutritional intake. Issuance of PediaSure is allowed when the child's health provider specifies its use as part of an overall nutritional plan for a child diagnosed as failure to thrive.

## Medical Documentation

For purposes of the Colorado WIC Program, medical documentation means that a health care professional who is licensed to write medical prescriptions under Colorado law has:

- Made a medical determination that the participant has a qualifying condition that justifies the use of a WIC formula;
- Provided the written documentation that meets the following technical requirements:
  - ✓ All medical documentation must be kept on file (scanned to the participant's record) at the local clinic.
  - ✓ All medical documentation must include the following:
    - The name of the authorized WIC formula prescribed, including amount needed per day;
    - Length of time the prescribed WIC formula is required by the participant;
    - The qualifying condition(s) (medical reason / diagnosis) for issuance of the authorized WIC formula and
    - Signature, date and contact information.
- Written confirmation.
  - ✓ Medical documentation may be provided as an original written document, an electronic document or by facsimile. When absolutely necessary the required information may be obtained by telephone provided written medical documentation is received within a reasonable amount of time (i.e., one to two weeks' time). Medical documentation can be written on the *Physician's Authorization Form* <https://www.colorado.gov/cdphe/wic-health-care-providers> or a health care provider's prescription pad and scanned to the participant's record. Telephoned requests from a physician must be documented in the participant's record.
- Medical supervision requirements- Due to the nature of the health conditions of participants who are issued WIC formulas that require medical documentation, close medical supervision is essential for each participant's dietary management. The responsibility remains with the participant's health care provider for this medical oversight and instruction. It is the responsibility of the WIC High Risk Counselor to ensure that the appropriate type and amounts of supplemental foods prescribed by the participant's health care provider or authorized by the WIC High Risk Counselor are issued in the participant's food package.

### Documentation of approved supplemental foods by the WIC High Risk Counselor

The WIC High Risk Counselor approves appropriate supplemental foods by completing section 1 (WIC Supplemental Foods) of the *Physician Authorization Form*, and completing the "WIC USE ONLY" field with her signature and the date. Changes to the approved foods may be documented in the participant's care plan.

## eWIC Ordering Instructions for Products Not on Retail Shelves for Local Agencies

<https://www.colorado.gov/pacific/cdphe/wic-manuals-and-guides>

## Food Package Tailoring

Food package tailoring means assigning a specific WIC food package to meet the special needs and preferences of participants. The food packages as described in the previous sections are already highly tailored according to Federal and State guidelines. That is, the types and amounts of foods provided to WIC participants are tailored or designed to be appropriate for their status/condition (e.g., pregnant, postpartum, breastfeeding women, infant, or child), their age and their nutrition risk factors. These Federal and State guidelines are general rules for developing food packages. They are based on nutrition principles that apply in a broad sense to certain types of participants.

The Compass model food packages allow a great deal of participant choice at the store. Assigning the standard package with the broadband "all authorized" allows participants the choice of all foods within that broadband. For example:

- **Milk** - The broadband "All Authorized" allows the choice of fresh, canned, powdered, UHT long life, lactose-free and Meyenberg goat milk within the fat content (1% or skim, or whole) specified. In addition, Compass allows the choice of container size, whereby participants could purchase milk in gallons, half-gallons, quarts, cans (evaporated milk) or boxes (powdered milk)
- **Cheese** - The broadband "Cheese - All Authorized" allows the choice of any WIC approved "regular" cheese or low-fat cheese.

- **Yogurt** - The broadband "Yogurt- All Authorized" allows the choice of any WIC approved low-fat or non-fat yogurt.
- **Legumes** - The broadband "peanut butter/beans - All Authorized" allows the choice of peanut butter, dry beans or canned beans (4 cans of beans = 1 pound dry beans or 1 18-jar peanut butter)
- **Whole Grains** - The broadband of "Whole Wheat Bread or Whole Grains - All Authorized" allows the choice of WIC approved whole wheat bread, whole grain bread, brown rice, or corn tortillas.

In some situations, additional individual food package tailoring is needed. Individual food package tailoring involves development of a unique food prescription based on individual factors about a participant that are not covered by the broad Federal and State guidelines. This approach helps ensure that the types and amounts of WIC foods issued are the best suited to the needs, preferences and home environment of the participant.

**Advantages to food package tailoring include the following:**

- Reinforces nutrition education and counseling provided to participants
- Helps to best meet the specific nutrition needs of participants (e.g., Lactaid milk for lactose intolerant women) and may better contribute to alleviating the participant's specific NRFs
- Prevents food waste and represents a responsible use of WIC funds

**Factors to consider when tailoring a food package include:**

• Home storage facilities	• Utilization of WIC foods
• Nutrition risk factors	• Participant preference
• Food allergies	• Dietary Intake
• Lactose intolerance	

**Home Storage Facilities**

Special consideration may be given to participants who have limited refrigeration or storage capacity, especially migrant or homeless individuals. Examples of food package tailoring include issuing:

- single serving juice
- additional beans or peanut butter instead of fresh eggs
- powder infant formula instead of the liquid concentrate since powder formula requires no refrigeration

**Guidelines for issuing homeless food packages**

*Homeless Food Package Guidelines*

WIC Food	Refrigeration, dry storage, and cooking	<u>NO</u> refrigeration and <u>NO</u> cooking facilities with dry storage
Milk	Same as regular food package whereby participant may choose to purchase fluid milk in quarts, half-gallons or gallons-or- powdered or evaporated milk	Powder or UHT
Cheese	Substitute for milk -same as regular food package	Substitute for milk-same as regular food package
Eggs	Same as regular food package	Substitute peanut butter
Juice	Same as regular package -or- issue single serving juice	Single serving
Breakfast cereal & infant cereal	Same as regular package	Same as regular package
Whole grains	Same as regular package	Same as regular package
Peanut butter and Beans	Same as regular package whereby participant has a choice of peanut butter, dry or canned beans	Encourage purchase of peanut butter or canned beans
Canned fish	Same as regular package	Encourage purchase of single serving size cans
Fruit & Vegetable voucher	Same as regular package	Encourage purchase of less perishable items such as apples and carrots
Formula	Powder <u>or</u> liquid conc. or ready-to-feed	Powder

- The participant's living arrangements must be considered when assigning the food package. Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be obtained when certifying the participant. If the person is residing in a shelter, the WIC foods must be kept separate from the general inventories and be used by the participant only.
- If proper refrigeration is not available, eggs and fluid milk, including evaporated, may not be issued to the participant. UHT or powdered milk should be issued instead. The participant should be instructed to mix one glass of milk at a time. Nonfat dry milk should not be used for children between 12-24 months of age.
- Eggs may not be issued if refrigeration and cooking facilities are not available. One 18-ounce jar of peanut butter may be substituted for 1 dozen eggs.
- Participants may be issued single serving containers of juice.
- Breastfeeding should be encouraged as the easiest and safest way to feed the infant. Formula-fed infants should receive powder formula, mixed one bottle at a time. Ready-to feed formula may be issued according to Colorado WIC Food Package Tailoring Guidelines.
- Local agency WIC staff determine whether to provide monthly or tri-monthly food benefits. Factors to consider when determining food benefit issuance include: length of time the individual plans to stay in the area, length of time it is possible to stay in the shelter, nutritional risk factors, and access to transportation.

For more information regarding certification of and providing services for homeless participants, see **WIC Services to the Homeless** in the Program Manual, Section 9. *Food Delivery*.

### Nutrition Risk Factors

Consider the participants' nutrition risk factors (NRFs) when assigning food packages. In fact, this is the clearest link between your counseling and the food packages. Dietary recommendations made to participants based on their NRFs should be reflected and reinforced by the WIC foods they receive.

Because there are so many risk factors and so many different combinations of risk factors seen among our participants, there are no blanket rules for the types and amounts of foods to issue. However, below are examples of alterations to consider.

#### *Underweight or inadequate weight gain*

An underweight participant or participant with inadequate weight gain may need to choose higher-calorie foods. Examples of ways to include higher-calorie foods are:

- Encourage the participant to purchase peanut butter instead of beans.
- Whole or Reduced fat (2%) milk **and/or whole yogurt** can be provided to women and children over the age of two only IF they are on a special medical formula AND the WIC High Risk Counselor (or physician) has authorized whole or reduced fat milk.

#### *Anemia*

Participants with iron-deficiency anemia should increase the iron content of their diet. Examples of ways to include iron rich foods are:

- Encourage WIC cereals highest in iron (i.e. Total).
- Encourage the participant to purchase beans instead of peanut butter (since most beans are higher in iron) - or- tailor the package to provide beans (dry or canned) instead of "all authorized peanut butter/beans."
- Encourage participants to drink their WIC juice when eating their cereal, because the vitamin C in the juice enhances the absorption of iron in the cereal.

#### *Dental or Chewing Problems*

Participants with dental problems may not be able to chew certain foods. Ask what they can and do eat.

Tailoring suggestions are:

- Encourage the participant to purchase a hot cereal, such as Cream of Wheat instead of the harder, crunchier cold cereals.
- Encourage the participant to purchase softer whole grain bread instead of brown rice or corn tortillas.
- Tailor a package to provide more milk and no cheese (3 quarts' milk replaces 1-pound cheese).

#### *Food Allergies*

Give careful consideration to participants with food allergies or intolerances. Provide appropriate dietary advice and determine whether or not to tailor the food package. In those situations, when the full food package is not issued, check "Self-Reported" on the food package screen, and enter in the "Details" field specific information such as "allergic to eggs."

Examples that call for dietary recommendations and no food package tailoring:

- Participant is allergic to wheat, has celiac disease or is gluten intolerant - advise participant to purchase wheat free, gluten-free Rice Chex or Corn Chex cereal and brown rice or corn tortillas (instead of whole wheat bread);
- Participant is allergic to citrus - encourage the purchase of non-citrus juices and fruits such as apple or grape juice.

Examples that call for dietary recommendations and food package tailoring:

- Participant is allergic to peanuts - tailor a food package to provide beans instead of peanut butter.
- Woman or child is allergic to milk and dairy products - issue a food package with soy milk and tofu.
- Infant is allergic to /intolerant of all standard contract formulas - issue a food package with an exempt infant formula with a prescription from the medical provider and approval from the WIC High Risk Counselor.

Examples relating to food allergies that call for dietary recommendations and removing one or more foods from the food package:

- Participant is allergic to eggs - issue a food package without eggs (remove the eggs from a model food package). (Note that the provision to provide additional peanut butter or beans in lieu of eggs is ONLY for homeless participants.)

- Woman or child is unable to eat conventional foods - issue a food package with exempt infant formula or WIC eligible nutritionals, and any additional supplemental foods approved by the WIC High Risk Counselor.

### ***Lactose Intolerance***

Lactose is the name for milk sugar (the type of carbohydrate present in milk). Some people do not tolerate or digest lactose well because they do not have enough of the special enzyme (lactase) that is needed to digest and absorb lactose. More than two-thirds of non-white and 5 to 20 percent of white American adults have trouble digesting lactose. This is a problem that primarily affects adults and is not commonly found in young children. Individuals may experience symptoms such as gas, cramps, bloating, or diarrhea when they consume lactose-containing foods such as milk. Participants who exhibit a severe response to lactose should be referred to their doctor. A tailored food package may be assigned according to the degree of intolerance exhibited.

Individuals display varying degrees of lactose intolerance and many can consume up to a cup of milk at a time without experiencing unpleasant symptoms. Chocolate and whole milk are sometimes better tolerated than 2% or fat free milk because of the fat content. Using milk in smaller amounts in recipes or with meals can reduce the likelihood and/or severity of symptoms.

Lactose-reduced milks such as Lactaid and Dairy Ease have been processed to reduce the amount of lactose available and can be well tolerated by lactose intolerant individuals. Encourage the participant to purchase WIC approved lactose-free milks, which are available within the standard model food package, -or- tailor the food package to authorize only lactose-free milk for women and children. (One percent or skim lactose-free milk is issued to women and children age two and older; whole lactose-free milk is provided for children less than two years of age.)

Soy milk and/or tofu are also available for participants with lactose intolerance.

Other tips that can be used in counseling participants who experience lactose intolerance are:

- Use other fermented (or "cultured") dairy products such as hard cheese like cheddar and Swiss.
- Try using milk in cooking (pudding, soup, white sauce, hot cereal) since cooked milk may be better tolerated than fresh.

Try drinking small amounts of milk ( $\frac{1}{4}$  to  $\frac{1}{2}$  cup) and gradually increase the quantity until a tolerance level is determined. In general, a small amount of milk taken frequently with meals is better tolerated than drinking a large amount at one sitting.

It is important for participants to receive the nutrients provided by dairy products especially protein, calcium, and riboflavin (a B vitamin). Help participants who are intolerant to milk find alternative ways of consuming dairy products.

### **Utilization of WIC Foods**

Due to individual food habits and preferences, a participant may not be able to use the maximum amount of foods available through the WIC Program. We definitely want to make the maximum amounts of food available if the participant needs and is able to use these amounts; but no one benefits when food goes to waste. The participant can be given recipes on alternative ways to use WIC foods.

Ask participants at their certification appointment to determine the amounts of WIC foods they will be able to use. After participating on the Program for a while, encourage them to let you know if certain foods are usually left over at the end of the month so that you may adjust their food package at the next certification visit. Inform participants that they do not have to buy all the issued WIC foods each month if a particular food item is accumulating at home. If the food package is significantly altered due to underutilization of one or more WIC foods, this represents a type of tailoring.

### Participant Preference

In Colorado, all participants can select foods, such as the type of cereal or juice they prefer, within the approved items and maximum allowances. The “all authorized” broadband issuance of milk and other items allows a great deal of choice at the store. “All Authorized” milk allows the choice of fresh, canned, powdered, UHT long life, lactose-free and Meyenberg goat milk within the specified fat content (1% or skim, or whole). It also allows the choice of container size, whereby participants could purchase milk in gallons, half-gallons, quarts, cans (evaporated milk) or boxes (powdered milk). With eWIC issuance, participants can purchase WIC food items at any time during the valid benefit period, and purchase as many or as few items as desired.

Staff may issue a “Kosher” model food package containing kosher milk and cheese, to accommodate religious beliefs. Because soy milk is pareve (can be eaten with both meat and dairy dishes) the “Soy milk + tofu” model food package may be requested by and issued to participants following Kosher diets.

Soy milk may be substituted for milk on a quart for quart basis. Tofu may be substituted at a rate of 1 quart milk for 1 pound tofu. The WIC CWA is authorized to determine the need for soy-based beverage and tofu for children based on the individual nutrition assessment and consultation with the participant’s healthcare provider as appropriate. It is incumbent upon local agency WIC staff to ensure the endorser/participant understand the importance of milk over milk substitutes and that the diet may be nutritionally inadequate when milk is replaced by other foods. Determinations can be made for situations that include, but are not limited to: milk allergy, lactose intolerance and vegan diets. No approval or medical documentation is required when issuing soy milk to women. The CWA is authorized to determine the need for women to receive tofu in excess of the maximum substitution allowance.

**Formulas to Accommodate Religious Beliefs** – Issuance of kosher or other types of infant formulas to accommodate religious eating patterns does not require a physician’s authorization. In the event that one of Colorado WIC’s contract formulas does not meet a participant’s religious requirements, such as need for a kosher formula, a non-contract formula can be issued without a physician’s authorization. Documentation of the issuance of a non-contract formula to accommodate religious eating patterns must be included in the participant’s record.

### Dietary Intake

A participant’s current dietary intake is another factor to consider when assigning the WIC food packages. There are some obvious instances where this type of tailoring would significantly benefit the participant and readily reinforce the education you provide.

Examples are:

- If the participant consumes a limited amount of good sources of iron, encourage the highest iron cereals and citrus juices.
- If the participant consumes little milk but uses it in cooking, encourage the use of powdered or canned milk – either of which can be purchased with the standard food package. Provide recipes and tips on alternative ways to use milk.

## Documentation of Food Package Tailoring

Any time tailored food packages are assigned due to risk factors or the participant's conditions, documentation must be provided. Documentation may be noted on the Food Package screen in the “Details” or “Comments” field, or captured in the Nutrition Interview and thus transferred into the care plan. Documentation is critical so that all staff providing follow up can readily see that a specific tailored food package was purposefully assigned. If the tailoring is purely for participant preference, such as issuing beans instead of peanut butter, or canned beans instead of dry beans, additional documentation is not necessary.

The following are types of food package tailoring issues that require documentation.

*Exempt infant formulas and WIC eligible nutritionals with or without additional supplemental foods* may be issued only with physician's authorization and approval of the WIC High Risk Counselor. There must be a *Physician Authorization Form* or prescription scanned to the participant’s chart. Either the medical provider or the WIC High Risk Counselor may prescribe the supplemental foods. The food package issued must match the specific foods prescribed (i.e., not include any of the contraindicated foods.)



**Higher amount of formula and no baby foods for 6-11 month olds** may be issued only with physician's authorization and approval of the WIC High Risk Counselor. There must be a *Physician Authorization Form* or prescription scanned to the participant's chart

**Baby food fruits and vegetables for a woman or child** in lieu of the fruit and vegetable cash value benefit may be issued only with physician's authorization and approval of the WIC High Risk Counselor. The option of receiving baby food fruits and vegetables is only authorized to women and children who are also receiving a special formula. There must be a *Physician Authorization Form* or prescription scanned to the participant's chart

**Ready-to-Feed (RTF) Formula** may be issued only: 1) if the family's water supply is contaminated and/or unsafe for consumption; 2) if the caregiver has difficulty correctly diluting concentrate or powder formula; 3) for a medically fragile infant (i.e., premature) whose immune system may be potentially compromised with a product in powder form or; 4) if the formula comes in ready-to-feed form only.

**Soy Beverage** may be issued to women and children as a substitute for cow's milk. The WIC CWA may authorize issuance to children based on a determination of the individual's nutrition assessment and consultation with the child's health care provider if necessary. It is incumbent upon local agency WIC staff to ensure the endorser/participant understand the importance of milk over milk substitutes and that the diet may be nutritionally inadequate when milk is replaced by other foods. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets, or religious preference (i.e. kosher diet). No additional assessment is required to issue soy beverage to women.

**Tofu** may be issued to women and children as a substitute for cow's milk or cheese. The WIC CWA may authorize issuance to children based on an individual assessment and consultation with the child's health care provider if necessary. It is incumbent upon local agency WIC staff to ensure the endorser/participant understand the importance of milk over milk substitutes and that the diet may be nutritionally inadequate when milk is replaced by other foods. Such determination can be made for situations that include, but are not limited to milk allergy, lactose intolerance, vegan diets, or religious preference (i.e. kosher). No additional assessment is required to issue tofu to women.

**Fat-reduced milks (2%, 1% or fat free) and/or lowfat or non-fat yogurt** for overweight one-year-old children. Determination must be based through individual nutritional assessment and consultant with the child's health care provider if necessary. The WIC CWA may issue reduced fat milks (2%, 1% or fat free) **and/or lowfat or on-fat yogurt** to one-year-old children (12-23 months) meeting these criteria:

- Overweight: Child's weight for length is at or above the 98<sup>th</sup> percentile.
- Rapid weight gain: A child whose weight for length, initially at or above the 50<sup>th</sup> percentile crossed two percentile curves. For example, a child going from the 50<sup>th</sup> to the 90<sup>th</sup> percentile, or going from the 75<sup>th</sup> to the 95<sup>th</sup> percentile.

Food packages containing reduced fat milk (2%, 1% or 1%) are accessed by selecting "Special Diet" from the Food Package screen in Compass. WIC staff must complete the Documentation box, noting "concern of overweight/obesity" as the medical diagnosis reason. The authorization period ("Rx Expiration Date") may be up to the date in which the child turns two years old. Staff should add their name as both "Approved by" and "Authority." A Physician Authorization form is not required.

**Single Serving Juice** (typically issued within the "Homeless" food package) may be issued to participants who are homeless or have no access to refrigeration.

**Other** Food package tailoring should be documented when a participant is issued none of the maximum allotment of a food due to medical condition such as allergy, food preference, or food habits.

**Examples of food package tailoring documentation:**

**Joe Vargas**, a 3-month old infant, receives ready-to-feed Enfamil Infant because his family's water supply is contaminated and unsafe to drink.

Care plan documentation: *Mom reports the family water supply is contaminated; issued RTF formula.*

Jane McNeil, a pregnant woman, is homeless. The shelter in which she has temporary residence has no cooking or refrigeration facilities for participants. The shelter will allow her to store nonperishable food items. Jane prefers to receive single serving juice, peanut butter in lieu of eggs, and UHT box milk in lieu of fresh milk or cheese.

Care plan documentation: *Jane states she lives in a homeless shelter; she can store nonperishable foods but has no cooking or refrigeration facilities. Issued Homeless food package with single serving juice, UHT milk, no cheese, additional peanut butter in lieu of eggs.*

Keisha Simmons, a 6-month old infant on Nutramigen with Enflora LGG because of severe multiple food allergies. The prescription states to issue "maximum allowable" amount of formula and "no WIC supplemental foods; provide formula only"

Care plan documentation: *Mom states that Keisha has severe food allergies and can only tolerate Nutramigen with Enflora LGG. Has Rx from MD for formula and no solids. Issued 11 cans formula and no baby foods.*

Janet Wyler, an exclusively breastfeeding woman, is allergic to milk and dairy products.

Care plan documentation:

- *Janet states she is allergic to milk and all dairy products.*
- *Issued soy milk and tofu, no cheese.*
- *Janet understands that her diet may be nutritionally inadequate without milk. Nutrition education provided re: good sources of vitamin D and calcium.*

Jared Williams, a 3-year-old child with the diagnosis of failure-to-thrive. His mother brought a prescription for 2 cans PediaSure a day plus 2% milk. In addition, the MD noted that eggs and peanut butter are contraindicated due to food allergies.

Care plan documentation: *Mom reports Jared is allergic to eggs and peanut butter. MD diagnosed FTT and prescribed 2 cans PediaSure/day plus 2% milk. Issued 10 6-packs PediaSure, 2% milk, canned beans and removed eggs.*

## Food Benefit Signature & proof of ID capture

The endorser or proxy shows proof of ID and electronically signs the signature pad to acknowledge receipt of food benefits. Staff records the proof of ID seen in the Proof of Identification drop down on the Signature Capture pop up in Compass.

## Alteration of WIC Records

- **DO NOT ALTER** WIC records.
- **Correct paper records** by crossing out the errors and initialing them. Never use correction fluid (white-out). This policy protects WIC staff should participant records be subpoenaed in legal actions or in audits.

## Voided Food Instruments

Staff must bundle voided food instruments from the FI Compass system by date and retain (by clinic or agency) for at least 3 1/2 years following the end of the applicable fiscal year. Write an explanation on the FI such as "nonredeemed" or "not used before last date to use". Do not void these FIs in Compass

## Returned eWIC Cards

Staff must deactivate eWIC cards returned to the clinic or State Office.

## Vendor Assignment

Colorado WIC is designated "open vendor." This means that WIC participants may redeem Colorado WIC benefits at any Colorado WIC-authorized store. A listing of Colorado WIC-authorized stores and their locations can be accessed from the Vendor Management functional area of Compass. Staff can view and print a list of the names and locations of WIC-authorized stores within a specified city or county via the Vendor Management search screen.

## Colorado WIC Program Allowable Foods List (May 2017)

<https://www.colorado.gov/cdphe/wic-allowable-foods>

### Unauthorized Foods in the Colorado WIC Program

<p><b>Infant Formula</b> Any formula not specified on the Colorado WIC Physician Authorization Form.</p>	<p><b>Baby Food Fruit and Vegetables</b> With added sugar, starch or salt</p>
<p><b>Infant Cereal</b> Cera Meal Wet Pack (jars) Dry Pack with fruit or sweeteners Dry Pack with formula - Milupa</p>	<p><b>Cereals</b> Any hot or cold cereal except those specified on WIC checks</p>
<p><b>Fruit Juice</b> Fruit Punch Tang Hi-C Fruit Punch Non-fortified fruit juices (except orange, grapefruit, and orange-grapefruit blend) Hawaiian Punch Fruit Nectars Lemonade Sweetened Juice</p>	<p><b>Fruits and Vegetables</b> Dried or canned fruits or vegetables Fruits or vegetables with added sugars, fats, oils, sauce or any added ingredients (i.e. salad dressing, croutons, cheese, nuts, meat, pasta, rice, noodles) Items from deli or salad bar <a href="#">Colorado WIC - List of Not Allowed Herbs &amp; Spices</a> (i.e. anise, basil, bay leaves, caraway, chervil, chives, cilantro, dill, fenugreek, mint, horseradish, lemon grass, marjoram, oregano, parsley, rosemary, sage, savory, tarragon, thyme) Fruit baskets and party trays Decorative fruits and vegetables</p>
<p><b>Milk</b> Raw milk or non-pasteurized milk Half and Half Hot Chocolate Mix Chocolate Drink Chocolate Milk Powdered Buttermilk Milnot Sweetened condensed Milk</p>	<p><b>Cheese</b> Deli cheese Individually wrapped cheese (except string) Cheese foods Cheese spreads Cheese products Flavored cheese Cream cheese Cottage cheese Imported cheese Sliced cheese (except American)</p>
<p><b>Canned Beans</b> With added flavoring, fat, oil or meat Baked beans, refried beans or chili beans Soup or soup mix</p>	<p><b>Baby Food Meat</b> With added sugar or salt</p>

## Food Benefit Redemption Procedures

### At the store the endorser/alternate shopper should:

- Ensure s/he has the eWIC card, the *Allowable Foods List*, and knows their WIC food balance.
- Select the appropriate WIC-allowed items.
- Separate non-WIC food items from WIC foods if required by store.
- Swipe the eWIC card and enter the PIN when asked.
- Swipe the eWIC card before all other forms of payment.
- Keep the receipt, which lists the remaining food benefit balance.

### Note:

- No money is to be given to or paid by the WIC participant.
- If an item doesn't ring up as a WIC food, the cashier cannot change or override the item.

## Customer Services

WIC participants/endorsers may access a web portal ([www.ebtedge.com](http://www.ebtedge.com)) or a toll-free 24-hour automated telephone line (1-844-234-4950) to:

- Obtain current food balance information
- Obtain benefit expiration dates
- Set-up or change a PIN

Food balance information is also available from:

- Clinic: printed *Family Food Benefits* list.
- Shopping receipt: remaining balance prints at the bottom of the receipt.
- Store: request a benefit inquiry.
- Smartphone: WICShopper app

## WIC Proxy Procedures

### POLICY:

WIC endorsers may authorize another individual to attend a WIC appointment as their proxy.

### The Role of the Proxy:

The endorser/participant can choose a proxy to attend the WIC appointment and receive the household's food benefits on their behalf. Best practice is that the endorser/participant directly receives the nutrition education. Education Choice options are available to facilitate this.

When a proxy attends the appointment, issue one month's worth of food benefits. Use of a proxy is limited to twice in a six-month period. Professional discretion may be used to allow a proxy to attend more than twice in a six-month period or to receive more than one month's food benefits. If a proxy is needed more than two times in a six-month certification, it is an indication for staff to problem solve with the endorser and determine if the endorser needs to be changed.

### Alternate Nutrition Education Option, i.e., Education Choice:

- For follow up visits: staff are encouraged to offer endorser/participant an Education Choice option in lieu of directly providing nutrition education to the proxy. (Refer to [Section 2, Nutrition Services, Alternate Methods for Follow Up Appointments](#))
- For recertification and mid-certification visits: once a proxy provides eligibility proofs and/or brings the child in for anthropometric measurements, staff contacts the endorser and offers a return appointment or Education Choice option to fulfill the nutrition education requirement. Once the nutrition education contact is complete, the remaining food benefits can be issued.

**PROCEDURE:**

- When a proxy is used, issue one month's food benefits (loaded to the household account).
- Staff must verify endorser authorization by either a signed note, an email from the endorser's email address on file, or a verbal approval. The Proxy attending the WIC appointment shows proof of identification.
- WIC staff enters the proxy's name in the proxy field on the Family panel.
- WIC staff issues benefits. Proxy signs electronically to indicate that he/she acknowledges that the WIC benefits have been issued to the WIC participant's household account.
- WIC staff record the proxy's proof of identification in the food benefit screen in Compass.

**NOTE:**

- Participant auto termed during a certification period may be reinstated with a Proxy. **A proxy can only pick-up benefits and receives nutrition education; they cannot do certification appointments.**
- Compass allows up to 3 proxies to be listed on the Family panel. If additional proxy names are needed, previously listed proxy names should be changed to "inactive."

## WIC Interim Endorser Procedures

**POLICY:**

When an endorser is not available long term, it may be necessary to utilize an interim endorser.

**The Role of the Interim Endorser:**

In unusual situations such as child abandonment, or the incarceration or serious illness of the endorser, an interim endorser can be designated. An interim endorser can be approved by the clinic supervisor if permission from the endorser is not obtainable. Typically, one month's worth of food benefits are issued to the interim endorser until legal documentation of guardianship/custody is provided. The clinic supervisor can use professional discretion to allow an interim endorser to receive more than one month's benefits at a visit.

**Acceptable proofs of guardianship/custody may include:**

- Legal custodial/guardianship agreement.
- Documentation from the Department of Social Services, Department of Correction, court orders, or a professional statement on institutional letterhead.

Upon providing legal documentation, the interim endorser may become the endorser and up to three months of food benefits can be issued per visit. Once legal custody is established, the new endorser is added to Compass and the child is retrieved into the new Family ID.

When a parent, who is not listed as the endorser or additional endorser, indicates the other parent (endorser) is not available due to child abandonment, incarceration or serious illness parental proof, clinic staff must attempt to contact endorser. However, if after attempted contacts with the endorser are unsuccessful legal documentation is not required by the parent seeking WIC services unless custodial rights between the parents are in question. When custodial rights between the parents are NOT in question the clinic supervisor may use professional discretion to add the other parent as an additional endorser without the permission of the endorser and this should be documented in Compass. When and if the endorser reestablishes caretaker responsibility of the child he/she may remove the additional endorser. This does not apply if the current endorser is a non-parent, such as a foster or kinship caregiver.

**PROCEDURE:**

WIC staff should attempt to obtain written or verbal permission from the endorser, if possible, and scan or document this permission in Compass.

- In the event permission is not obtained from the endorser, the interim endorser must write a self-statement identifying him or herself as the primary caregiver of the child, relationship to the child and why the endorser is unavailable.
- The self-statement must be dated and scanned into Compass. A self-statement is not acceptable documentation of custody. (See Referrals to Assist with Legal Custody).
- The interim endorser shows proof of identification.
- WIC staff enters the interim endorser's name and proof of ID in the Comments/Alerts field on the Family panel and document the situation in Compass.

- WIC staff determine if the current household eWIC card needs to be deactivated and a new card issued. Interim endorser signs electronically to indicate that he/she acknowledges that the WIC benefits have been issued.
- WIC staff reviews the *Allowable Foods List*, explains how to use the eWIC card at the store, participant's Rights & Responsibilities and purpose of the WIC program.
- The caregiver will continue to be an interim endorser with the current endorser's name left on all WIC records.

Note: The interim endorser must bring their proof of income to determine eligibility to complete recertification if needed.

### Referrals to Assist with Legal Custody:

In situations where the endorser "abandons" the participant without leaving forwarding contact information, recommend to the present caregiver that it is to the child's benefit to identify who is legally responsible for the child. WIC staff can encourage the caregiver to get help to determine who has legal responsibility for the participant while the parent/endorser is away. WIC can refer the family for assistance through programs such as the Legal Aid Society, Probate Court, a Chaplain or Information Officer at a jail and Department of Social Services.

### Formula Exchange Policy

Participants switching to a different formula may have their benefits exchanged.

- If the switch is to an exempt infant formula or WIC eligible nutritionals, physician authorization is required and all other procedures described in the "Prescription-Required Formula (with or without Supplemental Food)" section must be followed.
- Unopened cans of formula can be exchanged at the clinic for an equivalent or lesser amount of the requested formula. For example, four cans of a 12.9-ounce formula could only be exchanged for three cans of a 16-ounce formula. Compass calculates the amount that can be reissued.
- Opened, partially used cans of formula cannot be exchanged.
- Only formula purchased during the current month may be exchanged.
- Returned formula may be given to other participants as a "sample" or "trial" formula. Staff should carefully check the expiration date on all formula. Cans discovered with an expired date should be thrown away.
- Stored formula should be kept out of sight so as not to undermine breastfeeding promotion efforts.
- Details of any formula exchange must be documented in the participant's record.
- Staff should never authorize exchange of formula at a grocery store or pharmacy.

If the switch is before their WIC benefits have been redeemed, staff should follow the *Replacement of eWIC Food Benefits* instructions (listed above). If the switch is to another contract formula, benefits can be exchanged remotely (without requiring the endorser to come to the clinic.) If the switch is to an exempt infant formula or WIC Eligible Nutritional, benefits can be exchanged remotely only if:

- The new prescription has been received at the clinic **and**
- The WIC high risk counselor determines the endorser does not need to be seen in person to receive additional education or instructions on use of the formula.

If the switch is after the WIC benefits have been redeemed follow these procedures.

- If formula is returned, access the Foods branch and select the "Return Formula" panel.
- Select the "Get Balance" button. The returned formula grid will display a row of the current month's formula issued to the participant.
- Enter the quantity of formula returned into the grid and save. Compass will not allow entry of more than what the participant purchased with the eWIC card.
- Access the Food Package panel, and click "new" to create a new food package.
- Select a new food package from the model food package drop down (or tailor a package or create one "from scratch") and save.
- Access the Food Benefits panel. The available food benefits will display with check marks next to them. Verify the appropriate issuance (1-3 months) and click the "Issue Benefits" button. Compass will automatically calculate how much formula is available for issuance to the participant.
- Obtain the endorser's (or proxy's) signature to acknowledge receipt of food benefits.

- Review the *Family Food Benefits* printout with the endorser or proxy.

## Local Agency WIC Equipment

### Computers

Based on a standardized refresh schedule and the state office inventory asset tracker, the State office provides additional funding to local agencies through the contract amendment process for the purchase of new WIC desktop and laptop computers. Eligible agencies will be notified in late spring/early summer. Agencies need to work with their local IT department and consider the following information before making computer purchases:

- Compass does not currently work with Windows 10, only Windows 7.
- If purchasing 64-bit computers, the only way scanning will work with Compass, is to scan the document as a black & white TIFF or JPEG file outside of Compass first, then the file can be attached to Compass.
- It is recommended to use either McAfee or Norton for your anti-virus software.
- Make sure the new computer(s) purchased have plenty of USB ports for your mice, keyboards, signature pads, magnetic stripe card readers and pin pads (for the transition to eWIC). A minimum of 6 USB ports are needed for eWIC Compass.

An example of the computer specifications for the State of Colorado is listed below. These are only suggestions and can be adjusted as needed. A copy of your actual computer quote should be sent to Katy Gasowski at [kathryn.gasowski@state.co.us](mailto:kathryn.gasowski@state.co.us) for approval prior to the purchase. Should a laptop or desktop be purchased that exceeds the allotted amount, the local agency will be responsible for covering the additional cost.

The following guides will assist the local IT department in installing the new equipment:

- *Compass Application Installation Guide*
- *Lexmark X363dn Scanning Setup*
- *User Guide Network Downtime Computer Configuration Guide*

When installation of the new computer equipment has been completed the following forms must be completed and returned to Katie Roby at [katie.robby@state.co.us](mailto:katie.robby@state.co.us).

- *New Computer asset info form*
- *Data Destruction Form* for the disposition of your previous WIC computer

The Local Agency WIC Program may retain, sell or otherwise dispose of WIC Program computer equipment (workstations, laptops, monitors, printers, etc.) upon *Equipment Refresh* determined by the State WIC Office. Any proceeds from the sale of the equipment must be retained by the Local Agency WIC Program and used for WIC allowable expenses.

All contract funds, including the computer funding, must be expended by the end of the current fiscal year. Unspent funds will not roll to the next fiscal year.

### Computer Specification

Desktop	Laptop
3.3 GHz Core i5 Processor	i5 6200U Processor
1333Mhz Front Side Bus	8GB DDR4 RAM
8GB DDR3 RAM 500GB 7200 RPM Serial ATA Hard Drive	256GB TLC Solid-State Drive (SSD)
SuperMulti DVD+/-RW Lightscribe Drive	14" Screen, HD Webcam
Small Form Factor Case	802.11 a/b/g/n WiFi with Bluetooth
10/100/1000 NIC	3 Year On-site Warranty (with disk retention)
3 Year On-site Warranty (with disk retention)	Windows 7 Pro/32 Bit
Windows 7 Pro/32 Bit	

### Multi-Function Printers

The local agency is responsible for the purchase of multi-function printers. At the local agency's discretion, the MICR printers previously used to print food instruments can be re-purposed to use as a multi-function printer. Instructions to replace the MICR printer ink cartridge with regular toner and repurpose the MICR printers to print *Family Food Benefit* are listed below.

On the left side of the printer is a removable panel which covers a small circuit board (TROY card.) It is plugged into the printer with a black USB cable. With the printer powered off, unplug the USB cable from the printer. Leave everything else as is, replace the panel and power the printer back up. This removes all TROY interaction with the printer.

### **Magnetic stripe card reader**

The initial supply of magnetic stripe card readers, [Magteck Dynamag Reader, part #21073062 or 21073145](#), was provided by the State office. The local agency is responsible for future purchases of magnetic stripe card readers. Compass looks for the card reader device to present the card data as keyboard input and will therefore work with a standard magnetic card reader device such as one of the USB-connected Magtek readers. The critical specifications to consider are:

- The reader must read ANSI/ISO/AAMVA card formats.
- The reader must provide a keyboard emulation interface.

### **Topaz Signature Pads**

The local agency is responsible for purchase of the Topaz Signature Pads and pens.

**Specifications** for the signature pads and pens are:

Topaz T-L755 Signature Gem LCD 4x3 pad (#T-LBK755-BHSB-R)

Topaz Signature Gem Series Replacement Pen (#P-ET110-HN)

#### **Order from:**

Inland Associates, Inc.

18965 W 158<sup>th</sup> Street

Olathe, Kansas 66061

<http://www.inlandassoc.com/>

Peggy Meader

Account Manager

[pmeader@inlandassoc.com](mailto:pmeader@inlandassoc.com)

913-764-9799 ext 210

### **Inventory**

Local agencies must maintain a written record of all computer equipment, computer peripherals, television equipment and television peripherals purchased with WIC funds. All computer equipment records must be sent to the State Office for inclusion in the inventory asset tracker. The written equipment record must include:

- Quantity
- Name/Brand
- Item Description
- Model Number
- Serial Number(s)
- Date Acquired
- Warranty End date(s)
- Purchase Price (if purchased by the local agency)



## Measuring Equipment Maintenance and Calibration

### POLICY:

Local agencies are responsible for equipment maintenance and calibration and are required to maintain equipment maintenance and calibration logs in a central file.

### PROCEDURE:

- Routine maintenance of scales and measuring boards
  - ✓ Perform daily maintenance of scales as follows:
    - Place scales on a hard, non-carpet surface. If the area is carpeted, place the scale on a piece of plywood or a standing base.
    - Before weighing every participant, check that the scale balance is at zero, by moving the ounce and pound weights to zero until the arm rests in the center. Check digital scales to ensure zero reading. If scales do not balance at zero, notify supervisor for scale to be serviced.
    - Clean scales with disinfectant as needed. Check for wear and broken or faulty parts. Avoid using the scales until repairs have been completed.
  - ✓ Perform yearly maintenance of scales as follows:
    - Have scales inspected yearly by the Colorado Department of Agriculture. Inspection fees are dependent on the type of scale tested and can be \$35, \$50, or \$65 per scale. To locate an inspector in your area, contact the Measurement Standards Office ([303 867-9232](tel:3038679232)).
    - If scales pass inspection, a Colorado Department of Agriculture approval sticker will be dated and placed directly on your scale.
    - If scales do not pass inspection, a blue Work Order sticker will be placed on your scale. Avoid using the scales until repairs have been completed.
    - Record repairs, replacements, and yearly inspections on the maintenance log for each scale.
  - ✓ Perform daily maintenance of measuring boards as follows:
    - Clean measuring boards with disinfectant as needed.
    - Check for wear and broken or faulty parts. Avoid using measuring board until repairs have been completed.
  - ✓ Perform yearly maintenance of measuring boards to check all boards for accuracy as follows:
    - Use a metal measuring tape to check for slippage on wall mounted boards; and
    - Check the right angle on head and foot boards.
    - Record repairs, replacements, and yearly inspections on the maintenance log for each measuring board.
- Routine maintenance of hemoglobin analyzers
  - ✓ Perform maintenance of hemoglobin analyzers as follows:
    - Clean hemoglobin analyzers, per the manufacturer's directions detailed in the user's guide. Local agencies may determine the frequency of cleaning based on the volume of tests performed. Examples: clean analyzer monthly if < 20 tests per month; clean weekly if > 150 tests per monthly, etc.
    - Record all repairs or replacements on the maintenance log for each hemoglobin analyzer.

## Scanned Documents

**Policy:** Certain documents must be scanned in Compass for later reference. When scanning is not possible or document is too large to scan, the paper version of the document must be maintained on site in an easily-accessible central file. Staff must note in the participant's care plan that the document is in a central file.

Scan and attach these documents to the family record:

- Physician Authorization Form (completed by physician, approved and signed by WIC High Risk Counselor).
- Release of Information (Compass Printout used when releasing information to entities other than agencies listed in the participant *Rights and Responsibilities*).
- Proof of identification for electric breast pump issuance.
- Proxy self-statement.
- Endorser's self-statements.
- Interim Endorser's self-statements.
- Foster papers or guardianship documentation.

- Endorser relinquishment/change of endorser.
- Signed General Signature documents for receipt of food benefits (not required for remote benefit issuance).

When a signature is not captured on the signature pad, staff must complete the appropriate form, obtain the endorser's signature, and scan the form into Compass. When "other" is selected, the reason must be documented in the participant's record. The forms to complete are listed in the table below:

Signature reason	Form to complete
Receipt of food benefits	General Signature Document printout with the statement "I confirm I received the following food benefits:" with the PAN and corresponding effective dates listed.
Certification / Rights and Responsibilities	General Signature Document listing names of participants, certification end dates, and noting verification that they have read, understand and agree with the WIC Program's Rights and Responsibilities document and understand when their certification will end.
Acknowledgement of participant sanctions	Notice of Program Violations printout.
No proof of Residency or Income	General Signature Document printout listing reason why participant is unable to provide proof of residency or income.
Release of information	Release of Information printout from the <i>Referrals - Participant</i> screen.
Breastfeeding equipment release	Breast Pump/Aid Release Form.

### Central files required to be kept by the agency:

- Civil Rights file.
- Staff Training, including annual Civil Rights training (if not kept electronically in Compass).
- Voter Choice forms.
- Vendor Reports (see *Retailer Files* topic in **Section 1, Vendor and Farmer Management**).
- Voided food instruments from FI Compass
- Ward Road invoices.
- Equipment Maintenance and Calibration Logs (scales, measuring boards, and hemoglobin analyzers).
- Completed Separation of Duties Exception Logs.

**Note:** Central files must be maintained according to retention policies as noted in the *Retention of WIC Records and Reports* in **this section**, and *Retention of Records* in **the Program Manual, Section 5, NSA**.

## Prevention and Management of WIC Program Misuse

### Introduction

The purpose of this section is to give guidelines for appropriate handling of suspected endorser misuses and violations. Although misuse of the Colorado WIC Program is rare, when it occurs, it must be dealt with if WIC is to maintain integrity. Such abuses, when not prevented or managed, drain the Program's resources, interfere with getting appropriate benefits to participants, and diminish the credibility of the WIC Program in the eyes of legislators, auditors, local agency staffs, participants, and the public at large.

**Staff Violation** means the intentional conduct of a State, local agency, or clinic employee that violates Program regulations, policies or procedures, including, but not limited to, misappropriating or altering food benefits, entering false or misleading information in case records creating case records for fictitious participants, or certify themselves, relatives or friends.

The CO WIC Program Fiscal Manager is responsible for maintaining a file of all staff fraud and/or abuse that includes the nature of the fraud and any associated dollar losses. Local Agencies shall report any occurrence of such violations to the State Office immediately upon detection.

Additionally, the WIC Compass Help Desk will forward all Secure Compass User ID Forms to the CO WIC Program Fiscal Manager that specifies WIC employee separation due to fraud and abuse.

**Participant violation** means any **intentional** action of a participant, parent or caregiver of an infant or child participant, or proxy that violates Federal or State statutes, regulations, policies, or procedures governing the Program. Participant violations include intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain benefits; exchanging food benefits or supplemental foods for cash, credit, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's food benefits list; redeeming food benefits at unauthorized stores; threatening to harm or physically harming clinic, farmer or vendor staff; abusive language; destruction of property; and dual participation.

The objectives of these procedures are to serve as a deterrent for misuse, to educate the endorser, and to instill appropriate behavior. While local agency WIC staff members are concerned with Program abuses, it is often difficult and inappropriate to directly accuse an endorser of misuse, since a single occurrence of an infraction may be the result of a misunderstanding. It is often difficult to prove deliberate misuse if the endorser denies the misuse when confronted with a report that the endorser returned formula for a cash return.

Many of these concerns can be prevented, or remedied, by providing consistent explanation of the WIC policy to new endorsers and through reeducation and counseling of suspected misuses of the Program.

## Prevention and Management of WIC Program Abuse at the Local Level

Federal regulation 7 CFR 246.4(a) (26) requires that local agency policies and procedures are in place to prevent conflicts of interest in a reasonable manner. At a minimum policies and procedures must prohibit the following WIC certification practices or provide effective alternative policies and procedures when such prohibition is not possible:

- Certifying oneself;
- Certifying relatives or close friends; or
- One employee determining eligibility for all certification criteria and issuing food benefits, cash-value benefits or supplemental food for the same participant.

## Prevention of Program Misuse by Staff - Separation of Duties

Federal regulations [7CFR 246.4(a)(26)] stipulate that policies and procedures must be in place for preventing conflicts of interest and potential fraud or abuse at the WIC local agency or clinic level and must include a separation of duties so that more than one employee is involved in determining eligibility for all certification criteria and issuing food benefits.

Clarification provided by WIC Policy Memorandum #2016-5 states that, at a minimum, the staff person who determines income eligibility and the staff person who determines medical or nutritional risk cannot be the same person. Either person may issue food benefits. Further, having one staff member check identification or residency and another staff person conduct the remainder of the certification does not meet the regulatory intent of separation of duties.

If a clinic is unable to achieve acceptable separation of duties, an individual other than the certifier (e.g. the WIC Director) must conduct a record review of all non-breastfeeding infant certification record and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification, and conduct an additional record review of 10 percent of each clinic's certification files every six months. Documentation of both reviews must be maintained on file at the local agency for review during monitoring visits.

If a WIC clinic is unable to achieve acceptable separation of duties and conducting record reviews constitutes a hardship, the local agency director may submit a request to the state office to conduct the record reviews. For those agencies the state office will conduct a record review of all certification and recertification visits. Records meeting the state office's risk criteria will be flagged and reported to the local agency WIC Director for further review.

The local agency WIC Director or designee must conduct a thorough investigation within one week of notification. Documentation of the local agency investigation and response must be maintained on file at the local agency for review during monitoring visits.

A *WIC Local Agency Separation of Duties Plan* must be submitted to the state office for approval. A copy of the state-approved plan is maintained at the State office for each local WIC clinic.

Verification of compliance with this policy is a component of the local agency monitoring visit conducted every other year by State staff. Evaluators observe clinic operations to ensure that the agency's approved *Separation of Duties Plan* is followed as stated. In those clinics using the *local agency* record review approach, their *Separation of Duties Exception Record Review Logs* will be reviewed.

**WIC Local Agency Separation of Duties Plan**

Local Agency: \_\_\_\_\_ Clinic: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name

Date: \_\_\_\_\_

Signature

Following is how the potential for conflict of interest will be reduced and separation of duties accomplished at this clinic:

- For all certifications and recertifications, one WIC employee will determine income eligibility and a different WIC employee will determine medical or nutritional risk eligibility.
- The WIC Director or designee will conduct a record review of all non-breastfeeding infant certification record and at least 20 percent of a random sample of the remaining certification records within two (2) weeks of the certification, and conduct an additional record review of 10 percent of each clinic's certification files every six months. Documentation of both reviews will be maintained on file at the local agency.
- The record review will be conducted by the state office and the WIC Director will conduct a thorough investigation of any records sent from state office that are flagged for potential fraud. The above clinic is unable to achieve acceptable separation of duties and conducting record reviews at the local agency is a hardship due to the following reason(s) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(The hardship reason must be documented by the local agency and approved by the state office.)

Approved by: \_\_\_\_\_

State agency staff person name and title

Signature

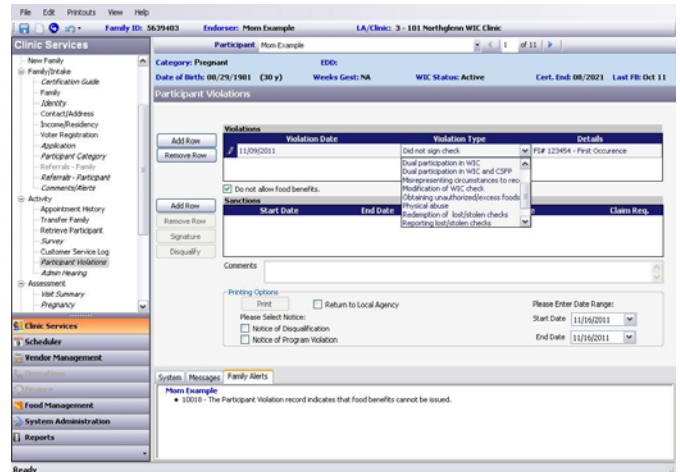
Date



## Prevention and Management of Endorser/Participant Misuse

### Prevention

- **Explanation of WIC:** Throughout the certification visit, educate the endorser as to how the Program benefits the health and nutrition of WIC participants and explain how tri-monthly benefit issuance procedures work. In an effort to prevent misunderstanding, ask if the endorser has any questions regarding the type of supplemental foods provided or the procedure to be followed when purchasing foods.
- **Explanation of Misuse:** During the certification visit, the WIC staff person should carefully explain what constitutes misuse of the WIC Program and the consequences.
- **Dual Participation (participating in two WIC Programs simultaneously):** Each new enrollee needs to thoroughly understand the illegality of participating in two WIC Programs. At the initial visit clients should be told that they can lose benefits for this action and may be required to pay back the value of benefits obtained while participating in two programs simultaneously.
- **Participant *Rights and Responsibilities*:** All endorsers must read (or be read) the Colorado WIC Program *Rights and Responsibilities* at each certification and recertification visit. At every certification visit, the endorser/participant must sign electronically acknowledging their understanding of the WIC *Rights and Responsibilities*.



### Identifying Endorser/Participant Misuse of WIC Benefits

Participant violations can occur at the clinic or in misusing WIC benefits. There are several main sources of information regarding participant misuse of WIC food benefits that can be used to identify violations:

#### Reports of selling or attempting to sell WIC benefits or WIC foods

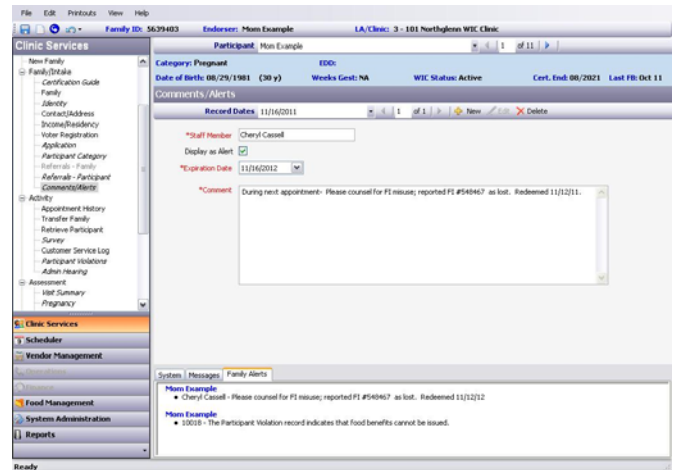
#### PROCEDURES:

- Investigate the report.
- Determine if a violation occurred.
- If no violation is found, no action should be taken.
- If a violation is identified, document the violation in Compass (see procedure below) and counsel the WIC participants on the appropriate use of their WIC benefits (See *Documenting a Participant Violation* for the steps in assigning a violation to a participant).

#### DOCUMENTING A PARTICIPANT VIOLATION OR SANCTION:

1. Enter the violation and alert in Compass:
  - Go to Participant Violations Panel:
    - ✓ Check the *Do not allow food benefits* check box so that WIC staff are required to counsel the participant before the issuance of future benefits. When checked, no new food benefits can be provided for this participant. A family alert message is set indicating that an action is required on the violations panel before food benefits can be issued.
    - ✓ Add a violation row:
    - ✓ Violation Date- Date the violation occurred.
    - ✓ Violation Type- Enter the type of misuse.
    - ✓ Details- Include any know details and whether it is a 1<sup>st</sup> or 2<sup>nd</sup> occurrence. Put more details in comments area if more room is needed.
  - Go to the Comments/ Alerts Panel:

- ✓ Create a new record on the *Comment/Alert* panel describing the situation. Enter an expiration date of 1 year in the future. For example: Please counsel on not attempting to sell benefits. See participant violations panel before issuing more benefits. This alert will post on the family alert tab. Check the “Display As Alert” check box.
2. Counsel the Participant.
  3. Document the Violation and Sanction.
    - Go to Participant Violations Panel.
      - ✓ Record any comments from the participant in the “Comments” section.
      - ✓ If a sanction is appropriate, add a row for a sanction.
      - ✓ Start Date- Date the participant was counseled.
      - ✓ End Date- One year after the counseling (If disqualifying the participant, the end date should be the date the sanction will be completed and the disqualification is over).
      - ✓ Sanction Type- Enter the sanction type as either: “Warning/Education” or “Disqualify”.
  4. If payment is due from the participant, check the *Claim Req* checkbox. Additional supporting detail can be recorded in the comments box or a document can be scanned into the system. Additional claims information will be entered on the financial screens by State WIC Office.
  5. Obtain the participant/endorser’s electronic signature after the counseling session. If an electronic signature is not available due to equipment malfunction, staff must print a copy of the notice, obtain the endorser’s signature, and scan the form into the participant’s Compass file.
  6. Print out the *Notice of Program Violation* (or *Disqualification* if appropriate) using today’s date as the start and end date. Capturing the participant and WIC staff signatures on the Notice is optional.
  7. Uncheck the “Do Not Allow Food Benefits” if food benefits are to be issued.
  8. Go to the Comments/ Alerts Panel. Remove the alerts by removing the check mark in the “Display As Alert” check box.

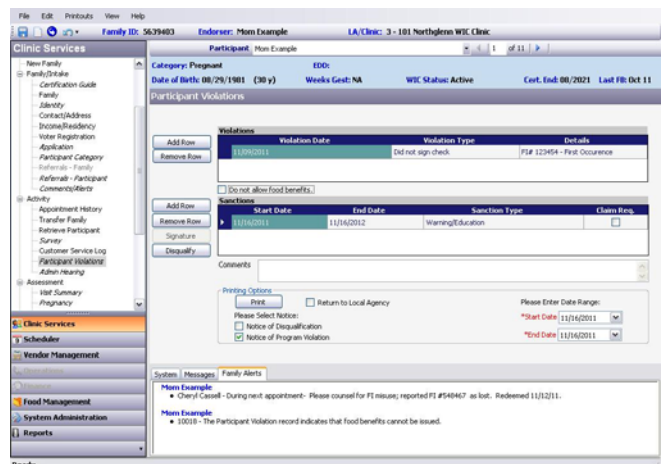


## Management of First-Time Suspected Endorser/Participant Misuse

In all cases of first-time suspected misuse of the Program (except physical abuse), staff are to counsel to warn and re-educate, and document the situation. Note that a first time occurrence is defined as one event or multiple events until the person has been counseled on the misuse. Since there are many cases of suspected misuse that cannot be technically proven, counseling should be less accusatory and more informational in nature.

To start the session, simply state what was found: i.e., "This Craigslist posting is for the same formula that was issued to you" not "You are selling WIC formula on Craigslist." When possible, state the problem in terms of the issue—not in terms of the endorser.

Next, remind the endorser that this act constitutes abuse. Counsel to reeducate on the misuse, and on all other misuses within the same category of violations/misuses. Warn of the consequences of a second misuse. Show him/her the previously signed *Rights and Responsibilities* form.



Document the misuse in the Participant Violations panel within the Activity branch:

- Note in the Details field that this was a 1<sup>st</sup> occurrence.
- Record any endorser comments and your conversation in the comments section.
- In the "Sanctions" field, enter today's date for the "start date" and "end date" and select "Warning/Education" as the Sanction Type.
- Obtain an electronic signature of the participant/endorser.
- Print the "Notice of Program Violation" and give to the participant.

*Note: If the participant/endorser has misrepresented information to be eligible for WIC Program benefits and is subsequently found ineligible, the State Office may issue a claim for the WIC benefits received. Clinic staff must contact the State WIC Office immediately.*

## Management of Subsequent Occurrences of Endorser/Participant Misuse

A second occurrence of misuse by one individual constitutes a serious situation. Note that a second or third occurrence is defined as one event or multiple events from the time a person was last counseled until the person is subsequently counseled again. While the endorser may still deny the act, the circumstances of the same thing happening twice are too suspicious not to warrant some action. Before enforcing consequences for a second or third occurrence, however, clinic staff members need to have sufficient documentation that a misuse occurred and be certain that the misuse was intentional. When a second or third occurrence is identified, the local agency should proceed with corrective action as outlined in the "Endorser Misuse and Consequences" listing in this section.

If insufficient evidence is available to assign consequences for a second or third misuse, at a minimum another violation should be entered on the Participant Violations panel counted as another warning. The participant should again be educated and warned of possible consequences of a repeat misuse.

**Management of Multiple Infractions:** Occasionally a WIC participant may have multiple infractions (e.g., trying to return foods for store credit and verbal abuse). In such a case, document each violation on the Participant Violations panel. The infractions may occur at the same time or at various times. In order to apply the second occurrence consequences, the participant must have two misuse actions in the same category. In other words, if a participant had a misuse in Category I and a misuse in Category III, the participant should be warned, but not disqualified.

## Disqualification\* from the WIC Program

Disqualification is the withholding of Program benefits for a defined period of time. The local agency's responsibilities are to:

- ✓ Review the previously completed Participant Violations record with the endorser during his/her next visit.
- ✓ Determine the appropriate sanction.
- ✓ Enter a new row and complete the violations field within the Participant Violations panel. Record additional details (such as second or third occurrence) in the Details field.
- ✓ Enter a new row in the Sanctions field within the Participant Violations panel and select "Disqualify" as the Sanction type.
- ✓ Record any endorser comments and your conversation in the comments section.
- ✓ Obtain an electronic signature of the participant/endorser.
- ✓ Print the Notice of Disqualification and give the endorser a copy.
- ✓ Terminate the participant from the Program with a reason of "program abuse."

**Note:** All participants (except as noted below) who are being terminated from the Program must be told of their termination 15 days prior to the end of their benefits. At the time the participant/endorser is notified of termination, clinic staff must determine if the participant still has benefits that are valid 15 days into the future. (In this instance the participant is considered to "have" benefits even if the benefits have already been redeemed.) If the participant's last set of benefits has an expiration date of less than 15 days into the future, clinic staff should issue 15 more days of benefits to the participant to ensure a 15-day notification period. If the



participant already has benefits that have a Last Date to Use that is 15 days in the future, then no additional benefits should be issued. If the participant has two or three months of benefits they should be allowed to keep only the benefits with dates for the 15-day notice period. Any additional benefits with a First Date to Use after the 15-day notification period should be removed from the household's account.

A participant's disqualification period starts the day after the benefits' Last Date to Use that allow for the 15-day notice period.

Exceptions to the 15-day termination notice:

- Participants who are found to be dual participating in WIC are not eligible for 15-day continuation of benefits, if they continue to receive benefits from one of the programs. If the participant is disqualified from both programs (second occurrence) then the 15-day notice does apply.
- Participants, who misrepresent eligibility information in order to receive WIC benefits, when they are in fact not eligible for the Program, are also ineligible for a 15-day continuation of benefits.

**Claims:** With certain types of participant violations the State WIC Office is required to file a financial claim against participants when they have improperly received benefits (see "Endorser Misuse and Consequences" listing in this section). When one of these violations has occurred the local WIC agency must contact the State WIC Office who will then determine the value of improperly obtained benefits and issue a claim letter to the participant.

#### **State Office Responsibilities:**

When notified by the local agency, the State Office will:

- Investigate the situation to determine if a claim letter should be sent.
- Collect and maintain copies of documentation from the participant's file pertaining to the violation in question.
- Determine the value of the benefits in question.
- Determine if the case should be referred to legal authorities for criminal action.
- Notify the local clinic of a participant's status. In some cases, a participant may be terminated from the Program because of the value of the claim or because the claim is a second claim issued against the participant.
- Send a claim letter to the participant including:
  - ✓ Reason for the claim letter.
  - ✓ Value of benefits to be repaid.
  - ✓ Method of repayment.
  - ✓ Contact to discuss repayment.
  - ✓ Consequences of non-payment.
  - ✓ Participant's rights for a fair hearing and method for obtaining a fair hearing.

**Mandatory Disqualification:** Whenever the State Office assesses a claim of \$100 or more, assesses a claim for dual participation, or assesses a second or subsequent claim of any amount, the participant will be disqualified from the Program for one year. The State Office may decide not to impose the one-year disqualification if full restitution of the claim letter is made.

**Exceptions for Disqualification:** The State Office may permit a participant to remain on the Program or to reapply for benefits if full payment is made, if a repayment schedule is agreed upon within 30 days of receipt of a claim letter, or, in the case of a participant who is an infant, child, or under age 18 and not the endorser, the State or local agency may approve the designation of a proxy who can assure that no further violations will occur and that benefits will be used properly.

**Procedures for Fair Hearing:** At the time of disqualification or when a claim letter is sent, the participant must be advised of the procedures to follow to obtain a fair hearing. In order to continue to receive benefits while waiting for the outcome of a fair hearing, an appeal must be filed within 15 days of notice of disqualification or receipt of a claim letter. Any time a Fair Hearing is requested, either verbally or in writing, local staff should call the State Office immediately and follow the Fair Hearing procedures as described in **the Program Manual, section 11, Civil Rights, Fair Hearing Procedures.**

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## Reinstatement of Program Benefits after Disqualification Period

Once the disqualification period has ended, the local agency's responsibilities are:

- If the endorser returns:
  - ✓ Reinstatement the participant if he/she contacts the agency no later than fifteen (15) days after the end of the disqualification period and he/she is within his/her original certification period.
  - ✓ If the certification period has expired, treat the participant as you would any past participant applying to the Program.
- If the endorser does not return:
  - ✓ Keep the participant in terminated status if the endorser does not contact the agency within the fifteen (15) day period to resume benefits.
  - ✓ If the endorser contacts the clinic after fifteen days, the participant will have to reapply for WIC services as a new applicant.

## Summary of Endorser/Participant Misuses and Consequences by Category

MISUSE - CATEGORY I	CONSEQUENCES
<p>A. Selling or trying to sell WIC benefits, WIC foods, or eWIC cards to, or exchange with, other individuals or entities. This includes:</p> <ul style="list-style-type: none"> <li>• Trying to return food for cash refunds or store credit.</li> <li>• Selling or trying to sell verbally, in print, or online through websites such as craigslist, Facebook, Twitter, eBay, etc.</li> </ul> <p>B. Obtaining or attempting to obtain cash or credit in lieu of or in addition to authorized foods.</p>	<p><u>FIRST OCCURRENCE:</u> Counsel to warn, reeducate, and document in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><u>SECOND OCCURRENCE WITHIN 2 YEARS FROM DATE OF FIRST WARNING:</u> Counsel to reeducate, and document the second occurrence in the <i>Participant Violations</i> panel. Disqualify the participant/endorser from the WIC Program for three months. Give 15 days of benefits* and terminate the participant/endorser with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><u>THIRD OCCURRENCE WITHIN 2 YEARS FROM DATE OF FIRST WARNING:</u> Counsel endorser to reeducate, and document the third occurrence in the <i>Participant Violations</i> panel. Give 15 days of benefits* and terminate the participant/endorser from the Program for one year with the reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p>Contact the State Office to issue a claim letter for the value of any misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - CATEGORY II	CONSEQUENCES
<p>C. Attempting to redeem WIC benefits at a retailer not authorized by Colorado WIC.</p> <p>D. Obtaining or attempting to obtain unauthorized or excess foods in lieu of authorized foods within the family food benefits.</p>	<p><u>FIRST OCCURRENCE</u>: Counsel to warn, reeducate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. Review benefit-cashing procedures with client/endorser.</p> <p><u>SECOND OCCURRENCE WITHIN 12 MONTHS OF FIRST WARNING</u>: Counsel to reeducate, and document second occurrence in the <i>Participant Violations</i> panel. Disqualify the participant/ endorser from the WIC Program for one month. Give 15 days of benefits* and terminate the participant/endorser with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. <i>NOTE: After the disqualification period, at clinic’s discretion, participant/endorser may be required to return to clinic monthly to receive benefits.</i></p> <p><u>THIRD OCCURRENCE WITHIN 12 MONTHS OF FIRST WRITTEN WARNING</u>: Counsel, reeducate, and document third occurrence using the <i>Participant Violations</i> panel. The participant/endorser is disqualified from the WIC Program for three months. Give 15 days of benefits*. Terminate the participant/endorser with a reason of “program abuse.” Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser’s electronic signature and provide the endorser with a printed copy of the form. <i>NOTE: After the disqualification period, at clinic’s discretion, participant/endorser may be required to return to clinic monthly to receive benefits.</i></p>

MISUSE - CATEGORY III	CONSEQUENCES
<p>E. Intentionally misrepresenting circumstances (e.g., financial status, residency) to obtain benefits.</p>	<p><u>FIRST OCCURRENCE:</u> If the endorser/participant is eligible, counsel and document in the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. If the endorser/participant is ineligible, do not give any more benefits (including 15-day notice). Terminate with a reason of "program abuse." Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide a printed copy of the form. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of the documentation to the State Office.</p> <p><u>SECOND OCCURRENCE:</u> If the endorser/ participant is eligible, counsel and document on the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. The participant may continue to receive WIC benefits. If the endorser/ participant is ineligible, terminate (or keep in terminated status). Do not issue any more benefits (including 15-day notice). Document actions on the <i>Participant Violations</i> and <i>Certification</i> panels. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form. In the event the participant becomes eligible during the disqualification period, they may not re-apply for WIC Program benefits for one year from the date of their disqualification notice.</p>

MISUSE - CATEGORY IV	CONSEQUENCES
<p>F. Dual participation – Enrolled in two or more WIC programs and received benefits from both during the same month for the same participant.</p>	<p><u>FIRST OCCURRENCE</u>: Counsel to warn, educate, and document discussion in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form. Remove any benefits the participant still has for the program from which they are being terminated.</p> <p><u>SECOND OCCURRENCE</u>: Counsel to reeducate and document second occurrence in the <i>Participant Violations</i> panel. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form. Issue 15 days of benefits* and disqualify the participant/endorser from both local agency programs for one year with a reason of “dual participation.” Document actions in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser’s electronic signature and provide endorser with a printed copy of the form. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - CATEGORY IV	CONSEQUENCES
<p>G. Dual participation - Enrolled in WIC and CSFP <u>and</u> received benefits from both during the same month for the same participant.</p>	<p><b>FIRST OCCURRENCE:</b> Determine which program is more appropriate for the participant. NOTE: participants receiving formula with an MD prescription should continue to be served in WIC. Counsel participant on the illegality of dual participation and the consequences resulting from a second occurrence. Complete the <i>Participant Violations</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Notify CSFP in writing that participant should be removed from CSFP. If participant is being terminated from WIC, remove any remaining WIC benefits from the participant's eWIC account. Terminate with reason of "Dual participation with CFSP." Document actions on the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser's electronic signature and provide the endorser with a printed copy of the form.</p> <p><b>SECOND OCCURRENCE:</b> Terminate participant from WIC. Issue 15 days of benefits* only if the participant is being disqualified from both programs. Complete the <i>Participant Violations</i> panel for the second occurrence. Disqualify the participant/endorser from the WIC Program for one year. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Document actions on the <i>Participant Violations</i> and <i>Certification panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Notify CSFP in writing. Contact the State Office to issue a claim letter for the value of the misused benefits. Send copies of all documentation to the State WIC Office.</p>

MISUSE - Category V	CONSEQUENCES
<p>H. Verbal abuse - Using abusive language, making threats, false accusations, unrealistic demands, etc., to store, clinic staff, or other participants.</p>	<p>FIRST OCCURRENCE: Ask the endorser to leave the clinic or store and return when calmed down or when a new appointment can be made. Call police if threat of violence. Issue benefits. Counsel to warn, reeducate, and document in the <i>Participant Violations panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form.</p> <p>SECOND OCCURRENCE WITHIN 12 MONTHS OF WRITTEN WARNING: Counsel to reeducate and document the second occurrence on the <i>Participant Violations panel</i>. Disqualify endorser/participant from the Program for two months. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form. Give 15 days of benefits* and terminate the participant/endorser with reason of "program abuse." Document actions on the <i>Participant Violations and Certification panel</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form.</p> <p>The WIC director must assess the situation and decide if the conduct of the clinic or vendor staff may have provoked the incident. The endorser has the right to complain about improper or discourteous treatment and should not be penalized for making a legitimate complaint; however, this does not relieve the participant from treating clinic and retail staff with respect. If the violation is the result of incidents occurring at the store, the WIC director must ascertain that sufficient documentation of misuse has been provided before imposing sanctions.</p>



MISUSE - Category VI	CONSEQUENCES
<p>I. Physical abuse - Physically harm, or attempt to physically harm, store, clinic personnel, or other participants. Theft and/or purposeful destruction of agency or personal property by an adult (<i>does not include theft or not returning a loaned electric breast pump**</i>).</p>	<p><u>FIRST OCCURRENCE:</u> Report incidents of physical abuse, theft, and destruction of property (agency or personal) to the police. If the person causing the abuse or destruction is the participant or endorser, the participant is disqualified from the Program for one year. Give 15 days of benefits* and terminate with a reason of "program abuse." Document in the <i>Participant Violations</i> and <i>Certification panels</i>. Obtain the endorser's electronic signature and provide endorser with a printed copy of the forms.</p> <p>If the person causing the abuse or destruction is not the participant or endorser, the individual is reported to the police and asked to not return to the clinic.</p> <p><u>SECOND OCCURRENCE:</u> The incident is reported to the police. WIC staff complete the <i>Participant Violations</i> panel documenting the second occurrence. Give 15 days of benefits* and disqualify the endorser for one year. Obtain the endorser's electronic signature and provide endorser with a printed copy of the disqualification form. Terminate the participant with reason of "program abuse." Document actions in the <i>Certification</i> panel. Obtain the endorser's electronic signature and provide endorser with a printed copy of the form.</p>

\* NOTE: In these situations, WIC is required to provide 15 days of benefits before terminating a participant. If the participant already has benefits for 15 days beyond the date of notification, no additional benefits should be issued. If more than 15 days of benefits have already been issued to the participant, remove them from the participant's eWIC account. The disqualification or termination period starts when the participant's 15-day notice benefits have expired.

\*\*Procedures for recovering a lost/stolen WIC-owned electric breast pumps are described in Section 2. *Nutrition Services*, under *Breast Pumps and Breastfeeding Aids*.

## Discrimination Grievances

A civil rights complaint is one in which a participant alleges discrimination on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. These complaints are handled by a process different from Fair Hearings. Civil rights complaints, whether written or verbal, must be accepted by local or State WIC staff.

These complaints should be documented and forwarded to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (voice). Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the local agency where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). If the complaint is taken by staff a copy should also be sent to the Colorado WIC Civil Rights Coordinator at the State Office.

Individuals who wish to file a complaint can be instructed to complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Refer to **Section 11**. *Civil Rights* for more information on processing complaints.

## Retention of WIC Records and Reports

The following list summarizes WIC's policies on retention of records and reports. Local health agencies may have local policies that require a longer retention period.

REPORT/RECORD	KEEP FOR
Agency Budget	6 years
Agency Contract	6 years
Caseload Management Work Sheets	At agency discretion
Compass User Access Verification Reports	3 ½ years*
Grocer complaint forms	3 ½ years*
Nutrition Education Plan	2 years*
Participant Records and all contents	3 ½ years*
Receipts	6 years
Retailer Orientation and Monitoring Reports	3 ½ years
RPWIC 972 (Rejected/Lost & Stolen that were presented to the bank)	3 ½ years
Secure Compass User ID Forms	3 ½ years*
Staff meeting minutes	At agency discretion
Time Certification	6 years
Voided food instruments	3 ½ years*
Voter Choice forms	2 years
Ward Road Pharmacy special formula signed invoices	3 ½ years*

\*Years should be counted from the end of the applicable fiscal year. Example: Voided food instruments on any date between October 2015 and September 2016 should be kept at least through March 2019.

Previously Section 15 - Outreach | Referrals | Targeting

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## Caseload Management

All local agencies are required to maintain control of the number of participants served per month.

Caseload management can help agencies decide when to add or drop participants based on monthly participation allotment. There are reports locally available in Compass to help with this. The Participation with Benefits Report is a report that indicates WIC participation at the local agency level and the local agency WIC clinic level.

Any questions regarding managing caseload or using these reports should be directed to the assigned State Office Nutrition Consultant.

Find applicable forms at:

<https://www.colorado.gov/cdphe/wic-tools-and-guidance>

## Outreach

### Purpose and Definition

Outreach consists of the techniques used to promote and advertise the WIC Program to individuals within the community who are in need of services. Should the Colorado WIC Program's financial resources become limited, participants at the highest nutritional risk must be served. Therefore, an effective outreach program targets those with the highest nutritional risk.

### Minimum Components of an Outreach Program

Direct outreach activities to those client and community resources that refer applicants to the WIC Program. The United States Department of Agriculture (USDA) specifies that WIC Programs perform the four following principle activities to assure effective outreach (each discussed in detail below):

- Publicize the availability of the WIC Program
- Build an outreach network
- Inform organizations in the outreach network about the WIC Program
- Coordinate with other community resources

### Publicizing the Availability of the WIC Program

Several techniques can be used to publicize the availability of a local WIC Program. Media related activities include news releases, newspaper feature stories, and public service announcements. Other activities include distribution of flyers, pamphlets, and posters.

At a minimum, once each year every local WIC Program must publicize the availability of the Program using outreach techniques believed to be the most effective. Additionally, the State WIC Office releases an annual statewide general press release.

The purpose of the notification system is to inform applicants, participants, and potentially-eligible persons of the Program availability, Program participants' rights and responsibilities, the nondiscrimination policy and the procedure to file a complaint.

Public Service Announcements must include the following elements:

- Program Availability
  - ✓ Hours of operation
  - ✓ Location of clinics
- Complaint Information
  - ✓ How to file a complaint
- The WIC Nondiscrimination Statement

When the Program reaches maximum caseload, direct outreach activities toward "high risk" clients and the maintenance of caseload. The Program's outreach activities need to be specific rather than generalized. For example, instead of distributing WIC flyers community-wide, distribute them only to resources serving pregnant women, such as obstetricians and childbirth classes. If the local WIC Program serves an area where a large percentage of the potential participants speak a language other than English, communicate outreach activities in that language.

### Building an Outreach Network

An effective outreach program includes an established network of community agencies, organizations, and employers who serve the same population. The purpose of this network is to ensure that potentially-eligible clients are referred to the WIC Program.

Include community agencies and organizations serving low income pregnant, breastfeeding and postpartum women, infants, and children in the outreach network. Since many working families qualify for the WIC Program, include employers of potentially-eligible clients in the outreach network. Provide to these organizations written materials that describe WIC and how to apply.

Examples of local organizations to include in this network are listed **later in** this section. The size of the community determines those agencies/organizations to include in the network.

### Informing Organizations in the Outreach Network about the WIC Program

Once the outreach network is established, provide continual updates regarding the WIC Program to the agencies/organizations. After the initial contact, it is important to continue to update these organizations on the status of the Program. This can be accomplished by routinely visiting the agency, through telephone contacts, and/or sending personal update letters. Arranging to provide short presentations on the WIC Program at a staff meeting could also be a valuable outreach technique.

Community agencies should maintain a stock of pamphlets describing the WIC Program with the address and telephone number of the nearest WIC office, so they can be distributed to potentially-eligible clients. Also, if the agency permits, a WIC poster should be displayed.

Minimally, each agency/organization should be contacted at least once a year, and more often if a major change in the Program occurs (i.e., caseload increase or decrease).

Local agencies may want to determine if their outreach network is functioning effectively. By reviewing the *Referral Summary* report, the agency can see who is making referrals to your clinic and those programs where outreach efforts can be enhanced.

### Coordination with Community Resources

The local WIC Program's outreach activities should be coordinated with other community programs. Refer to the *Targeting High Priorities* section on page 4 for further information on coordination of services.

### WIC Outreach Efforts through the Colorado PEAK Application

The Colorado PEAK online application includes functionality that allows a person using PEAK to mark whether or not they wish to be notified by WIC. The PEAK system creates live reports, by county, of those interested individuals' contact information. Local WIC Agencies are responsible for contacting all individuals in the Local Agency's PEAKPro Inbox within two weeks. For more details, see the **Local Staffing, Outreach Coordinator** section in the Program Manual, Section 4: *Organization and Management*.

### Outreach for Special Population Groups

#### Migrant Farm Workers

The migrant population needs outreach even more than the general population because their newness to the area often means they do not know where to obtain WIC services. Outreach is also necessary to overcome their isolation from the general population. Outreach techniques used for migrants may include:

- Outreach in migrant camps by bilingual staff members or volunteers.
- Special WIC clinics held in the migrant camps.
- Inclusion of migrant farm worker organizations in the outreach network.

Refer to the WIC Program Manual, **Migrant Farm Work WIC Services** section in Section 9, *Food Delivery*, for further information on the provision of services to this special population group.

### Refugee Population

The refugee population also needs outreach more than the general population because of their newness to the area. Outreach techniques that may be useful for the refugee population include:

- Notifying agencies that sponsor refugees about the WIC Program.
- Making WIC outreach pamphlets available in the appropriate language(s).
- Including community organizations that service refugees in the outreach network.

### Infants and Children under the Care of Foster Parents, Protective Services, or Child Welfare Services

Infants and children in protective services, placed in a foster home, or under the care of child welfare are considered to be families of one and are, therefore, eligible to participate in WIC when caseload slots are available. Outreach is necessary to let the caregivers of this population know about Program services.

During annual outreach activities local agencies must specifically target programs/organizations that are likely to come in contact with foster children.

- Use agencies and organizations that specifically work with infants and children who have been placed in protective care or foster homes. By informing staff in these organizations and making brochures for distribution and posters for display available, a large number of potential clients may be reached. Such agencies and programs may include:
  - ✓ Medicaid Office
  - ✓ Mental Health
  - ✓ TANF Office
  - ✓ Foster Parent Support Groups
  - ✓ Protective Services Office
- Use public service announcements (PSAs) targeted specifically toward caregivers of these infants and children.
- Encourage clients to do outreach. Support groups for foster parents and other caregivers may exist in some communities. These groups could provide a number of referrals and word of mouth is often the most effective means of getting the word out.

### Homeless Individuals

The WIC Program is mandated to provide Program benefits to homeless individuals through outreach to facilities where they live. Community organizations providing temporary housing and meal service to homeless individuals must be contacted to determine their interest in participating in WIC, and whether they meet the four conditions for participation as outlined in the WIC Program Manual, **Food Delivery, Section 9, Providing WIC Program Services to the Homeless.**

Informing individuals about the WIC Program may include the following:

- Notifying facilities where homeless individuals live temporarily.
- Making WIC materials available to agencies such as: food kitchens, employment offices, YMCAs, YWCAs, and local churches.

When appropriate, operating special WIC clinics for homeless individuals at a shelter is a way to improve services to the homeless population.

### Employed Participants/Working Care Providers

The WIC Program is mandated to provide access to benefits for employed persons and rural residents. This includes providing scheduled appointment availability for all employed individuals who apply for WIC Program benefits.

### Employed Persons and Rural Residents

Local WIC Programs must ensure that service delivery hours and clinic sites are accessible to working parents and to rural residents. Agencies are encouraged to provide WIC services during lunch times, and during some evening and weekend hours to accommodate working clients. In some agencies this may mean allowing some staff to work a flexible schedule according to need (i.e., coming in early or staying after clinic hours to accommodate an individual) or it may mean looking to hire new staff (when turnover occurs) who are willing to work some non-traditional clinic hours.

To accommodate WIC participants who live in isolated rural areas, clinic administrators must make efforts to provide decentralized clinics on a reasonable basis. During each monitoring visit, State Office Nutrition

Consultants review the locations of clinics and the number of individuals who drive long distances for WIC services. Together, recommendations can be agreed upon to provide better access to WIC benefits.

### Scheduled Appointments for Employed Participants

In almost all cases the State Office has encouraged clinics to move from "walk in" clinics to scheduled appointments. In the rare instance where "walk in" systems still are in place, it is mandated that employed persons be given an appointment so as to minimize the time an individual must be away from work. That individual must be seen at the appointed time; no matter how many other participants are in the office waiting to be seen.

Participants have the right to choose their WIC clinic.

### Documenting Outreach Activities

Local agencies are encouraged to develop a documentation mechanism that suits their needs. The State agency reviews outreach efforts during monitoring visits through review of the documentation maintained by the agency.

### Outreach Resources

The State Office has outreach pamphlets and posters available in English and Spanish. Agencies can adapt these for local use by including the address and telephone number of the nearest WIC office.

### Targeting High Priorities

Target services to the highest WIC priorities, especially when WIC agencies are at caseload. Targeting WIC services to those who would benefit most from the Program includes priorities 1 and 2 or pregnant/breastfeeding women and infants, migrants, and homeless individuals. Infants and children under the care of foster parents, protective services, or child welfare authorities, including infants exposed to drugs prenatally should be targeted.

### Suggested Activities for Targeting Infants and Pregnant/Breastfeeding Women

- Enlist the help of people in the community who are well known and respected by the people you are targeting or who care about the people you are targeting. These key people might be popular radio announcers, grocers, doctors, teachers, nurses, 4-H leaders, athletes, and pharmacists. They may be willing to do spot radio announcements or newspaper interviews on nutrition, discuss WIC with people they work with, or be advocates for WIC in other ways.
- Because many working families qualify for the WIC Program, contacting employers in your community to see if they are willing to display outreach posters or brochures or let you speak at a staff meeting can be very effective at reaching working people who are not using WIC services. Many working families may not know about the WIC Program or may associate WIC with welfare and, therefore, think they do not qualify or see the Program as a handout and do not want to participate in it. Make an effort to educate employers and employees that the WIC Program provides nutrition education, breastfeeding support, checks weight gain/growth, and does referrals to other health care services in addition to giving special supplemental foods, the benefits of the Program and the differences between the WIC Program and welfare programs. Employers of potentially-eligible clients are listed **later in this section**. Sample letters to employers with return postcards that employers can fill out and send to you are available from the State Office.
- Form a local task force and work with these groups to put together a strategy for publicizing WIC to high priorities within the community. At a National WIC Meeting, task forces were reported to be one of the best approaches to targeting high priorities. Include key community people mentioned above, as well as individuals from:
  - ✓ Other programs within your health department or nursing service.
  - ✓ Church groups.
  - ✓ Boards of Education.
  - ✓ Local chapters of the nursing/physician/dietetic organizations.
  - ✓ Mayor or County Commissioners.
  - ✓ Local representatives of elected officials.
  - ✓ School nurses and wellness teams.
  - ✓ Local chapter of March of Dimes.
  - ✓ Medicaid offices.
  - ✓ Temporary Assistance to Needy Families (TANF) offices.
  - ✓ Supplemental Nutrition Assistance Program (SNAP) offices.
  - ✓ Hunger Free Colorado.
  - ✓ La Leche League or local breastfeeding task forces.
  - ✓ Hospitals.
  - ✓ Agriculture extension offices.
  - ✓ Day care facilities.

- Provide WIC information materials to all the places in your community that specifically attract infants and pregnant and breastfeeding women (versus attracting children or families in general). These are the places where posters can be displayed, a stack of outreach pamphlets can be dropped off, and/or brief presentations can explain about the WIC Program. Maybe the leader of childbirth classes or La Leche League would include you as part of their regular agenda so you can give a brief "pitch" on WIC. Maybe a WIC outreach pamphlet could be part of the packet of information given to new prenatal patients or in the discharge packet from the OB ward at the hospital. These might include:
  - ✓ Medicaid offices.
  - ✓ Child birth classes.
  - ✓ Summer feeding programs.
  - ✓ La Leche League meetings.
  - ✓ Obstetricians' and pediatricians' offices.
  - ✓ Stores/thrift shops that sell maternity or infant clothes.
  - ✓ Obstetrics wards in hospitals.
  - ✓ Teen mothers' classes or groups.
  - ✓ New parents' classes at the YMCA/YWCA or Red Cross.
  - ✓ Day care centers that serve infants.
  - ✓ Babysitting co-ops.
  - ✓ Diaper services.
  - ✓ Supermarkets - at customer service or next to the baby food, diapers, or formula.
  - ✓ Exercise programs geared for pregnant women.
  - ✓ Infant swim classes.
  - ✓ Birthing clinics.
  - ✓ Offices serving other nutrition assistance programs, e.g., Supplemental Nutrition Assistance Program (SNAP), CSU Extension.
- Encourage clients to help with outreach
  - Make a poster directed at clients telling clients (especially pregnant and breastfeeding women or infants) about WIC. Or, give incentive prizes to participants for referring applicants. Extra "points" can be given for referring pregnant and breastfeeding women and infants. Try to get a merchant to donate incentive prizes (such as a half price restaurant meal, a movie pass, or a discount haircut). Participant surveys show that word of mouth referrals are by far the most effective outreach mechanism.
- Write a newspaper article about good nutrition for pregnancy, breastfeeding, and/or infancy. Use a catchy title that will attract the reader's attention. At the end of the article, describe the WIC Program, and include your local address and phone. Include a "human interest" photo that will attract the readers' attention, (e.g., a pregnant woman being weighed, a mother holding her newborn).
- Use public service announcements (PSAs) designed specifically to attract pregnant and breastfeeding women and infants. Consider whether your PSAs need to be done in a second language too, such as Spanish. Target radio and television stations with programming oriented to high-priority populations that may be interested in WIC.
- Use outreach posters geared toward high priority individuals. Use posters in locations that specifically attract pregnant and breastfeeding women.
- Outreach in small towns throughout the county. These towns may offer a new pool of high priority clients.
- Advertise and offer free height and weight screenings for infants. At the screening, let families know about the WIC Program.
- Include information about WIC on the county or local health department's webpage.
- Add a link from the county webpage to the Colorado WIC Facebook page. ([www.Facebook.com/CDPHE.WIC](http://www.Facebook.com/CDPHE.WIC)).
- Share posts to the state WIC Facebook page. This helps cross promote both organizations.
- Let participants know about the Colorado WIC Facebook page. Facebook provides an easy way for individuals to hear good things about WIC from those they trust most and will be among the most effective ways of encouraging potentially eligible individuals to come to the clinic.
- General ideas to consider for outreach efforts:
  - ✓ Avoid jargon in your outreach materials. For example, people may not understand the meaning of a "food package" or "nutrition risk criteria."
  - ✓ Outreach not only to target populations but also to those people who care for them such as grandparents in a local senior citizen group.
  - ✓ Be sensitive to the community's values. For example, do not stress that WIC is a USDA program in a county where USDA may be associated with farm foreclosures.
  - ✓ Develop an "additional resources" sheet for people who apply for WIC as a result of outreach efforts but do not qualify or are put on a waiting list.



## Referral

One of the functions of the WIC Program is to refer participants, as indicated, to appropriate community agencies/services. WIC is designed to screen for the nutritional need of the participants, and funds are made available for this service. The health status of an individual is determined by several other factors, such as social and medical conditions. To ensure that participants' medical and social needs are met, local WIC Programs should establish referral systems.

Referral is a means of directing a participant from one service to another. Referral is essential for continuity of care and for maximization of services available from other resources. For clarity in this context, referral will be defined as the mechanism(s) of directing a WIC participant to other services, as deemed necessary.

Within the WIC Program, there are two types of referral systems. The first consists of directing a participant to a medical professional (i.e., nurse, physician) due to a medical need. An example of this type of referral would be directing an infant who entered the WIC Program with a cleft palate to the Health Care Program for Children with Special Needs (HCP) for evaluation and follow up.

The second type of referral which should occur within the WIC Program is directing participants to other community agencies/ services for educational or social needs. An example would be referring a participant entering the WIC Program to the local SNAP Program.

### Establishment of a Referral Network

The establishment of a local agency referral network consists of two components: identification of community resources and education of WIC staff on community resources.

A local referral network consists of many of the same agencies included in the Program's outreach network (see General Agencies or Organizations in the WIC Outreach Network" on the following pages). It includes programs housed within the same agency as the WIC Program (intra-agency), as well as other community organizations (inter agency). The number of community agencies within the WIC Program service area will determine the size of the referral network. A listing and brief description of some community services/agencies which could be included in the WIC referral network is shown in the "Referral Resources" and "Referral Resources based on Condition/Problem" section on the following pages. This listing is not complete since services vary from area to area.

To ensure participants are appropriately directed to other community services, it is necessary to inform all WIC staff about the organizations within the referral network. WIC staff should understand the purpose/function and eligibility criteria for each agency/organization in the network. Several mechanisms could be used to inform the WIC staff members. Agency representatives can be invited to provide a short presentation at WIC staff meetings. Pamphlets from the various community organizations could be made available to the WIC staff. Maintaining a "community resource" notebook with these pamphlets would provide the staff with easy access.

### Development of Referral Systems

The referral system used to direct the client to other community services is influenced by the intra-agency integration, purpose and type of referral. The "Referral Resources based on Condition/Problem" in this section outlines specific conditions/problems and the appropriate referral sources. This listing is not complete, since referrals will depend upon community resources. Referrals can be informal (informing the client about the SNAP Program) or formal (sending a standardized referral form). This will depend on the reason for the referral.

For general community referrals, time constraints dictate informal referral systems, whereby the WIC staff informs the client about specific community services and provides written materials, if available. It is recommended, though not required, that all clients be directed informally to the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Child Health Plan Plus (CHP+), and Temporary Assistance to Needy Families (TANF) Programs, including providing the addresses and telephone numbers. The local WIC Program can obtain this information from the Social Services Agency. WIC staff may also refer individuals to Colorado PEAK (<https://coloradopeak.secure.force.com>), an on-line service for Coloradans to check for potential food and cash assistance programs, apply for Medicaid and Child Health Plan Plus programs, WIC, SNAP, TANF and Aging and Adult Services Financial programs and manage benefits on-line.

Referrals due to specific medical need should be outlined in the local agency's nutrition protocols. When such referrals are initiated, a more formal referral system may be needed.

All referrals by local WIC staff persons must be entered into the Compass system administration. Local staff document referrals made to local programs or organizations on the *Referrals - Participant* panel in the Compass system. If the referral includes client information or requires local staff to contact the local program or organization on behalf of the family, then a signature of consent must be obtained. If the endorser has granted permission to release information to the physician, client information may be released to the physician without obtaining another release. The referral may be printed and given to the participant upon request.

All referrals, whether formal or informal, must be recorded on the *Referrals - Participant* panel in Compass or noted in the participant's care plan if the organization is not listed in Compass. All written information given to participants on assistance programs must be recorded, as well. To ensure that quality nutritional care is provided to WIC clients, follow up should be provided on all medical/nursing referrals. The State WIC Program will review local agency referral systems during monitoring visits.

### Adjunctive Eligibility and Referral

Any individual nutritionally and categorically (e.g., pregnant, breastfeeding, postpartum, infant, child) eligible for WIC, and currently participating in Medicaid, TANF, or Supplemental Nutrition Assistance Program (SNAP), is automatically eligible for WIC participation. WIC applicants and participants, who are eligible for but not receiving Medicaid services, should be given a referral to Medicaid at the time of each certification. This may be facilitated through:

- ✓ Referral to Colorado PEAK (<https://coloradopeak.secure.force.com>), an on-line service for Coloradans to screen and apply for medical, food, and cash assistance programs.
- ✓ Joint certification days where applicants for both programs are screened.
- ✓ Assignment of a specific staff person within both the Medicaid and WIC Programs to handle issues and referrals involving the other program. These agency individuals may refer potential participants by phone or through personal contact to their counterpart. The assigned personnel in each agency would be responsible for regularly receiving and disseminating information about programs and assisting potential participants in applying for participation.
- ✓ Regular education of agency staff regarding WIC and WIC eligibility, including the provision of pamphlets and handouts appropriate to the groups the agency is prepared to share (i.e., pregnant/breastfeeding, infant and/or child—depending on the caseload level and priorities the agency can serve).

### Coordination with other Community Resources

Community resources, such as the Expanded Food and Nutrition Education Program (EFNEP), should be coordinated with WIC services when possible. This coordination of resources will entail cooperation and referral between WIC and other community services. The steps involved in accomplishing community resource integration are listed below:

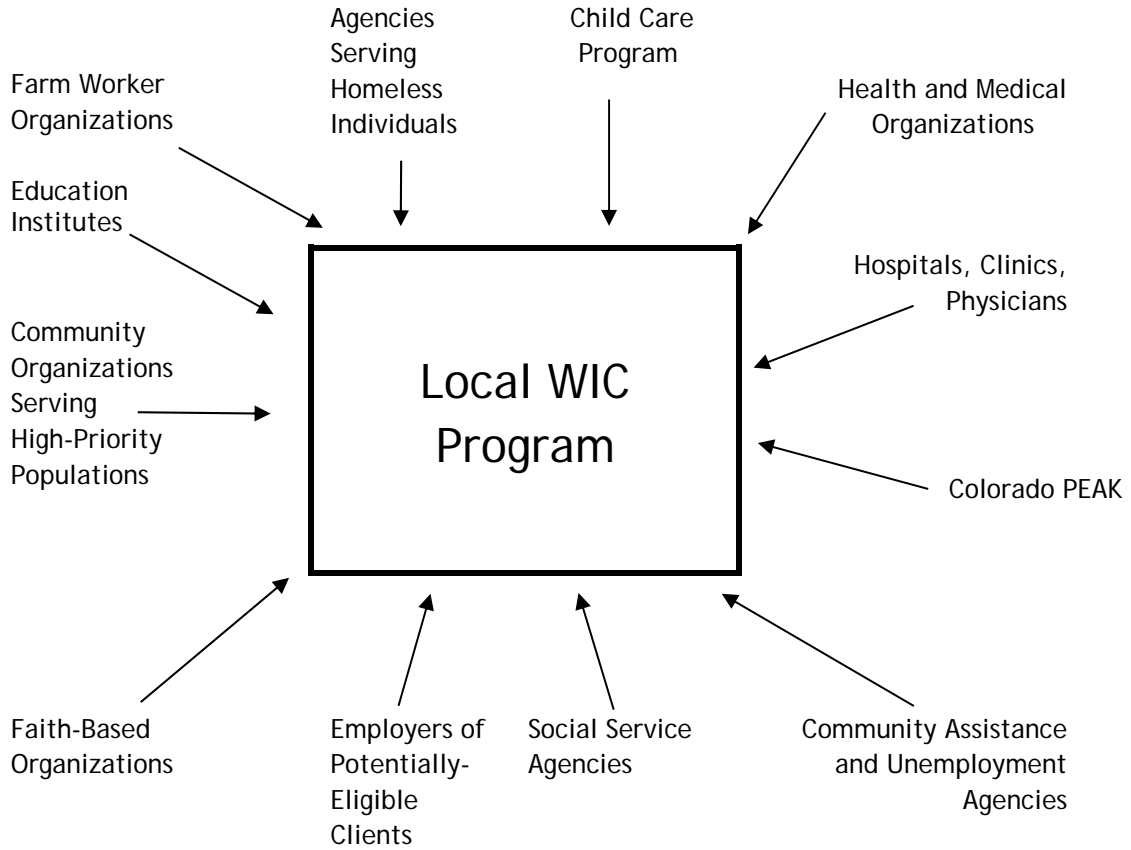
- Identify and contact community services, such as:
  - ✓ Child Health Plan Plus (CHP+)
  - ✓ Medicaid Office
  - ✓ Supplemental Nutrition Assistance Program (SNAP)
  - ✓ Temporary Assistance to Needy Families (TANF)
  - ✓ Expanded Food and Nutrition Education Program (EFNEP)
  - ✓ Hunger Free Colorado
  - ✓ Family Planning
  - ✓ School Health Program
  - ✓ Child Health Clinics
  - ✓ Health Care Program for Children with Special Needs (HCP)
  - ✓ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
  - ✓ Prenatal Clinics
  - ✓ Head Start
  - ✓ Day Care Centers
  - ✓ Migrant Clinics and Advocacy Agencies
  - ✓ Social Services
  - ✓ Alcohol and Drug Abuse Counseling Services

Other appropriate programs may be available in certain areas; they should be identified and contacted.

- Provide a mechanism for mutual sharing of information between WIC and other community services. Information pamphlets could be available in the various offices to inform clients of available community services.

- Establish a continuous referral system. Once programs are aware of each other's scope and eligibility criteria, an ongoing referral system may be established.

**WIC Outreach Network**



## General Agencies or Organizations in the WIC Outreach Network

	Specific Examples
<i>Employers of Potentially-Eligible Clients</i>	<ul style="list-style-type: none"> <li>Major employers in the community</li> <li>Factories/warehouses</li> <li>Fast food restaurants/restaurants</li> <li>Grocery stores</li> <li>Retail stores</li> </ul>
<i>Health and Medical Organizations</i>	<ul style="list-style-type: none"> <li>Local childbirth associations</li> <li>Local medical associations</li> <li>La Leche League</li> <li>Local dietetic and nursing associations</li> </ul>
<i>Hospitals, Clinics and Physicians</i>	<ul style="list-style-type: none"> <li>Local physicians (obstetricians, pediatricians, etc.)</li> <li>Local hospitals (include Social Service and dietary departments, maternity and pediatric units)</li> <li>Local health department or nursing services (EPSDT)</li> <li>Health Care Program for Children with Special Needs (HCP)</li> <li>Nurse Family Partnership,</li> <li>Health maintenance organizations</li> <li>Family Planning</li> </ul>
<i>Community Assistance &amp; Unemployment Agencies</i>	<ul style="list-style-type: none"> <li>Salvation Army</li> <li>Goodwill</li> <li>Local Job Training Partnership Act (JTPA)</li> <li>Local WIN (Work Incentive) Programs</li> </ul>
<i>Social Service Agencies</i>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Supplemental Nutrition Assistance Program</li> <li>Temporary Assistance to Needy Families</li> <li>Foster Care Program</li> <li>Colorado PEAK</li> </ul>
<i>Religious Organizations/Advocacy Groups</i>	<ul style="list-style-type: none"> <li>Churches/Synagogues</li> <li>Colorado Advocates Against Hunger</li> <li>Bread-For-The-World</li> <li>Emergency food banks</li> <li>Housing Authority</li> <li>Crisis Center</li> <li>Battered Women Center</li> <li>Community Action Program</li> </ul>
<i>Educational Institutes</i>	<ul style="list-style-type: none"> <li>Adult education programs</li> <li>High school Teen Parents' Program</li> <li>Local colleges and universities</li> <li>CSU-Extension service SNAP-Ed</li> <li>Extended Food and Nutrition Education Program (EFNEP)</li> </ul>
<i>Agencies Serving Homeless Individuals</i>	<ul style="list-style-type: none"> <li>Homeless Shelters</li> <li>Food Kitchens</li> <li>Unemployment Offices</li> <li>YMCA, YWCA</li> </ul>

## Referral Resources

Referral Resource	General Purpose/Function
<i>Alcohol &amp; Drug Abuse</i>	Prevention counseling and comprehensive treatment for substance abuse
<i>Childbirth Education Associations</i>	Prenatal education
<i>Child Health Plan Plus (CHP+)</i>	Medical Assistance for low income children who are not eligible for Medicaid
<i>Colorado State University Extension Service</i>	Consumer classes, food preparation information, recipes
<i>Early &amp; Periodic Screening, Diagnosis &amp; Treatment (EPSDT) Program</i>	Nutrition education
<i>Family Planning/Planned Parenthood</i>	Guidance and counseling to provide freedom of choice in the number and spacing of children
<i>Supplemental Nutrition Assistance Program</i>	Food assistance for low income
<i>Genetic Counseling/Screening</i>	Genetic counseling, diagnosis and education primarily for PKU, hypothyroidism, galactosemia, sickle cell anemia, homocystinuria, maple syrup urine disease
<i>Health Care Program for Children with Special Needs (HCP)</i>	Diagnosis and treatment services for special needs children
<i>Head Start</i>	Preschool educations for disadvantaged children
<i>Housing Authority</i>	Housing information/placement for low income
<i>Immunization Clinics</i>	Immunizations
<i>La Leche League</i>	Breastfeeding support
<i>Local Physicians, Medical Clinics, Hospitals</i>	Medical care
<i>Maternity Services</i>	Prenatal, postnatal comprehensive care
<i>Medicaid</i>	Medical assistance for low income women and children
<i>Mental Health Services</i>	Prevention and crisis intervention counseling
<i>Prenatal Plus</i>	Assistance for high-risk women who are on Medicaid
<i>Temporary Assistance to Needy Families</i>	Financial assistance for low income children

## Referral Resources based on Condition/Problem

Condition/Problem	Referral Source
<i>New Migrant Family</i>	Farm Worker Health Services Program
<i>Infant/Child w/Cleft Palate or other Handicapping Conditions</i>	Health Care Program for Children with Special Needs (HCP)
<i>Infant/Child w/Failure to Maintain Growth Percentile</i>	Public Health Nurse
<i>An individual or family needing food assistance</i>	Supplemental Nutrition Assistance Program
<i>Inadequate Food Supply</i>	Local Food Banks
<i>Breastfeeding Women</i>	La Leche League
<i>Overweight Postpartum Women</i>	Weight control classes
<i>Women entering with Short Inter-Conceptual Period of High Parity</i>	Family Planning/Planned Parenthood
<i>Pregnant Women for HIV Testing</i>	Planned Parenthood, Private Physician, Local Health Department
<i>Pregnant Women who have not received Prenatal Care</i>	Local Prenatal Program, local private physician accepting Medicaid
<i>Pregnant Women who Smoke</i>	A community smoking cessation program Colorado Quitline 1.800.QUIT.NOW (1.800.784.8669) <a href="https://www.coquitline.org">https://www.coquitline.org</a>
<i>A Severely Anemic Participant</i>	Public Health Nurse, local physician
<i>Teenage Mother or Teenage Pregnant Women</i>	Public Health Nurse, Community prenatal support groups

## Substance Abuse Information and Referral

Federal Drug and Other Harmful Substance Abuse Information and Referral regulations for the WIC Program specify the following requirements for all local WIC Programs:

- Participants with suspected drug or other harmful substance abuse problems must be referred to an appropriate counseling, treatment or education program where services are locally available.
- Each local agency must maintain and make available for distribution a list of local resources for substance abuse counseling and treatment.
- Local agencies are required to coordinate with local alcohol and drug abuse treatment services.
- Screening WIC participants for drug use is not specifically required by the legislation, however, some very basic screening is necessary to determine which WIC participants need referral for further assessment, counseling or treatment. Currently, the Colorado WIC Program screens for drug, alcohol, and tobacco use to determine nutrition/medical criterion through the use of questions asked on the Nutrition Interview.

To best meet these requirements, it is strongly recommended that local WIC Programs work with their agencies and public health nurses in establishing standard policies and procedures for implementation of these requirements. Specifically, the development of the distribution list and referral procedures should be developed with agency input. The following outlines the minimum requirements of the final drug and other harmful substance abuse regulations and provides suggestions for implementation.

### Provision of Information

WIC staff must provide information on the dangers of drugs and other harmful substances and referrals to pregnant, postpartum, and breastfeeding women and to the parents and caretakers of WIC infants and children. Participants who indicate that they or their child are exposed to secondhand tobacco smoke must also be warned of the dangers to themselves and/or their children. Information can be provided in any form, including visual, verbal or written communication.

Staff members are not expected to diagnose drug and other substance abuse or to provide in-depth counseling. Rather, they are to provide information on the dangers of substance abuse and secondhand smoke in the course of routine activities.

Information provided to the participant should be documented in the participant's care plan.

### Resources

- ✓ WIC Pamphlets can be ordered using the *Colorado WIC Program Materials Order Form*:
  - They Depend on You - Risks of Substance Abuse
  - Secondhand Smoke: Real Consequences
  - Marijuana Factsheet: Tips for Parents
  - Marijuana Factsheet: Marijuana and Your Baby
  - Focus on You
- ✓ Colorado Quitline - 1.800.QUIT.NOW (1.800.784.8669) <https://www.coquitline.org/>

## Making Referrals

The regulations require that participants identified as having a possible drug or other harmful substance abuse problem must be provided with a referral for appropriate counseling, treatment or education program where services are locally available. Agencies have the option to provide either an informal or formal referral. Methods for each type of referral are described as follows:

**Informal Referral:** A referral can be accomplished simply by providing all adult participants and caretakers of participating infants and children with the list of local substance abuse counseling and treatment resources.

- *AND/OR* -

**Formal Referral:** A local agency may opt to develop a more formal referral system wherein a staff member initiates contact with a substance abuse counseling or treatment agency on behalf of an interested participant.

Legislation does not require the WIC Program to make formal referrals with respect to drug use. An informal referral system whereby information is made available to participants so that they can contact referral services on their own complies with the legislative mandate.

However, for participants whose screening results suggest that drug or other substance use may be a severe problem, use of a formal referral may be more effective. A prompt formal referral for an assessment and, based on results of the assessment, further treatment as indicated has potential to benefit not only the participants themselves, but also their existing families and as yet unborn children. Even when such a formal referral is rejected, the interest demonstrated by staff may penetrate the denial that often accompanies drug and other harmful substance abuse and signal to the participant that the problem is a matter to be taken seriously. Documentation of the referral should be entered in Compass and followed up at the next visit.

### **Distribution List**

A list of local resources should be maintained by WIC local agencies, including hotlines and self-help groups for alcohol and other drug users (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Al-Anon Family Groups, Adult Children of Alcoholics, Women for Sobriety), drug and alcohol treatment programs as well as local smoking cessation programs sponsored by organizations such as the American Lung Association and American Cancer Society. In communities where resources are limited, the public health nurse or the participant's physician should be considered as a possible resource.

### **Coordination with Local Treatment Centers**

Local WIC agencies are required to contact local treatment programs to establish a referral network for participants. Familiarity with local drug and/or alcohol treatment programs and types of services provided is very important. By visiting with the staff from local programs, referrals can be more personalized. The participant can be given the name of the person they are likely to see and an explanation as to what they can expect when they go for help. See "*Coordination with other Community Resources*" **in this section**.

### **Screening**

The interview questions for women are designed to solicit drug, alcohol and tobacco use information from the participant. The prenatal interview asks about the woman's substance use behavior currently and three months prior to pregnancy. These questions are designed to most accurately assess the participant's substance use behavior during the time of conception up to and past the time a woman first finds out she is actually pregnant.

The following are guidelines for how to respond to positive answers to the questions regarding substance abuse while meeting legislative requirements. It is important to remember that pregnancy can be a stressful time and it is not uncommon for people to revert back to poor lifestyle behaviors when enduring stress.

It is again emphasized that local WIC Programs need to work with their agencies to determine specific policies and procedures around referrals and education provided to participants who respond positively to these questions.

### **Confidentiality**

Depending upon the type and extent of WIC local agency substance abuse information and referral activities, different Federal regulations and State Laws regarding the confidentiality of information collected about participants' drug and other harmful substance abuse will apply.

Current WIC regulations pertaining to confidentiality of information apply in the usual situations of providing information on drug and other harmful substance abuse in general nutrition education sessions, handing out brochures on drug and other substance abuse, providing a list of local resources for counseling and treatment to a participant, or performing minimal basic screening for purposes of referral. (FNS-276 revised, "Substance Use Prevention - Screening, Education, and Referral Resource Guide for Local WIC Agencies")

If an agency, however, engages in screening and referral beyond the WIC mandates outlined in the requirement section above, the agency may be subject to the Department of Health and Human Services (DHHS) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations, 42 CFR Part 2. For example, if WIC programs choose to provide formal referrals or screenings, policies and procedures should be established with the local agency to fulfill the DHHS regulations.



### Staff Training

All WIC staff members are required to complete the [Level I Colorado WIC Certification Program](#) substance use training that is part of the WIC Orientation module.

### HIV/AIDS Information and Referral

WIC staff members are to be part of a team of health professionals, medical personnel, and other HIV-trained health care providers responsible for apprising women of the risk of HIV transmission to their infants and the importance of HIV testing and early treatment.

The Colorado WIC Program concurs with the Colorado Department of Public Health and Environment and United States Department of Agriculture to support the recommendations of the American Academy of Pediatrics and the Centers for Disease Control and Prevention that women in the United States should not breastfeed if they are HIV positive or have AIDS. The Colorado WIC Program can play an important role in preventing the transmission of HIV/AIDS in the perinatal population.

The following guidelines define the policy for the WIC Program regarding issues related to HIV/AIDS and WIC participants:

- Encourage comprehensive health care for all WIC participants.
- Advise all pregnant, postpartum, and breastfeeding women to know their HIV status and receive early diagnosis through routine, voluntary testing, and counseling.
- Provide appropriate referrals to participants for testing, counseling, and medical treatments as needed.
- Strongly encourage and support breastfeeding as the healthiest way to feed infants. Inform all participants that HIV-positive mothers should not breastfeed, and that HIV is more easily transmitted through breast milk during the period immediately following the onset of infection.

### Suggested Procedures for Policy Implementation:

#### Providing Information to the WIC Participant

WIC staff should provide information on HIV-related issues with pregnancy and breastfeeding and document that the woman received counseling that recommends testing.

In the first prenatal nutrition education contact and during prenatal breastfeeding class, all women must be provided the following information (preferably verbally):

- ✓ The Colorado Department of Public Health and Environment and the Colorado WIC Program recommends HIV testing of all pregnant women.
- ✓ Women who test positive for HIV should receive treatment modalities which greatly reduce the risk of transmission to the fetus.
- ✓ Women should know their HIV status before deciding to breastfeed because of the risk of passing HIV through breast milk.
- ✓ Women who are HIV positive should not breastfeed.
- ✓ Participants can ask their health care provider to test them or they can go to other local testing sites.

Appropriate language to use at the initial visit might be:

*"We recommend that all pregnant women be tested for HIV, the virus that causes AIDS. The reason for this is that medication can almost always prevent HIV-positive mothers from transmitting the virus to their babies."*

If a woman reports she has been tested for HIV, but not during this pregnancy - recommend she talk with her health care provider about being screened.

Some suggested messages to use in breastfeeding sessions include:

*"Breastfeeding is a wonderful way to feed a baby. At WIC we are really committed to helping women breastfeed. However, before I talk with you about some of the tremendous benefits of breastfeeding, I need to mention to you a few situations where breastfeeding is not recommended."*

*"Women who are HIV-positive should not breastfeed. Their breast milk may infect their baby with HIV, the virus that causes AIDS. We strongly encourage breastfeeding for all women who have tested HIV-negative."*

*"Remaining HIV-negative is important for breastfeeding women too because women who first become HIV-infected while they are breastfeeding are most likely to pass the virus to their baby in their breast milk."*

*“Women who use drugs or routinely drink heavy amounts of alcohol are advised not to breastfeed as these substances are transmitted into breast milk.”*

To help review this information with the participant, staff may use the education materials listed below:

- ✓ Pamphlet: *“A Guide for a Healthy Pregnancy”* WIC #P01 (English) #P02 (Spanish)
- ✓ Pamphlet: *“Breastfeeding: Baby’s Best Start”* WIC #B01 (English) #B02 (Spanish)
- ✓ Pamphlet: *“Focus on You”* WIC #G36 (English) #G37 (Spanish)

The WIC Certification Program’s Level II Breastfeeding Module provides additional information on the contraindications to breastfeeding.

### **Making Referrals**

WIC staff should provide information on local counseling and testing sites and make appropriate referrals to WIC participants. It is recommended that each local WIC agency work with their community programs (e.g., Planned Parenthood, local health departments, community health centers, and various non-profit organizations) to develop a resource list of community HIV Counseling and Testing Sites including fee and confidentiality information. Up-to-date services offered around Colorado are available in the AIDS Coalition for Education HIV/AIDS Directory (<http://www.directory.acecolorado.org/toc.aspx>).

### **Confidentiality**

WIC staff must maintain confidentiality to ensure privacy during discussions regarding a participant’s HIV status. Individuals have the right to keep their HIV status confidential in most settings and do not have to answer the corresponding interview questions related to medical conditions. WIC staff will not know the HIV status of all participants. Furthermore, WIC staff should not ask participants their HIV status in order to make appropriate infant feeding recommendations nor to determine whether blood will be drawn to test hemoglobin. Staff must collect blood following the basis of “universal precautions.”

### **Staff Training**

The purpose of staff training is to educate WIC staff and make the referral process clearer. It is not intended to prepare staff as HIV counselors. Resources include:

- ✓ HIV/AIDS information is incorporated in the [WIC Certification Program’s Level II Prenatal & Postpartum and Breastfeeding](#) modules.
- ✓ Local agencies are encouraged to link with community AIDS service organizations and health departments to obtain educational materials, training, speakers, and referral information.

### **Frequently asked questions . . .**

#### **Why is WIC a resource for HIV-positive women?**

The WIC Program has an enormous potential to be a resource and referral link to reduce the possible transmission of HIV among the perinatal population. Women make up one of the fastest growing populations of being newly infected with HIV. Women who are disproportionately affected include low-income women, very young women, and Hispanic and African American women. No other single U.S. public health program reaches as large a percentage of pregnant women. Although U.S. deaths from AIDS have declined because medications help HIV-positive individuals live longer, the rates of new infections among women have not declined.

WIC Programs have established good rapport with participating women. Women who enroll in WIC and are not receiving medical care are introduced to prenatal care options. WIC staff members cover many points with pregnant women and can incorporate two additional points:

- Pregnant women know their HIV status to reduce the risk of an HIV-positive mother transmitting HIV to their unborn child (by starting the medication regime early); and
- HIV positive women avoid breastfeeding to reduce the risk of transmitting HIV to their newborn baby.

#### **Why not leave it for primary care providers?**

Physicians who follow CDC recommendations and discuss the issue with all pregnant women report little difficulty in securing the permission to test patients. Physicians should provide counseling before they order HIV testing. Some physicians consider this to be time consuming and do not do it routinely with all pregnant women in their care. Some physicians discuss HIV only with patients whom they perceive to be high risk. They may miss

people who are at risk. Women who have become HIV-infected via heterosexual sex with a man to whom they have been monogamous would have no “risk” to disclose. The most common route of HIV infection among U.S. women is heterosexual sex.

#### **Is the risk worth routine advice?**

Early diagnosis of HIV-positive status can greatly reduce the risk of transmission from an HIV-positive mother to her baby in utero, during delivery, and via breastfeeding. The risk can be reduced tremendously if HIV-positive mothers are identified and treated with drugs such as AZT and others. To lower the risk of transmission, women are given antiretroviral drugs, may deliver babies by cesarean, and should avoid breastfeeding.

### **Blood Lead Screening Information & Referral**

Lead poisoning is a persistent, but entirely preventable, public health problem in the United States. Elevated blood lead levels (BLLs) at or above the reference value identified by the Centers for Disease Control and Prevention can adversely affect behavior, development, and intelligence. The current cut-off value is  $\geq 5$  micrograms (ug) per deciliter. Lead poisoning is most common in children, but can occur in other groups as well. Children remain at heightened risk because they absorb lead more readily than adults and their developing nervous system is particularly vulnerable to the effects of lead. Minority and poor children are disproportionately affected. WIC is an important partner in efforts to combat this serious, but preventable health risk.

To implement the provision in Public Law 106-387, included in the WIC Appropriations Act FY2001, local WIC Programs are required to:

- Ask if the child has had a blood lead screening test.
- If the child has not had a test, they must be referred (at each certification/midcert/recertification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

The blood screen within the Assessment panel is where staff record if a child has received a blood lead screening test. If a child has not been tested, a referral for testing should be made to a local program and documented in the child’s education record. Agencies should maintain a list of local referral sources. In Colorado, lead testing is covered by Medicaid and the Child Health Plan Plus (CHP+). Additionally, most private insurance providers will cover the cost of the testing when the test is ordered by a physician. Some local health departments may also provide lead testing.

The WIC Program can further help individuals exposed to lead by:

- Referring them to lead treatment programs.
- Providing supplemental foods high in iron and calcium which help alleviate the effects of elevated blood lead levels.
- Emphasizing the importance of diet in treatment of lead exposure and assisting in developing an appropriate plan for nutrition intervention.
- Providing information on how to reduce exposure to lead.

Public Law 106-387 does not allow WIC funds to be used to conduct blood lead screening tests. A hematological test for anemia, such as a hemoglobin or hematocrit, is the only laboratory test required to determine a person’s eligibility for WIC. It is therefore, the only cost that may be charged to WIC.

### **Immunization Screening, Information, and Referral**

Low-income children are less likely to be immunized than their higher-income counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. WIC staff members play a significant role in helping to improve the immunization rates for low-income infants and children by assessing immunization records, educating participants on the importance of immunizations and by making referrals as necessary to bring immunizations up-to-date.

Colorado WIC policy requires local WIC agencies to do the following:

- Ask caregivers of infants and children under 25 months of age to bring immunization records to all certification/recertification visits and to the infant’s mid-certification check. Note: If the record is available in the Colorado Immunization Information System (CIIS), agencies with access to CIIS may access electronic records in lieu of obtaining the immunization information from the caregiver.

- Assess immunization records for infants and children less than 25 months of age for recommended DTaP shots.
- Provide information on the immunization schedule and refer caregivers to obtain immunizations if the infant or child's immunizations are not up-to-date or the immunization record is not available.
- Continue to ask the immunization status of children 25 months of age and older and make referrals as necessary.

### Required Immunization Screening

- When scheduling a certification/recertification/mid-certification visit for an infant or child under 25 months of age, the caregiver must be asked to bring the child's immunization record to the scheduled visit. The importance of assessing a child's record to make sure immunizations are up-to-date should be explained to the caregiver, however, the caregiver must also be assured that immunization records are not required to receive WIC benefits.
- At the certification/recertification/mid-certification visit of an infant or child under 25 months of age, WIC staff must ask to see the immunization record, or view it on CIIS. The infant/child's immunization record is evaluated for the appropriate number of doses of DTaP (diphtheria, tetanus and acellular pertussis) in relation to their age. The following table should be used for comparison:
  - ✓ 1st DTaP is at 2 months of age
  - ✓ 2nd DTaP is at 4 months of age
  - ✓ 3rd DTaP is at 6 months of age
  - ✓ 4th DTaP is between 15 and 18 months of age
- Acceptable immunization records include any hand-written, typed, or electronic forms from a reliable source. Reliable sources include physicians (or others with prescriptive authority), HMOs, hospitals, schools, local community nursing service, health departments and immunization registries, including CIIS. Other sources may be used when their reliability can be established by the local agency. Immunization records may be from any state or country.
- If immunization documentation for an infant or child less than 25 months of age is not brought to the WIC certification/recertification/mid-certification visits, or obtained from CIIS, the caregiver should be encouraged to bring the immunization record to the next recertification visit. The WIC clinic must also provide the parent with information on the recommended immunization schedule and make a referral to an immunization provider, ideally the child's usual source for medical care.
- Immunizations records for children 25 months of age and older are not required. WIC staff should continue to ask the caregiver if the child is up-to-date on their immunizations.
- If the infant/child is under-immunized, information is to be provided on the recommended immunization schedule. A referral should be made to where immunizations may be received, ideally the child's usual source for medical care. Clinics are encouraged to have written referral sheets available with locations and times when immunizations are available. A referral sheet may not be necessary for smaller agencies that provide immunizations on site, on an as needed basis.
- The number of DTaP shots received must be entered into Compass, and Compass will assess, based on the infant's age, whether his/her immunization status is up to date, or he/she needs additional shots.
- WIC funds, including staff time, may not be used to provide immunizations for WIC participants. The purchase of vaccines and delivery of immunizations to WIC participants are not allowable WIC costs.

### Enhanced Screening

While requirements for immunization screening and referral are described above, a local WIC agency may voluntarily provide more comprehensive immunization screening:

- WIC staff may assess the entire immunization record for infants/children less than 25 months of age rather than only using DTaP shots. Recording of immunization status in Compass, however, must be done as indicated for the minimal screening policy (for the purposes of Compass, only DTaP shots should be used in determining if the participant is up-to-date).
- WIC staff may review the immunization records of children 25 months of age or older. A local WIC agency may set a policy to ask caregivers to bring immunization records to all WIC visits.

Should a local WIC agency choose to enact an enhanced immunization screening policy, the policy must be consistently applied. **Under no circumstances may WIC benefits be withheld or delayed because the endorser/participant does not comply with local agency immunization policy.**

### **Confidentiality**

A current Memorandum of Understanding between CDPHE's Prevention Services Division and the Disease Control and Environmental Epidemiology Division (DCEED). This Memorandum allows the sharing of individual WIC participants' information with DCEED and the CIIS interface with local agency WIC staff.

### **Voter Registration Information and Referral**

#### **National Voter Registration Act and requirements**

The National Voter Registration Act (NVRA) of 1993 is a federal civil rights law that requires public assistance agencies to offer voter registration services to all persons applying for benefits, recertifying or renewing their eligibility, or whenever a client changes an address. As such, the law requires that voter registration services are provided at all WIC agencies throughout the state. At a minimum, the following services are required to be made available to Program applicants who are not already registered to vote:

- Distribution of mail voter registration application forms.
- Assistance to applicants in completing agency voter registration application forms (unless the applicant refuses such assistance).
- Acceptance of completed agency voter registration application forms for transmittal to the appropriate county clerk and recorder within 5 days.

At every certification, recertification and change of address, WIC staff members are required to ask all endorsers and adult participants, "If you are not already registered to vote where you live now, would you like to apply to register to vote here today?"

#### **Voter Choice Form**

All persons who are not already registered to vote (including those who are ineligible to vote due to age or citizenship) must be asked to fill out a Voter Choice Form, whether or not they also fill out a voter registration application. Clients should check the appropriate box and then sign and date the form. If, for whatever reason the client refuses to do so, staff should initial the form and date it. Voter Choice Forms, even if left blank by the client, should be kept by the agency for 24 months. Forms should be kept in a central file, i.e., not in the participant's chart or transmitted to the county clerk and recorder's office.

#### **Voter Registration Application**

If the client wishes to register to vote, in addition to completing the Voter Choice Form, staff must provide an Agency-Based Voter Registration Application (NVRA-1) form and instruct applicants to fill out all required information.

#### **Assistance with Forms**

Agencies are required to offer each applicant with the same degree of assistance in completing the voter registration form as is provided in completing Program forms, unless the applicant refuses such assistance. Assistance includes reviewing voter registration application to assure they are filled out completely, and providing bilingual assistance when necessary.

### **Confidentiality**

Any person who provides services at a voter registration agency must ensure that the following information is not disclosed to the public:

- Information relating to a declination to register to vote.
- The identity of the voter registration agency through which any particular voter is registered.

### **Prohibitions**

The NVRA further stipulates that any person who provides voter registration services must not:

- Seek to influence an applicant's political preference or party registration.
- Display any political preference or party allegiance.
- Make any statement to an applicant or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.
- Make any statement to an applicant or take any action, the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

**Tracking of Voter Registration Activities**

Voter registration information tracked in Compass is tallied by the State WIC office and reported to the Secretary of State's office. No separate reporting by local WIC agencies is required.

**Ordering Voter Registration Forms and Posters**

Voter registration forms and Voter Choice forms, can be ordered from:

<http://www.sos.state.co.us/ccorner/NVRAAgencyOrderForms.do>

Forms should not be downloaded from the website. The green color-coded voter registration forms available from the secretary of state's office identifies that the forms came from an NVRA agency and tracks compliance of the NVRA law. Posters informing the public that voter registration services are available may be downloaded from the Secretary of State's website. Please direct any questions to the secretary of state's office at [nvra@sos.state.co.us](mailto:nvra@sos.state.co.us)

**Voter Registration Training**

The Secretary of State's office is responsible for training local staff and providing voter registration forms. Questions regarding voter registration should be directed to the Secretary of State's office at [nvra@sos.state.co.us](mailto:nvra@sos.state.co.us)

An optional on-line training for staff is available at:

<https://cosos.learnercommunity.com/Account/login/Secure>

The NVRA agency information web page dedicated to helping agencies ensure compliance is available at:

<http://www.sos.state.co.us/pubs/elections/NVRA/NVRAHome.html>

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## WIC Program Eligibility Requirements

To be certified as eligible for WIC Program benefits, an applicant must meet all the following criteria:

- **Categorical:** The individual must be a pregnant, postpartum or breastfeeding woman, or an infant or child under five years of age.
- **Residence:** The individual must reside in Colorado.
- **Income:** The family's income must meet specified guidelines.
- **Nutritional Risk:** The individual must be determined to be at nutritional risk, as documented by a thorough nutritional assessment (growth, iron, health/medical, nutrition practices, lifestyle, personal factors, etc).

### Definitions of WIC Population - Categorical Eligibility

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) is designed to serve pregnant, postpartum and breastfeeding women, and infants and children.

A	PREGNANT WOMAN*	Woman determined to have one or more fetuses in utero.
B	NON-BREASTFEEDING, POSTPARTUM WOMAN	A woman up to six months after termination of pregnancy. Termination of pregnancy may occur with delivery of an infant or be due to miscarriage or therapeutic abortion.
C	BREASTFEEDING WOMAN	A woman up to one year postpartum who is breastfeeding an infant on the average of at least once a day.
D	INFANT	A person under one year of age (has not yet reached their first birthday).
E	CHILD	A person who has had their first birthday and until their fifth birthday.

#### *\*Proof of Pregnancy*

*No local agency may require proof of pregnancy as a condition of eligibility for WIC services. Requiring confirmation of an applicant's pregnancy can act as a barrier to intervention and enrolling women in WIC as early as possible in their pregnancy. Agencies may ask women for proof of pregnancy in cases of suspected dishonesty; however, the agency may not withhold services, disqualify, or terminate the participant if they refuse to provide proof. In cases of suspected dishonesty, participants may be reminded that they have signed a form stating that all information they have presented to determine eligibility is truthful.*

## Providing WIC Services to Pregnant Women

Research has shown that WIC has its greatest impact on pregnancy outcome when a pregnant woman begins receiving WIC benefits at least six months before giving birth. With this in mind, each local agency should focus efforts to reach and enroll eligible women in the early months of pregnancy. This includes increased efforts to contact pregnant women who miss certification appointments. In addition, every effort must be made to reduce barriers that can prevent pregnant women from receiving WIC services.

**Obtaining Information During Initial Contact:** When making a certification appointment for a pregnant woman, each WIC staff person obtains the applicant's current mailing address and phone number and enters it on the Contact/Address panel in Compass.

**Contacting pregnant women who miss their first certification appointment:** Federal WIC regulations require the local agency to attempt one contact, either by telephone (speaking with the participant or leaving a voice message) or by mail, to every pregnant woman who misses her first WIC certification appointment. Whenever the initial contact is unsuccessful, a second attempt must be made, either by phone or mail. Regardless of the type of contact used, remind the potential applicant of the importance and benefits of WIC. When the contact is made by mail, the potential applicant is responsible to contact the local agency to schedule a second appointment.

The local agency is not required to take further action if a woman: (1) does not respond to a written request asking that she contact the local agency to establish a second appointment, (2) has had her phone/message phone disconnected and the notice sent by mail is returned, (3) responds to a telephone or written contact by saying she is no longer interested in applying for WIC, or (4) arranges for and fails to attend a second appointment.

**Reducing Barriers to WIC Services for Pregnant Women:** Many eligible women do not choose to participate in WIC for a variety of reasons, even after contacting the local agency for a certification appointment. Local agency staff should identify participation barriers that may reduce a pregnant woman's choice to participate in WIC.

**Logistical Considerations:** Locations with other health and welfare offices and establishment of strong referral mechanisms may effectively reduce the no show rate for pregnant women as it makes access to services easier. Evening and weekend clinic hours would be of help to many participants.

**Documentation:** Some local agencies may require documentation that participants feel is excessive. Some locally imposed requirements may create barriers by adding requirements or by too rigidly interpreting State and Federal regulations (i.e., requiring pay check stubs, income tax forms, or other proof of income when none is available). However, pregnant women must not be treated differently than other potential participants when asked for documentation.

**Improving Access to WIC:** Participants may schedule a certification appointment, unaware of potential problems they may experience (e.g. transportation, child care). Local WIC agencies should seek creative solutions to alleviate barriers, e.g., recruiting volunteers to assist with child care or transportation, aligning WIC clinic hours with public transportation.

## Documentation (Proof) of Identity

WIC participants, initial endorsers and additional endorsers are required to present an acceptable proof of identity (ID) at all certification, recertification, mid-certification and follow-up visits. Documentation of identity for WIC participants is recorded on the Identity panel of the Compass system during all certifications and recertifications as required by the system. However, identity of each participant must be verified at each appointment.

### Acceptable Proof of ID Documentation Includes:

- Driver's license - must be issued by a state or national government, be current, and include a picture.
- Health First Colorado (Colorado's Medicaid Program) card.
- Work/School ID.
- Passport/U.S. Government ID - must be issued by a state or national government, be current, and include a picture.
- U.S. Passport Card.
- Alien Registration Receipt Card/Permanent Resident Card.
- Temporary Resident Card.
- Employment Authorization Card.
- Tribal Identification Card.
- U.S. Certificate of Naturalization.
- Certificate of U.S. Citizenship.
- U.S. Citizenship Identification Card.
- Department of Corrections ID.
- Green Card.
- Colorado Identification Card.
- Military Identification Card.
- Original or certified copy of birth certificate from any state or country, including temporary birth certificates.
- U.S. Immunization Record (infant or child only). May be viewed in Colorado Immunization Information System (CIIS). CIIS may only be used as proof of ID if immunization records are present in the record. U.S. Hospital Documentation (infant only).
- Colorado eWIC card signed by initial or additional endorser (Recertification, Mid-certifications and Follow up visits only).

- Staff recognition (Recertification, Mid-certification and Follow up visits only).
- Original Social Security card.
- Foster Child Papers (issued by State or Local Human Services).
- Other (must have State Office approval when used for eligibility determination).
  - ✓ State Office must approve “Other” forms of ID not included in the above list before users may enter the “Other” code on the Identity panel. When “Other” is chosen as the proof of ID, a description of the “Other” documentation must be entered in the Comments/Alerts panel.
- The following documents are acceptable (when they include a minimum of hospital identifier, infant date of birth and mother’s name):
  - ✓ Infant wristband.
  - ✓ Hospital discharge papers.
  - ✓ Footprint card.
  - ✓ Application for birth certificate.
  - ✓ Documentation of birth from a Certified Nurse Midwife/ Registered Midwife.

### Unacceptable Types of ID Documentation for Eligibility Determination Include:

- Foreign Consulate Card.
- Foreign Electoral Card.
- Non-U.S. Immunization Record.

### No Documentation

Compass does not allow food benefits issuance when the *Proof of Identity* field is not completed. Other fields may be completed and the client will remain uniquely pending until the *Proof of Identity* field and certification are completed.

### Transfer Visits

Participants transferring to one WIC agency from another agency (in-state or out-of state) must provide proof of identity (ID) at the new clinic. Proof of ID is required for each participant and the endorser. Enter that participant’s type of ID proof on the Identity panel. Acceptable forms of ID include all of those allowed at initial certification visits. Although staff recognition and the eWIC card are accepted forms of ID for recertification, mid-certification and follow up visits, they are not acceptable forms at a transfer visit. The participant’s Verification of Certification (VOC) card by itself is not adequate documentation of ID. For out-of-state transfers, Compass requires that proof of ID and residence be entered before food benefits can be issued. For in-state transfers, even though policy requires presentation of proof of ID, Compass does not require proof of ID or residency to be entered in order to issue food benefits. When proof of residency is not presented at an in-state transfer, issue one month’s food benefits and require proof of residency to be presented at the next visit in one month.

### Identification for Initial and Additional Endorser

The initial and additional endorser must present an acceptable proof of ID at the time endorser is established, and when a signature is captured on the Certification panel and Food Benefits panel. There are more acceptable types of ID for endorsers than acceptable types of ID for program eligibility determination. When appropriate, select “Other” in Compass and write a note in the participant’s Comments/Alerts panel indicating a description of the “Other” documentation.

### Change of Name

Documentation is required when a participant reports a name change (marriage, divorce, or other legal name change) before changes can be made to the participant record. The proof can be any of the listed acceptable forms for proof of identification, as well as other forms of proof, such as an announcement in a newspaper or a court document.

## Physical Presence Requirement

WIC endorsers and participants must either be physically present at certification and recertification visits or qualify for a physical presence exemption.

## Exemptions to the Physical Presence Requirement

The Americans with Disabilities Act of 1990 and the Child Nutrition and WIC Reauthorization Act of 2004 specify exemptions to the physical presence requirement. These exemptions are:

- *Disability*: either the applicant or the applicant's parent or caretaker has a disability. Examples of qualifying conditions include: (1) A medical condition that necessitates the use of medical equipment not easily transportable; (2) A medical condition that requires confinement to bed rest and/or; (3) a serious illness that may be exacerbated by coming in to the WIC clinic.
- An infant or child who was present at his/her initial WIC certification and is *receiving ongoing health care*
- An infant or child who was present at his/her initial WIC certification AND was present at certification or recertification within the last 12 months AND is under the care of one or more *working parents* (or primary working caretakers) whose working status presents a barrier to bringing the infant or child in to the WIC clinic.
- *Infants under 8 weeks of age* who cannot be present at certification for a reason determined to be appropriate by local agency and for whom all necessary certification information is provided.

Exemption from being physically present must be reevaluated on a case-by-case basis. Participants exempted from being physically present at a certification or recertification visit must provide all documentation required for certification or recertification (such as current height, weight, hemoglobin, and nutrition and health information). The local agency schedules an appointment for the applicant's parent, caregiver, or proxy to bring in all documents and information necessary to determine the applicant's eligibility for the WIC Program.

## Documentation (Proof) of Residence

One criterion for WIC eligibility is that an applicant resides in Colorado. Participants must provide documentation of residence (address) at all certification, recertification, and transfer visits. *Note: Electronic or paper versions of proof of residence are acceptable.*

Documentation of residence is recorded on the Contact/Address panel using the appropriate code to indicate type of documentation presented. Documentation of residence is for the household or economic unit. In most cases the documentation presented will be for the parent or endorser and apply to all members of the household.

All forms of documentation must show name, address and current date(s). Rental agreements, rent or mortgage receipts, SNAP Eligibility Letters and landlord letters must indicate a time frame that includes the WIC certification or recertification date. Utility bills, bank statements and WIC/Public Assistance letters should be for a period within 30 days or be postmarked within 30 days of the WIC certification/recertification date. Staff reviews for inconsistencies in residence (i.e., driver's license indicating one address and a utility bill indicating a different address). When contradictions are identified, actual residence must be established.

## Acceptable Proof of Documentation of Residence Includes:

- Driver's license.
- Rent or mortgage receipts.
- Government ID/Document (including Colorado Identification Card and Colorado Address Confidentiality Program authorization card).
- Rental agreement.
- Government mail (including eligibility notices from Medicaid/SNAP/TANF -postmarked envelope or card showing current address).
- Bank or credit card statement/personal check or pay stub with printed address.
- Utility or other bill (including electric, gas, phone, cable, water).
- Written statement from landlord including the parent's, endorser's, or participant's name. In the event that the parent, participant, or endorser's name is not stated on any of the above types (for example, a pregnant woman may live with a friend and all utility and rent bills may be in the friend's name), the applicant may present a letter from the person with whom they live. This is an example of a "written statement from landlord."

- Car Registration/Title/Insurance.
- Pay stub/W2 form.
- Affidavit. In the event a person lacks documentation of residence, an affidavit may be used attesting to the place of their current residence identity. If a participant has documentation of residence, but fails to bring it to their certification visit, the local clinic may complete a Provisional Certification, issue one month of food benefits, and schedule the participant to return in 30 days or less with the required documentation.
- Length of residency cannot be a prerequisite to receiving WIC benefits. Documentation of residence establishes where a person currently lives. It does not necessarily represent legal residence or legal residency status. While participants must live in Colorado, they do not need to be legal residents or citizens of Colorado or the United States.
- Other. When “Other” is selected, WIC staff must include a description of that proof in the Comments/Alerts panel for that visit day. “Display as Alert” and “Expiration Date” should not be completed. Prior approval from State Office is not required to use “Other” for proof of residence.

### Transferring Participants

When participants transfer from another (in-state or out-of-state) WIC clinic/agency, documentation of their new residence and documentation of each participant’s identity must be provided. Enter the type of residency documentation in the Compass computer system.

### Change of Address

When active participants notify WIC of a change of address, enter their new address into the Contact/Address panel to ensure continued receipt of notices mailed from WIC. When a participant moves and prefers to receive WIC from the same local agency, proof of the new residence is not required until the next certification visit. When a move requires the participant to be served by another Colorado Local WIC Agency, agency, the accepting agency handles the participant as a transfer and documents per (above) policy: *Documentation (Proof) of Residence: Transferring Participants*.

- Mail with a P.O. Box is not an acceptable form of proof of residence. Forms that prove physical residence are acceptable, i.e., an energy bill or telephone bill that indicates where service is provided.
- Written statements from landlords must include name of the parent, endorser or participant, address of the residence, landlord’s or primary renter’s name, signature, and date. The letter may be from the actual landlord or from the primary renter of the residence.

### WIC Endorser

*Endorser* - The active participant (woman category only) or a primary caregiver of the WIC participant who usually brings the participant to WIC for certifications and nutrition education. The endorser represents and signs for the WIC participant(s) in qualifying them for eligibility. The endorser has the best knowledge of the participant’s health/nutrition history and current lifestyle habits. There are two categories of endorsers: initial endorser and additional endorser. The initial and additional endorser must present an acceptable proof of ID at the certification visit and for receipt of food benefits. The proof of ID for an endorser, additional endorser or proxy are documented through the signature capture on the Certification panel and the Food Benefits panel. All endorsers, regardless if they do or do not participate on WIC, must present an acceptable type of proof of ID. However, the requirements for acceptable types of proof of ID are less stringent for non-WIC participating endorsers than for endorsers who are WIC participants. When an endorser is not a WIC participant, select *Other* from the proof of ID dropdown in Compass. After showing an acceptable proof of ID at the initial certification and after the initial or additional endorser signs the eWIC card, this eWIC card is an acceptable type of proof of ID at recertification, mid-certification and follow-up visits for all household members, including the initial endorser, additional endorser and participant.

*Initial Endorser* - For the majority of participants on the WIC Program, the initial endorser is the participant herself or a parent or legal guardian of an infant or child. There are cases when, although not a parent or legal guardian, the initial endorser is the WIC participant’s primary caregiver such as a developmentally-disabled woman having another adult serve as the endorser or a grandmother serving as the endorser if the mother is working and unable to attend the WIC appointments. When the initial endorser is not a parent or legal guardian, he or she must provide written documentation as to why they have been selected as an endorser. This documentation is scanned into the participant’s Compass record or is maintained in a central file. Examples of acceptable documentation are:

1) written permission from the adult participant or parent naming the caretaker as endorser, or, 2) in unusual situations such as child abandonment, or the incarceration or incapacitation of the parent or legal guardian, the caregiver may write a self-statement describing the circumstances surrounding the parent or legal guardian and why they have been selected to be the endorser.

*Additional Endorser* - Person designated by the initial endorser as a second person who can sign for the WIC participant(s) in qualifying them for eligibility. The additional endorser is typically the other parent or a legal guardian of the WIC participant. The additional endorser can be the child's primary caregiver.

### **Endorsers' Rights and Responsibilities:**

Either endorser may participate in the participant's nutrition assessment and education, obtain food benefits,, change WIC appointments, and update participant information. Both endorsers have ownership of this WIC participant's information and may receive copies of WIC participant information during that time period each was endorser without consent of the other endorser. When an endorser represents a WIC participant, WIC staff and the endorser(s) agree to partner towards providing optimal WIC benefits to the participant. Responsibilities are identical for both types of endorser.

### **Procedure to Add an Additional Endorser:**

1. WIC staff can decide whether or not to ask the initial endorser if he/she chooses to identify the additional endorser.
2. Initial endorser is not mandated to designate an additional endorser.
3. When adding the additional endorser, both the initial endorser and the additional endorser must be physically present at the WIC appointment.
4. WIC user enters the additional endorser's name on the Family panel. The additional endorser must show an acceptable proof of identification at the time endorsership is established.
5. The proof of identification is captured on the Certification panel and Food Benefits panel when the additional endorser's signature is captured.
6. WIC staff must explain to both the initial and additional endorser the rights and responsibilities of each endorser.
7. In the majority of situations, the initial endorser decides whether to add or remove the additional endorser.
8. By signing on the Certification panel during the participant's certification or recertification, the initial endorser/additional endorser acknowledges his/her Rights and Responsibilities.
9. Either endorser's signature on the Food Benefits panel verifies receipt of food benefits and acknowledgement of the Rights and Responsibilities.

### **Removing Endorsers**

When removing the additional endorser, the initial endorser provides a written statement which the user scans into the participant's record.

Certain situations exist that justify removing the initial endorser without their permission. This may occur when an additional endorser presents legal documentation that he/she has full custody of the participant (see Change of Custody section below) or if the initial endorser is no longer available (e.g., deserts the family or is incarcerated).

### **Changing Endorsers**

Every effort should be made to maintain established endorser(s). When either the initial or the additional endorsers are unable to attend a WIC appointment, it is best to designate a *proxy* as opposed to changing *endorsers*. WIC staff should problem solve with the endorser before opting to change endorser (e.g., offer alternate appointment times or a different clinic location, use a proxy and/or an alternate shopper). Nevertheless, certain situations require changing the endorser are:

- **Initial Endorser Choice:** Initial endorser voluntarily requests change or removal of either endorser by providing the WIC clinic staff signed and dated permission. Staff can request that the initial endorser presents legal documentation prior to changing endorser(s). Staff scans this written permission to relinquish/change endorser(s) and ties it to the participant's Compass record. When scanning is unavailable, this written permission is maintained in a WIC clinic central file. Proof of residence and income must be presented when the participant has moved and/or the economic unit has changed.

- **Change of Custody:** If at any time a caregiver or additional endorser arrives at the WIC clinic with legal proof of full (100%) custody of a child participant, endorserhip may be changed with accompanying proof of identification. Proof of income and residence from the new endorser must also be provided if the participant has moved and/or the economic unit has changed. If the family unit previously had two endorsers, the endorser with full custody may choose to either maintain or remove the other endorser. When a caregiver arrives with legal proof of partial (<100%) custody, it is the caregivers' role to determine if one or both will be the WIC endorser. WIC staff is discouraged from taking sides or making decisions regarding endorserhip. In difficult situations, staff can refer caregivers to the Department of Human Services for assistance.
- **Foster Care:** A foster parent becomes the WIC endorser of a foster child with proof of custody by a welfare agency or Department of Human Services. Should foster parent designation change, the new foster parents become the new WIC endorser with proof of custody, income, residence and identification.

For information on providing WIC services when both endorsers are unavailable see *Clinic Procedures: WIC Proxy & Interim Endorser Procedures*.

### Release of WIC Records to Endorser

The WIC Program releases participant records to the current initial and/or additional WIC endorser/s only for that period of time they personally are the endorser. Endorser must show proof of identification to obtain the records. Records should not be released to others, including the Department of Social Services (DSS), without written approval from the endorser. Records of a child in foster care may only be released to DSS for that time while the child was in foster care. Do not release records to proxies, past or interim endorsers, relatives, or nonlegal guardians. Document details of records inquiries and releases in the participant's care plan (see *Confidentiality and Release of Participant Data*).

## WIC Income Eligibility

In order to financially qualify for the WIC Program, a participant’s combined household gross income cannot exceed the WIC Income Eligibility Guidelines (IEG). The WIC IEGs are 185% of the Federal Poverty Guidelines published in the Federal Register on **March 15, 2017**. The WIC IEGs listed below are in effect for Colorado beginning **July 1, 2017**.

**WIC INCOME ELIGIBILITY GUIDELINES**  
 Effective July 1, 2017 - June 30, 2018

HOUSEHOLD SIZE*	GROSS INCOME		
	YEARLY	MONTHLY	WEEKLY
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
For each additional family member, add:	+\$7,733	+\$645	+\$149

**NOTE:** An income assessment should be conducted counting a pregnant woman as a household size of one first. If she is over income, then the agency can increase the household size by the number of fetuses in utero.

Use the following steps to manually calculate gross income. Compass calculations follow these same steps.

1. If a household has only one income source or if all income sources have the same frequency, compare the income, or the sum of the separate incomes, to the published IEGs for the appropriate frequency and household size.
2. When multiple pay periods occur within the past 30 days, a pay stub from each pay period must be presented for the full 30 days.
3. If a household reports income sources at more than one frequency, perform the following calculations:
  - Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.
  - Do not round the values resulting from each conversion.
  - Add together all the unrounded, converted values.
  - Compare the total to the annual income for the appropriate household size to determine income eligibility.

### Documentation (Proof) of Income

The endorser/participant discloses information during the certification and recertification visits that determines WIC income eligibility. The number of persons in the economic unit, the monthly (income received within the last 30 days) or annual gross household income, and the type/s of documentation presented are all recorded in Compass. Applicants are screened for income at certification and recertification visits. They should not be asked for income information between certification dates. However, should a participant notify WIC that their income or financial situation has changed during a certification period, their household’s income must be reassessed.

*Note: Electronic or paper versions of proof of income are acceptable.*

### Acceptable Types of Income Documentation Include:

- Verification of participation or eligibility notice for TANF (Temporary Assistance for Needy Families), Health First Colorado (Medicaid), or SNAP (Supplemental Nutrition Assistance Program or “food stamps”) is acceptable documentation for adjunctive eligibility.



Refer to **section on Adjunctive Eligibility** to determine when a participant qualifies as adjunctively income eligible. Active participation in Colorado Works/TANF may be verified via official award letters, the Colorado PEAK system, and the Colorado Benefit Management System (CBMS). Active Health First Colorado participation may also be verified through the Health First Colorado Voice Response System and the Health First Colorado Portal.

- Disability Assistance (SSI): Letter or check stubs.
- Military Leave and Earnings Statement (LES).
- Check stubs from employment.
- Federal or State W-2 forms or income tax forms. When using the W-2 or income tax forms, staff must ensure that assessment of the annual income is appropriate. **See policy** on *Current Income vs. Annual Income*.
- Unemployment Letter/Notice.
- Written Statement from employer or other person.
- Savings, checking, or CD account statements (when check stubs or tax documents are not available).
- Self-employment documentation/financial records.
- Child support/alimony document.
- Student Award Letter.
- Foster Placement/Award Letter.
- Verification of Certification (VOC).
- Affidavit.
- Other. In the event an applicant provides documentation that clearly establishes household income but the form of documentation presented is not listed in Compass, enter “Other” in Compass along with a description of the documentation in the Notes column.
- No documentation.
- In the event an applicant lacks documentation of income, select “Affidavit”, to attest to their income. When an applicant truly lacks documentation of income they may self-declare their gross income. Enter the declared income on the Income panel under “Amount” field, document source as “Verbal Report” and list “Affidavit” as proof of income. Once the Income Determination Table is complete, collect the applicant/endorser’s signature.
- In the event a person has documentation of income but has not brought it to the WIC appointment, leave the Income Determination Table in the Income panel blank. Provisionally certify the participant and issue one month of food benefits. Schedule the participant to return with proof of income within 30 days.

### Participants Declaring Zero Income

Using WIC’s definition of income, it is possible but not common that a WIC applicant’s household receives zero income. When an applicant declares zero income for their household, staff should question how basic living necessities such as food, shelter, medical care, and clothing are obtained. Given WIC’s definition of economic unit (a group of related or unrelated persons sharing financial and other resources), some WIC participants may incorrectly report having zero income. For example, an unemployed pregnant woman may report zero income even though she lives with a friend who provides shelter, water, electricity, and/or food. In this example the pregnant woman is actually part of the larger household and must report the income of her friend (and any other household members).

### Transferring Participants

When a participant transfers from one WIC clinic to another (in-state or from out-of-state) within their certification period, their income need not be reevaluated during the transfer visit since it was already verified at certification.

### Determining Family/Household Size

For the purposes of determining WIC income eligibility, the terms “family,” “economic unit,” and “household size” are interchangeable. A family is defined as a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services. Residents of a homeless facility or an institution are not considered members of a single family. It is reasonable to assume that persons living together (other than those living in institutional setting and homeless facilities), whether related or not, are likely to be receiving support and have some blended resources. This would render them members of the economic unit with whom they live.

- **Pregnant woman:** In the case of a pregnant woman who is otherwise ineligible for participation in the program because the family of the woman is of insufficient size to meet the income eligibility standards of the program, the pregnant woman shall be considered to have satisfied the income eligibility standards if, by increasing the number of individuals in the family of the woman by 1 individual, the income eligibility standard would be met. Therefore, the State agency must perform an income eligibility determination without including the unborn fetus or embryos as part of the economic unit in order to determine if they are ineligible. If they are ineligible, the agency can increase the household size by the number of fetuses. It is not allowed to automatically include an unborn fetus or embryo when determining income eligibility. This policy should not be used in those individual cases where increasing the woman's family size conflicts with her cultural, personal, or religious beliefs.
- **Foster child:** A foster child who is living with a family, but remains the legal responsibility of welfare or other agency is considered a family of one. This foster child's income is the amount of money paid to the foster parent to care for the child.
- **Adopted child:** When a family has adopted a child or has accepted legal responsibility for a child, the child is counted as a member of the family with whom he/she lives. The size and total income of that family are used to determine the child's income eligibility for WIC.
- **Joint custody:** A child that resides in more than one home as a result of a joint custody situation shall be considered as part of the household of the parent/guardian who is applying for WIC on behalf of the child. A child may only receive benefits as part of one household or family. It may be beneficial to issue food benefits on a monthly basis when custody is in question.
- **Child support:** If a family pays child support for a child that does not live with them, the child may NOT be considered as part of the household (unless the child lives in an institution or school). The family also may not deduct the cost of the child support when reporting their gross income to WIC.
- **Child in school/institution:** A child who resides in a school or institution, and the child's support is being paid for by the parent or guardian, the child may be counted in the family size of that parent/guardian.
- **Minor:** The determinant of whether a minor is emancipated and thus a separate economic unit for WIC Program purposes is whether or not the minor is living as a separate household without any economic support from any other persons in the household. If the minor receives any support for which she does not pay, such as shelter or meals, she should not be considered a separate household. For example, if the minor has a separate apartment with kitchen facilities in the family's home and the minor pays all expenses for her own support; it is possible that the minor may then be considered a separate household.
- **More than one family in a house:** It is possible for two separate families to live under the same roof. In determining household number it is important to determine the economic independence of the family applying for WIC. The income they report must be sufficient to cover their living expenses (i.e., food, clothing, and daycare). Financial resources and support must be retained separately. (See related policy in *Special Populations section, WIC Program Services to the Homeless.*)
- **Temporary living situation:** If an individual who meets the definition of homeless is living temporarily in a shelter or friend's home, he/she can be considered a separate economic unit. If after 365 days the participant continues to live in the same residence, then the entire household is considered an economic unit and the total household income should be used for WIC screening.
- **Deployed military service member:** Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

### Examples:

- ✓ A pregnant woman and her one child live with the woman's boyfriend and his two children. They share food, utility, and rental expenses. The woman has a job and receives child support for her child. The boyfriend has a job. In this case, the economic unit is 6 (pregnant woman counts as two). Income for both adults plus the child support must be included in the income determination.
- ✓ A woman who is not categorically eligible for WIC lives in a house with her two children (one applying for WIC), and the grandmother. The woman is employed and the grandmother receives social security. They share food and other expenses. The economic unit is 4. The woman's income plus the grandmother's social security need to be included in the income determination.
- ✓ A pregnant woman lives with her parents and her younger sister. The pregnant woman is unemployed. Both parents are employed as is the younger sister. The parents provide for all expenses except that the younger sister contributes money for groceries. The economic unit is 5. The income of both parents and the sister need to be included in the income determination.

- ✓ A pregnant woman and her daughter live in the woman's parent's house. The pregnant woman is employed and provides the food, clothing, and other living expenses for herself and her daughter. The parents do not provide any money, and do not share income or food with their daughter or her child. The economic unit is 3 (pregnant woman counts as 2). Only the pregnant woman's income needs to be considered in the income determination. Even though the parents provide "housing" this is not considered income, but is considered an "in-kind" benefit.

## Income

Income is defined as the total gross income of all household members. Current income is defined as all income received by the household during the month (30 days) prior to the date the application for WIC benefits is made. If the income assessment is being done prospectively (e.g., the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), "current" refers to income that will be available to the family in the next 30 days. Gross income is all income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc. It also includes any money received or withdrawn from any source, including savings. Certain cash payments are excluded from WIC determination (see income and benefits exclusion list). Applicants need to show documentation of all income. Income is generally determined on current income (meaning income received in the previous month), but may also be determined as an annual rate of income when appropriate (see next page). WIC regulations do not permit a household's income to be reduced for hardships, high medical bills, child care payments, taxes, child support, alimony, insurance, or other deductions.

Any benefit which is of value, but which is not provided in the form of cash money, is considered in-kind benefit and is not counted as income. Example: A divorced woman's has full custody of a child and her ex-husband pays child care expenses directly to the child's day care center. Those payments are considered an in-kind benefit and are not included in her income. However, if the ex-husband pays the money directly to the divorced woman who then pays the day care then the money is included as income. Another example would be the case where a person receives housing without cost as part of their job. The value of in-kind housing is not considered income. If a person receives a housing allowance (money) then it is considered income.

## Current Income versus Annual Income

The intent of WIC income determination procedures is to target benefits to individuals most in need who lack the resources to provide for adequate nutrition at a critical time for growth and development. Therefore, local WIC agency staff should consider the income of the household during the past 12 months and the family's current rate of income to determine which indicator best reflects the family's financial status.

Income determination for a family with temporarily low income should be based on the family's annual rate of income. Temporary low income means income that is below a family's normal level due to infrequency or irregularity of employment. This applies to families with individuals who are employed, but not currently receiving income. Families who might be in this category may include, but are not limited to, construction workers, seasonal agricultural workers such as farmers, self-employed persons, teachers, and persons on extended leave due to childbirth or illness. When the adult members of a family become unemployed their income while unemployed should be used for income determination.

If an individual's income increases and this increase is expected to be sustained (such as a raise in salary), current income should be used for income determination. Annual income should not be used to reflect a lower income. If an individual's income decreases and the decrease is expected to be sustained (for example, if a person has lost a higher paying job and has had to take a lower paying job) again current income should be used.

Participants are certified for the entire certification period based on financial information provided at the certification/recertification visit. Therefore, income information should not be solicited from the participant at a mid-certification or follow-up visit. However, if a change of income is volunteered by the participant, staff members are obliged to determine if the participant is still financially eligible. If the participant is found to be over income, all members of their household should be disqualified from WIC even if they are currently within a certification period. **This is also required if staff receives information from another source besides the participant (third party, anonymous tip, etc.)**

Participants who are within their certification period should be issued 15 more days of food benefits, made ineligible, and be given a Notice of Ineligibility. This reassessment is not required if there is 90 days or less left in the certification period.

## Income Inclusions

Income means gross income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. Income includes the following:

- Monetary compensation for services, including wages, salary, commissions, or fees, including active military payments.
- Social Security, Social Security Disability.
- Dividends or interest on savings or bonds, income from estates or trusts, or net rental income.
- Public assistance or welfare payments, foster care payments (SNAP benefits are not counted as income).
- Unemployment Compensation.
- Government civilian employee or military retirement or pensions or veteran's payments.
- Private pensions or annuities.
- Alimony or child support payments.
- Military clothing allowance.
- Any Cost-Of-Living Allowance (COLA) provided to military personnel on duty in designated high-cost areas within the 48 contiguous states of the United States. This allowance is referred to as the continental United States (CONUS) COLA.
- Regular contributions from persons not living in the household.
- Net royalties.
- Other cash income including, but not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts or other resources which are readily available to the family (See Lump Sum Payments below).
- Education grants and loans are considered income when determining WIC eligibility dependent on the source of the grant or loan (see Income and Benefits Exclusion List). Money received from the G.I. Bill for educational purposes is considered income.
- Lump sum payments may be considered income depending on its classification. Lump sum payments are classified as either "new money" or "reimbursements" for lost assets or for injuries.
  - ✓ Lump sum payments that represent "new money" intended to be used as income should be considered as "other cash income" and counted as income for WIC income eligibility determinations. Examples of "new money" include: gifts, inheritances, lottery winnings, workers' compensation for lost income, and severance pay.
  - ✓ Lump sum payments that represent reimbursements should not be counted as income. Examples of lump sum payments as "reimbursements" that do not count as income include: mileage reimbursements, amounts received from insurance companies (home or auto) for loss or damage of real or personal property incurred by a household, such as payment of medical bills resulting from accident or injury.
  - ✓ Lump sum payments may not fall easily into the categories of "reimbursements" or "new money" but may in fact represent both. Examples include legal or medical settlements that provide reimbursement for lost property and medical expenses, as well as compensation for tangible or intangible physical or mental injury. In the case that a lump sum payment falls into both categories, the payment should be treated in a way to most accurately reflect the economic situation of the household.
  - ✓ For those lump sum payments which are considered as income, the lump sum should be counted as annual income or be divided by 12 to estimate a monthly income.

## Self-Employed Individuals

Both farm and non-farm self-employed persons are assessed for WIC income eligibility using net income rather than gross income. WIC agencies are encouraged to use the applicant's most recently completed Internal Revenue Service (IRS) tax returns as a basis for calculating net income for both farm and non-farm self-employed income. State and local agencies should use the adjusted net income figure indicated on the completed Federal tax return; it is not the responsibility of the local WIC staff to challenge or recalculate that amount.

## Income and Benefits Exclusion

Income for the purpose of WIC income eligibility criteria shall not include the following:

- Any Basic Allowance for Housing (BAH) received by military services personnel for residing off base or as payments for privatized on-base housing.
- Any Cost-Of-Living Allowance (COLA) provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is referred to as the Overseas Continental United States (OCONUS) COLA. Some members of a military family may remain stateside and apply for WIC while a family member on duty overseas receives the OCONUS COLA.

- Combat pay is an additional payment (Chapter 5 of Title 37 of the United States Code) received by the household member who is deployed to a designated combat zone. Combat pay received by service members is normally reflected in the entitlements column of the military Leave and Earning Statement (LES). Family Separation Hardship (FSH) Hardship Duty Pay (HDP) are also exclusions. Combat pay, Hardship Duty Pay, and Family Separation pay are excluded from WIC income eligibility determination when:
  - ✓ Received in addition to the service member's basic pay; and
  - ✓ Received as a result of the service member's deployment to or service in an area that has been designated a combat zone; and
  - ✓ Not received by the service member prior to his/her deployment to or service in the designated combat zone.
  - ✓ Received as Deployment Extension Incentive Pay (DEIP)/Deployment Extension Stabilization Program (DESP) pay. DEIP/DESP payments are given to active service members who agree to extend their military service by completing deployment with their units without re-enlisting. This exemption to income applies until the service member returns to a military installation within the United States. (Note: Any additional DEIP or DESP payment received by the service member while serving within the United States must be counted as income for WIC eligibility determination purposes.)
- The value of in-kind housing and other in-kind benefits.
- Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646, sec. 216, 42 U.S.C. 4636).
- Any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteers Service Act of 1973 (Pub. L. 93-113, sec. 404(g), 42 U.S.C. 5044(g)) to the extent excluded by that Act.
- Payment to volunteers under section 8(b)(1)(B) of the Small Business Act (SCORE and ACE) (Pub. L. 95-510, sec. 101, 15 U.S.C. 637(b)(1)(D)).
- Income derived from certain sub marginal land of the United States which is held in trust for certain Indian tribes (Pub. L. 94-114, sec. 6, 25 U.S.C. 459e).
- Payments received: Job Training Partnership Act (Pub.L. 97-300, sec. 42(b),29 .S.C. 1552(b));
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, sec 6).
- Payments received under the Alaska Native Claims Settlement Act (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626(c)).
- The value of assistance to children or their families under the National School Lunch Act, as amended (Pub. L. 94-105, sec. 9(d), 42 U.S.C. sec. 1760(e)), the Child Nutrition Act of 1966 (including free or reduced-price lunches or breakfasts, and meals or supplements in the Child and Adult Care Program and Summer Food Service Program) (Pub. L. 89-642, sec. 11(b), 42 U.S.C. sec. 1780(b)), and the Food Stamp Act of 1977 (Food Stamp Program, including Food Distribution Program on Indian Reservations) (Pub. L. 95-113, sec. 1301, 7 U.S.C. sec 2017(b)).
- Payments by the Indian Claims Commission to the Confederate Tribes and Bands of the Yakima Indian Nation or Apache Tribe of the Mescalero Reservation (Pub.L.95-433,sec.2,25USC609c-1).
- Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, sec. 6, 9(c), 25 U.S.C 1725(l), 1728(c)).
- Payments under the Low-income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(c), 42 U.S.C. sec. 8624(f)).
- Student financial assistance received from any program funded in whole or part under Title IV of Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 (1) and (2) of that Act (Pub. L. 99-498, section 479B, 20 U.S.C. 1087uu). The specified costs set forth in section 472 (1) and (2) of the Higher Education Act are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including the costs for rental or purchase of any equipment, materials, or supplies required of all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending the institution on at least a half-time basis, as determined by the institution. The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses.
- Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105 (l), 42 U.S.C. sec. 5155(d)).

- Effective July 1, 1991, payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d).
- Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec.1).
- Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 100-383, sec. 105 (f)(2), 50 App. U.S.C. sec. 1989b-4(f)(2)).
- Value of any child care payments made under section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-485, sec. 301, 42 U.S.C. sec. 602 (g)(1)(E)).
- Value of any "at-risk" block grant child care payments made under section 5081 of Pub.L. 101-508, which amended section 402(l) of the Social Security Act.
- Value of any child care provided or paid for under the Child Care and Development Block Grant Act, as amended (Pub. L. 102-586, sec. 8(b), 42 U.S.C. 9858q).
- Mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act of 1984 (GI Bill), as amended (Pub L. 99-576, sec. 303(a)(1), 38 U.S.C. sec. 1411 (b)).
- Payments received under the Old Age Assistance Claims Settlement Act except for per capita shares in excess of \$2000 (Pub. L.98-500, sec. 8, 25 U.S.C. sec. 2307).
- Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Pub. L. 101-625, sec. 522(l)(4), 42 U.S.C. sec.1437 (nt)).
- Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to no less than 50 percent of the median income of the area (Pub. L.100-242, sec. 126(c)(5)(A), 25 U.S.C. sec. 2307).
- Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec 6).
- Payments received under the Judgment Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2(b), 25 U.S.C. sec. 117b(b)).
- Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, U.S.C. sec. 640d-21).
- Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec.9 ).
- Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97-408, sec. 8(d)).
- Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec. 5).
- Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3).
- Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6(b)(2)).
- Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4(b)).
- Payments received under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 through the prescription drug discount program must not be treated as income.
- Earned Income Tax Credit (EITC) refund/payments.
- National Flood Insurance program payments (USDA Policy Letter WC-06-02-P).
- Treatment of Family subsistence Supplemental Allowance (FSSA)(USDA Policy Letter WC-06-03-P).
- Loans, not including amounts to which the applicant has constant or unlimited access.
- Filipino Veterans Equity Compensation Fund payments (Public Law 111-5, Sections 1002(c) and 1002(g)).

## Income Determination of Military Personnel

### Household Size

Military personnel living overseas or assigned to a military base, even though they are not living with the family, should be considered members of the economic unit when they are sharing financial resources with the household. When a military individual is counted as a member of the economic unit, their income must also be included in the economic unit.

### Income Definition

According to WIC regulations income is defined as any "cash income before deductions." Unless income is specifically excluded by regulations it must be included as income. Specific exclusions that apply to military personnel include:

- Any Basic Allowance for Housing (BAH) received by military services personnel for residing off-base or as payments for privatized on-base housing.
- Any Cost-Of-Living Allowance (COLA) provided to a member of a uniformed service who is on duty outside the contiguous states of the United States. This allowance is referred to as the Overseas Continental United States (OCONUS) COLA.
- The value of in-kind housing and other in-kind benefits.
- Combat pay/hazardous duty pay (IMP/HFP) received by service members during a deployment.
- Combat pay is excluded if it is:
  - ✓ Received in addition to the service member's basic pay; and
  - ✓ Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone; and
  - ✓ Not received by the service member prior to his/her deployment to or service in the designated combat zone.
  - ✓ Received as Deployment Extension Incentive Pay (DEIP) / Deployment Extension Stabilization Program (DESP) pay. DEIP/DESP payments are given to active service members who agree to extend their military service by completing deployment with their units without re-enlisting. This exemption to income applies until the service member returns to a military installation within the United States. (Note: Any additional DEIP or DESP payment received by the service member while serving within the United States must be counted as income for WIC eligibility determination purposes.)

All other forms of income that are not specifically excluded (see income definitions) must be considered as income. Some forms of income that must be included for military personnel would be military clothing allowance, cost-of-living allowance for the continental United States (CONUS COLA), Basic Allowance for Subsistence (BAS), and/or foreign duty pay.

### **Current Income versus Annual Income**

When military personnel are assigned to duty that results in a temporary increase in income (which would be the case for personnel assigned overseas or to a military base during an action), income calculations are based on the last 12 months rather than on the current monthly income. Bonuses, such as reenlistment and hazardous duty pay should be annualized (amount divided by 12) when determining monthly income. If income has decreased as a result of military assignment, as in the case of a reservist who has had to suspend more lucrative employment, then current monthly rate of income should be used.

### **Documentation of Income**

Documentation of income should be done according to current Colorado WIC policy. In the situation where the family is unable to document military income because the documentation of gross income is only available to the military person serving overseas, then the local agency should work with the applicant to best determine gross military income. This may result in self-declaration of the family's gross military income. This is an acceptable option when necessary. If self-declaration occurs, it must be documented with an Affidavit. When military income is self-declared, other family income should still be documented.

### **Children in Temporary Care of Friends or Relatives**

When a child's only caregiver parent or both parents have been called to active duty and the child has been sent to live with another family, calculate income as follows:

- When financial information is known for the child's military family unit then this information can be used. The child would be considered a part of the original military family unit.
- When the family unit's financial information is not available and the parent/s send adequate money to the family caring for the child, then the child can be considered a household of one. If there is no financial information available from the parent/s of the child's previous economic unit and the new family receives inadequate compensation to provide care for the child, then the child is considered part of the economic unit where the child now lives.

### **Verification of Certification (VOC)**

Local agency staff members are reminded to issue a VOC when a military family is relocating because of reassignment of a family member while in the middle of their certification period.

## Adjunctive Eligibility

WIC accepts current participation in Health First Colorado, Temporary Assistance to Needy Families (TANF - referred to as Colorado Works Program), or the Supplemental Nutrition Assistance Program (SNAP) as evidence of financial eligibility for participation in WIC. USDA refers to this as adjunctive eligibility. Persons who are currently participating in these programs have already had their income screened by these programs and are automatically income eligible for WIC.

It is possible that the household income of persons who are adjunctively income eligible exceeds the *WIC Income Eligibility Guidelines*. In this instance, adjunctive eligibility takes precedence. Completion of the Adjunct Eligibility field overrides any amounts entered in the Income Determination field and allows the certification to continue. By completing the Adjunct Eligibility field in Compass, the WIC user verifies they witnessed proof of current enrollment in Health First Colorado, SNAP or TANF during the certification/recertification visit.

### For participants who present a Health First Colorado (Colorado's Medicaid Program) card or who claim to participate in Health First Colorado:

- Verify the participant is an active Health First Colorado participant. If verified, enter the Health First Colorado information into the Adjunct Eligibility field, and enter the Health First Colorado number in the 'MA ID' field.
- The participant must also verbally declare their household's gross income and staff enters that amount into the Income Determination field with Verbal as the Source and Medicaid/SNAP/TANF as the Proof. Once the participant is determined to be active on Health First Colorado, SNAP, or TANF, no other proof of income is required.
- In the instance where a child presents an active Colorado Health First Colorado card as proof of income and other family members are categorically eligible, complete the Adjunct Eligibility link for the child with Health First Colorado and leave the Income Determination box blank. Next certify the child and provisionally certify the remaining participants in the household. Upon return next month, proof of household income must be presented in order to certify the remaining household members and the WIC user must enter the income amount into the Income Determination field in the Income panel.
- At this appointment, if Health First Colorado cannot be verified and all proofs of income are not available, the participant must return within 30 days with acceptable proof/s of income.
- If adjunctive eligibility is used to financially qualify a participant, monthly gross income, the economic unit size, and proof of income must be recorded on the Income panel. (Note: Compass will block Certification/Recertification of any participant when household income entered in the Income Determination field exceeds the current IEGs unless Medicaid, SNAP, or TANF information is entered in the Adjunct Eligibility hyperlink.
- A mother or infant's Health First Colorado, SNAP, or TANF participation income-qualifies any categorically eligible family member. Additionally, due to the Needy Newborn Health First Colorado Coverage legislation, when a newborn's mother has Health First Colorado benefits, that infant is automatically eligible to receive Health First Colorado until one year of age. If the newborn's WIC certification occurs prior to the infant being assigned a Health First Colorado number, enter "Pending" for the infant in the MA ID field in Compass.
- Adjunctive income eligible WIC participants receive benefits for a full certification unless the endorser/participant reports that they no longer receive Health First Colorado, TANF, or SNAP during the certification period.
- When participants report that they are no longer receiving Health First Colorado, TANF, or SNAP: When 90 days or less remains in the certification period, the remainder of the household's food benefits may remain active through the current certification period. When the remaining certification period is longer than 90 days, redetermine income eligibility. If over income, issue 15 days of benefits (from the date of disqualification) and give a *Notification of Ineligibility, Termination, or Denial of Services* to the disqualified participant. If the participant's food benefits extend beyond 15 days from the date of disqualification, no additional food issuance is required. Other family members participating in the WIC Program based on this participant's adjunctive eligibility must also be rescreened for income eligibility.

### For participants who present a Supplemental Nutrition Assistance Program (SNAP) Eligibility Notice or TANF Eligibility Notice:

- The WIC certification/recertification date must be within the valid dates listed on the SNAP or TANF Eligibility Notice.
- The participant must verbally declare their gross income. Enter the amount in Compass in the Income Determination Field with Verbal as the Source and Medicaid/SNAP/TANF as the Proof.



- SNAP must be checked in the Adjunct Eligibility field.

In some cases, if one member of a household is receiving Health First Colorado, TANF, or SNAP benefits, adjunctive income eligibility may then apply to other members of the household.

- If the household has SNAP benefits, all members of the household have WIC adjunctive income eligibility.
- If a pregnant woman has Health First Colorado, all members of her household qualify for adjunctive eligibility (verification that the participant is active on Health First Colorado is required)
- If an infant has a Health First Colorado card, all members of his/her household have adjunctive income eligibility.
- If one member of the household receives TANF benefits, all members of the household have adjunctive income eligibility.

A participant may self-declare adjunctive eligibility for a 30-day period if they have failed to bring documentation to a certification/recertification visit. Presumptive eligibility with any of the above programs does NOT adjunctively qualify an individual for WIC because income documentation is not required at presumptive eligibility enrollment.

### **Adjunctive income eligibility does not apply to other household members when:**

- A child has Health First Colorado.
- A foster child (even if an infant) has Health First Colorado. A foster child can never confer adjunctive income eligibility to other household members since WIC considers the foster child a one-person household.
- A postpartum woman has Health First Colorado.

### **Emergency Health First Colorado provides mother medical coverage for delivery only.**

Emergency Health First Colorado does not adjunctively income qualify a pregnant woman for WIC. However Needy Newborn Health First Colorado Coverage legislation authorizes her infant automatic Health First Colorado eligibility for the infant's first year of life.

### **Migrant**

If an in-stream migrant farm worker participant needs to be certified again because the participant's Verification of Certification card has expired, the participant shall be considered income eligible for the next certification period. However, the income of an in stream migrant farm worker family must be determined at least once a year. Any determination that a migrant has met the income standard, either in the migrant's home base area before the migrant has entered the stream for a particular agricultural season, or in an instream area during the agricultural season, shall satisfy the income criteria using VOC for the migrant participant in any state for any subsequent certification while the migrant is instream during that agricultural season. (This procedure applies only to instream migrant farm workers.) If there is no indication that this was completed on the Verification of Certification (VOC) card, the local agency must determine financial eligibility at the next certification. (See the Special Populations section in this Procedure Manual for more information.) Lack of documentation for income should not be a barrier for migrant farm worker families to receive WIC benefits. Farm workers who are unable to provide documentation of income may self declare their income. See section: *No Documentation of Address and/or Income*.

### **Homeless**

Benefits cannot be denied to a homeless person due to the individual's inability to provide documentation of financial eligibility. A homeless person who reports zero income or is unable to provide documentation of income may self-declare income. Lack of documentation should not be a barrier for homeless people to receive WIC benefits (See [Section 10. Special Populations](#) for more information).

## No Documentation of Address and/or Income

The applicant must bring in two out of the three proofs in order to qualify for a Provisional Certification. If an applicant brings proof of identity but is missing adequate documentation for both income AND residency, food benefits may not be issued at this visit. Instead, schedule another WIC appointment for the applicant to bring all required documentation.

There are two situations when an applicant may not have documentation of residence or income. In one situation they have documentation, but for whatever reason have not brought the documentation to the WIC visit. In the other situation, the applicant does not have documentation or does not have reasonable access to the documentation. These two situations are handled differently:

*Applicant brings identification but only one of the two additional proofs required (i.e.: brought proof of residence but not proof of income) to the certification/recertification visit. As the applicant has two of the three required proofs:*

WIC staff explains to the applicant the need for documentation and helps the applicant identify those forms of documentation available to them. WIC staff provisionally certifies the applicant for 30 days and provides one month of food benefits. WIC participant signs the Rights and Responsibilities form and returns to WIC within the next 30 days with the necessary documentation.

If the participant returns within the 30 day grace period with the necessary documentation, WIC staff records the types of documentation presented on the Income and/or Contact/Address panel, certifies the participant, and provides food benefits.

If the participant does not return within the 30 day grace period with the necessary documentation, they cannot receive additional food benefits and a second grace period may not be granted.

*Applicant Does Not Have either Income or Residency Documentation:*

In rare situations, an applicant may not have documentation of address or income. Possible examples are:

- an undocumented farm worker who is paid in cash and the employer refuses to provide documentation;
- a person who has no home and is living out of a car;
- documentation does not exist because of theft, loss, or disaster.

WIC staff should work with applicants to identify possible forms of documentation including letters from employers and landlords. When an applicant does not have documentation of residence or income, they may verbally declare their residence or income.

**Income:** On the income panel in Compass, “Verbal Report” is the source, “Affidavit” is the proof, and the self-declared income amount is entered. Capture the endorser/participant’s signature to attest to the income amount.

**Residence:** On the Contact/Address panel, record “Affidavit.” Capture the endorser/participant’s signature to attest to residence or income.

Certify the participant for the normal time frame.

## Proof of Eligibility Verification

Verification means a process whereby the information presented, such as pay stubs, is validated through an external source of information other than the WIC participant. Such external sources include employer verification of wages, local welfare office verification, verification of address through a landlord, etc.

Local WIC staff may verify questionable documentation presented for identity, residence, or income. Examples of when this might occur include but are not limited to:

- The clinic receives a call from a third party who reports that a WIC participant did not disclose their full income.
- A WIC participant claims to have zero income yet they are seen by WIC staff working at a local restaurant.
- A participant claims to live at one address, but their documentation is inconsistent and indicates they may live at another location in another county.

By signing the *Rights and Responsibilities*, the endorser/participant gives WIC permission to verify information presented for certification on the WIC Program.

### **Nutritional Risk Eligibility and Priority**

One criterion for WIC eligibility is that the applicant has nutritional/medical risk. Assignment of nutritional/medical risk(s) at the certification/recertification visit determines whether the participant is at low or high nutritional risk. Low or high-risk classification determines the scope of counseling services the participant receives from WIC. Nutritional risk assignment also determines the participant's priority (1-6, 1 being the highest priority). The priority system is utilized when a local agency has reached its maximum participation level and ensures that participants with the highest nutritional risk receive benefits.

### **Nutrition Risk Factors**

Local WIC agencies must apply the Colorado WIC Program nutritional risk factor definitions when risking an applicant/participant for the program. Nutritional/medical risk(s) are identified at certification and recertification. Compass assigns the participant a low or high-risk classification based on the nutritional risk factors assigned to a specific participant.

## PREGNANT WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system. User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Prepregnancy Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) ≥25.0	1	L	S
131	Low Maternal Weight Gain - Assign when weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.	1	H	U
132	Maternal Weight Loss During Pregnancy - Is defined as follows: ▶ During 1 <sup>st</sup> trimester: any weight loss below pregravid weight. ▶ 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester (14-40 weeks gestation): weight loss of ≥ 2 pounds (≥ 1 kg)	1	H	S
133	High Maternal Weight Gain - At any point in a singleton pregnancy, weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.  Note: Singleton pregnancy only	1	H	U
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans Pregnant woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on failure to meet Dietary Guidelines for Americans. Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to a pregnant woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427	<b>INAPPROPRIATE NUTRITION PRACTICES For WOMEN:</b> Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - Examples of non-food items are: ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch).	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 27 mg of iron as a supplement daily. ▶ Consumption < 150 µg of supplemental iodine per day.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427E	<p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms - Examples of potentially harmful foods are:</p> <ul style="list-style-type: none"> <li>▶ Raw fish or shellfish, including oysters, clams, mussels, and scallops;</li> <li>▶ Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole;</li> <li>▶ Raw or undercooked meat or poultry;</li> <li>▶ Hot dogs, luncheon meats (cold cuts), fermented and dry sausage and other deli-style meat or poultry products unless reheated until steaming hot;</li> <li>▶ Refrigerated pâté or meat spreads;</li> <li>▶ Unpasteurized milk or foods containing unpasteurized milk;</li> <li>▶ Soft cheeses such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as made with pasteurized milk;</li> <li>▶ Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog;</li> <li>▶ Raw sprouts (alfalfa, clover, and radish); or</li> <li>▶ Unpasteurized fruit or vegetable juices.</li> </ul>	4	L	U
501	<p>Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note: Regression cannot be assigned to a participant two certification periods in a row.</b></p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
601	<p>Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p>			
601A	Priority 1 mother	1	L	U
601B	Priority 2 mother	2	L	U
601D	Priority 4 mother	4	L	U
	Note: Mother must be the same priority as at-risk infant			
602	<p>Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:</p>			

<p>602A</p> <p>602B</p> <p>602C</p> <p>602D</p> <p>602E</p> <p>602F</p> <p>602G</p> <p>602H</p>	<ul style="list-style-type: none"> <li>▶ severe breast engorgement</li> <li>▶ recurrent plugged ducts</li> <li>▶ mastitis (fever or flu-like symptoms with localized breast tenderness)</li> <li>▶ flat or inverted nipples</li> <li>▶ cracked, bleeding, or severely sore nipples</li> <li>▶ age 40 years or older</li> <li>▶ failure of milk to come in by 4 days postpartum</li> <li>▶ tandem nursing (breastfeeding two siblings who are not twins).</li> </ul> <p>Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>H</p> <p>H</p> <p>H</p> <p>H</p> <p>H</p> <p>L</p> <p>H</p> <p>H</p>	<p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p> <p>U</p>
<p>801</p>	<p>Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>▶ A temporary accommodation in the residence of another individual not exceeding 365 days; or</li> <li>▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</li> </ul>	<p>4</p>	<p>L</p>	<p>U</p>

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p><b>Migrancy -</b> Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	4	L	U
901	<p><b>Recipient of Abuse -</b> Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Pregnant woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> <li>▶ ≤ 17 years of age;</li> <li>▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ Currently using or having a history of abusing alcohol or other drugs.</li> </ul>	4	L	U
903	<p><b>Foster Care -</b> Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p>	1	L	U



## BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	1	L	S
111	Overweight - ▶ Woman <6 months postpartum: Prepregnancy Body Mass Index (BMI) ≥ 25.0 ▶ Woman ≥ 6 months postpartum: Current Body Mass Index (BMI) ≥ 25.0	1	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI).  Note: Singleton pregnancy only	1	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	Severely Low Hematocrit/Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	Elevated Blood Lead Levels - Blood lead level of ≥ 5 micrograms/deciliter within the past twelve months.	1	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Breastfeeding woman who meets the eligibility requirements of income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to breastfeeding women when a complete nutrition assessment has been performed <u>and</u> no other nutrition risk(s) are identified.	4	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	4	L	U
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	4	L	U
427C	Compulsively ingesting non-food items (pica) - Examples of non-food items are: ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch)	4	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - Examples are: ▶ Consumption of < 150 µg of supplemental iodine per day ▶ Consumption of < 400 mcg of folic acid from fortified foods and/or supplements daily.	4	L	U
501	Possibility of Regression in Nutritional Status - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.  <b>Note: Regression cannot be assigned to a participant two certification periods in a row.</b>	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
502	Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.	N/A	L	S
601	Breastfeeding Mother of Infant at Nutritional Risk - A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.			
601A	Priority 1 mother	1	L	S
601B	Priority 2 mother	2	L	S
601D	Priority 4 mother	4	L	S
Note: Mother must be the same priority as at-risk infant				
602	Breastfeeding Complications or Potential Complications- A breastfeeding woman with any of the following complications or potential complications for breastfeeding:			
602A	▶ severe breast engorgement	1	H	U
602B	▶ recurrent plugged ducts	1	H	U
602C	▶ mastitis (fever or flu-like symptoms with localized breast tenderness)	1	H	U
602D	▶ flat or inverted nipples	1	H	U
602E	▶ cracked, bleeding, or severely sore nipples	1	H	U
602F	▶ age 40 years or older	1	L	S
602G	▶ failure of milk to come in by 4 days postpartum	1	H	U
602H	▶ tandem nursing (breastfeeding two siblings who are not twins).	1	H	U
Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.				
801	Homelessness - Woman who lacks a fixed and regular night time residence; or whose primary night time residence is: ▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or; ▶ An institution that provides a temporary residence for individuals intended to be institutionalized or; ▶ A temporary accommodation in the residence of another individual not exceeding 365 days or; ▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
802	<p><b>Migrancy -</b> Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	4	L	U
901	<p><b>Recipient of Abuse -</b> Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> <li>▶ &lt; 17 years of age;</li> <li>▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities;</li> <li>▶ Currently using or having a history of abusing alcohol or other drugs.</li> </ul>	4	L	U
903	<p><b>Foster Care -</b> Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

## NON-BREASTFEEDING WOMAN

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system. User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
101	Underweight - Current Body Mass Index (BMI) <18.5	6	L	S
111	Overweight - Prepregnancy Body Mass Index (BMI) $\geq$ 25.0	6	L	S
133	High Maternal Weight Gain - For most recent pregnancy, total gestational weight gain exceeded the upper limit of the IOM's recommended range based on Body Mass Index (BMI).  Note: Singleton pregnancy only	6	L	S
201	Low Hematocrit/Low Hemoglobin - Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	6	L	S
201B	Severely Low Hematocrit/Low Hemoglobin - Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	6	H	U
211	Elevated Blood Lead Levels - Blood lead level of $\geq$ 5 micrograms/deciliter within the past twelve months.	6	H	S
300 Series	Medical Conditions - *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	6	L/H	U
401	Failure to Meet Dietary Guidelines for Americans - Non-breastfeeding woman who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i> . Based on an individual's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).  Note: Assign 401 to a non-breastfeeding woman when a complete nutrition assessment (to include NRF 427) has been performed and for whom no other risk(s) are identified.	6	L	U
427	INAPPROPRIATE NUTRITION PRACTICES For WOMEN Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	6	L	U
427A	Consuming dietary supplements with potentially harmful consequences - Examples of dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences are: ▶ Single or multiple vitamins; ▶ Mineral supplements; and ▶ Herbal or botanical supplements/remedies/teas.	6	L	U

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
427B	Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery - Examples are: ▶ Strict vegan diet; ▶ Low-carbohydrate, high-protein diet; ▶ Macrobiotic diet; and ▶ Any other diet restricting calories and/or essential nutrients.	6	L	U
427C	Compulsively ingesting non-food items (pica) - Examples of non-food items are: ▶ Ashes; ▶ Baking soda; ▶ Burnt matches; ▶ Carpet fibers; ▶ Chalk; ▶ Cigarettes; ▶ Clay; ▶ Dust; ▶ Large quantities of ice and/or freezer frost; ▶ Paint chips; ▶ Soil; and ▶ Starch (laundry or cornstarch)	6	L	U
427D	Inadequate vitamin/mineral supplementation recognized as essential by national public health policy - For example: ▶ Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman.	6	L	U
501	Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.  <b>Note: Regression cannot be assigned to a participant two certification periods in a row.</b>	6	L	U
502	Transfer of Certification - Person with current valid Verification of Certification (VOC) document from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.	N/A	L	S

Compass Codes	Name/Definition	Priority	Risk	User or System Assigned
801	<p><b>Homelessness -</b> Woman who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter or a shelter for victims of domestic violence) designed to provide temporary living accommodations or;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized or;</li> <li>▶ A temporary accommodation in the residence of another individual not exceeding 365 days or;</li> <li>▶ A public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings.</li> </ul>	6	L	U
802	<p><b>Migrancy -</b> Categorically eligible woman who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	6	L	U
901	<p><b>Recipient of Abuse -</b> Victim of violent physical assault within the past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	6	L	U
902	<p><b>Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Non-breastfeeding woman assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include a woman who is:</p> <ul style="list-style-type: none"> <li>▶ ≤ 17 years of age;</li> <li>▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ Currently using or having a history of abusing alcohol or other drugs.</li> </ul>	6	L	U
903	<p><b>Foster Care -</b> Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	6	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	6	L	U

## INFANT

System Assigned (S): Assigned by Compass based on anthropometric, blood values, and/or dates entered system.  
 User Assigned (U): Assigned by the user by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	At Risk of Underweight - > 2nd percentile and ≤ 5 <sup>th</sup> percentile weight-for-length	1	L	S
103B	Underweight- ≤ 2nd percentile weight-for-length  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the Birth to 24 months gender specific growth charts.	1	H	S
114	At Risk of Overweight- ► Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy. (Compass assigns using biological mother's most recent pregnancy record.)  ► Biological father with a BMI ≥ 30 at the time of certification. BMI must be based on self-reported weight and height by the father in attendance (i.e., one parent may not "self-report" for the other parent) or weight and height measurements taken by staff at the time of certification.	1	L	S  U
115	High Weight-for-Length - ≥ 98 <sup>th</sup> percentile weight-for-length  Note: CDC labels the 97.7 <sup>th</sup> percentile as the 98 <sup>th</sup> percentile on the Birth to 24 months gender specific growth charts.	1	L	S
121A	At Risk for Short Stature - > 2nd percentile and < 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the birth to 24 months gender-specific growth charts.  Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
121B	Short Stature - ≤ 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.  Note: CDC labels the 2.3 <sup>rd</sup> percentile as the 2 <sup>nd</sup> percentile on the birth to 24 months gender-specific growth charts.  Note: Assignment for premature infant is based on adjusted gestational age.	1	L	S
134	Failure to Thrive - Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	1	H	U



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
135	<p><b>Inadequate Growth -</b> <i>Infants from birth to 1 month of age:</i></p> <ul style="list-style-type: none"> <li>Excessive weight loss after birth (Current weight is <math>\leq 92\%</math> of birth weight)</li> </ul> <p style="text-align: center;">or</p> <ul style="list-style-type: none"> <li>Not back to birth weight by 2 weeks of age</li> </ul> <p>Note: Both above criteria require further assessment and counseling by the WIC High Risk Counselor within 24 hours of risk identification.</p>	1	H	S
	<p><i>Infants from 1 month to 12 months of age:</i> Any weight gain that is less than the expected weight gain as calculated from the <i>Minimum Expected Weight Gain Tables</i> using current weight and the most recent previous weight.</p> <p>Note: WIC High Risk Counselor visit is required within 30 days of risk identification.</p>	1	H	U
141A	<b>Low Birth Weight -</b> Birth weight defined as $\leq 5$ pounds 8 ounces ( $\leq 2500$ grams)	1	H	S
141B	<b>Very Low Birth Weight -</b> Birth weight defined as $\leq 3$ pounds 5 ounces ( $\leq 1500$ grams)	1	H	S
142	<b>Prematurity -</b> Infant born $\leq 37$ weeks/0 days gestation	1	L	S
151	<b>Small for Gestational Age (SGA) -</b> Diagnosed as small for gestational age.	1	H	U
153	<b>Large for Gestational Age (LGA) -</b> Birth weight of $\geq 9$ pounds ( $\geq 4000$ g) or presence of LGA as diagnosed by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.	1	L	S
201	<b>Low Hematocrit/Low Hemoglobin -</b> Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.	1	L	S
201B	<b>Severely Low Hematocrit/Hemoglobin -</b> Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.	1	H	U
211	<b>Elevated Blood Lead Levels -</b> Blood lead level of $\geq 5$ micrograms/deciliter within the past twelve months.	1	H	S
300 Series	<b>Medical Conditions -</b> *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).	1	L/H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411	<b>INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS:</b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below:	4	L	U
411A	Routinely using a substitute(s) for human milk or for FDA approved iron-fortified formula as the primary nutrient source during the first year of life.  Examples of substitutes: ▶ Low iron formula without iron supplementation; ▶ Cow's milk, goat's milk, or sheep's milk (whole, reduced fat, low-fat, skim), canned evaporated or sweetened condensed milk; and ▶ Imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or "other homemade concoctions."	4	L	U
411B	Routinely using nursing bottles or cups improperly.  ▶ Using a bottle to feed fruit juice. ▶ Feeding any sugar-containing fluids, such as soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. ▶ Allowing the infant to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the infant to use the bottle without restriction (e.g. walking around with a bottle) or as a pacifier. ▶ Propping the bottle when feeding. ▶ Allowing an infant to carry around and drink throughout the day from a covered or training cup. ▶ Adding any food (cereal or other solid foods) to the infant's bottle.	4	L	U
411C	Routinely offering complementary foods* or other substances that are inappropriate in type or timing.  Examples of inappropriate complementary foods: ▶ Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier. ▶ Introducing any food other than human milk or iron-fortified infant formula before <b>6 months of age</b> .  * Complementary foods are any foods or beverages other than human milk or infant formula.	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411D	<p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p> <ul style="list-style-type: none"> <li>▶ Inability to recognize, insensitivity to, or disregarding the infant’s cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring an infant’s hunger cues).</li> <li>▶ Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking.</li> <li>▶ Not supporting an infant’s need for growing independence with self-feeding (e.g., solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>▶ Feeding an infant food with inappropriate textures based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the infant is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul>	4	L	U
411E	<p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p> <p>Examples of potentially harmful foods:</p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice;</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>▶ Honey (added to liquids or solid foods, used in cooking, as part of processed foods, on a pacifier, etc.);</li> <li>▶ Raw or undercooked meat, fish, poultry, or eggs;</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish);</li> <li>▶ Deli meats, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> <li>▶ Donor human milk acquired directly from individuals or the Internet.</li> </ul>	4	L	U
411F	<p>Routinely feeding inappropriately diluted formula.</p> <ul style="list-style-type: none"> <li>▶ Failure to follow manufacturer’s mixing instructions (to include stretching formula for household economic reasons).</li> <li>▶ Failure to follow specific instructions accompanying a prescription.</li> </ul>	4	L	U
411G	<p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p> <p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> <li>▶ Scheduled feedings instead of demand feedings; and</li> <li>▶ Less than 8 feedings in 24 hours if less than 2 months of age.</li> </ul>	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411H	<p>Routinely feeding a diet very low in calories and/or essential nutrients.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>▶ Vegan diet</li> <li>▶ Macrobiotic diet</li> <li>▶ Other diets very low in calories and/or essential nutrients</li> </ul>	4	L	U
411I	<p>Routinely using inappropriate sanitation in the <b>feeding</b>, preparation, handling, and storage of expressed human milk or formula.</p> <ul style="list-style-type: none"> <li>▶ Limited or no access to a: <ul style="list-style-type: none"> <li>• Safe water supply (documented by appropriate authorities);</li> <li>• Heat source for sterilization; and/or</li> <li>• Refrigerator or freezer for storage.</li> </ul> </li> <li>▶ Failure to prepare, handle, and store bottles, storage containers or breast pumps properly; examples include: <p>Human Milk</p> <ul style="list-style-type: none"> <li>• Thawing/<b>heating</b> in a microwave</li> <li>• Refreezing</li> <li>• Adding freshly expressed unrefrigerated human milk to frozen human milk</li> <li>• Adding <b>freshly pumped chilled</b> human milk to frozen human milk in an amount that is greater than the amount of frozen human milk</li> <li>• Feeding thawed <b>refrigerated</b> human milk more than 24 hours after it was thawed</li> <li>• Saving human milk from a used bottle for another feeding</li> <li>• Failure to clean breast pump per manufacturer's instruction</li> <li>• <b>Feeding donor human milk acquired directly from individuals or the Internet.</b></li> </ul> <p>Formula</p> <ul style="list-style-type: none"> <li>• Failure to <b>prepare</b> and/or store formula formula per manufacturer's <b>or physicians instructions</b></li> <li>• Storing at room temperature for more than 1 hour</li> <li>• Using formula in a bottle one hour after the start of a feeding</li> <li>• Saving formula from a used bottle for another feeding</li> <li>• Failure to clean baby bottle properly</li> </ul> </li> </ul>	4	L	U
411J	<p>Feeding dietary supplements with potentially harmful consequences.</p> <p>Examples of dietary supplements which, when fed in excess of recommended dosage, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins;</li> <li>▶ Mineral supplements; and</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul>	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
411K	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements.</p> <ul style="list-style-type: none"> <li>▶ Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Infants who are exclusively breastfed, or who are ingesting less than one liter (or 1 quart) per day of vitamin D-fortified formula and are not taking a supplement of 400 IU of vitamin D.</li> </ul>	4	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Infant 4-12 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> <li>1) consume complementary foods and beverages,</li> <li>2) eat independently,</li> <li>3) be weaned from breast milk or infant formula, or</li> <li>4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>.</li> </ol> <p>Note: A complete nutrition assessment, including for risk #411, Inappropriate Nutrition Practices for Infants, must be performed prior to assigning this risk.</p>	4	L	U
501	<p>Possibility of Regression - A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note: Regression cannot be assigned to a participant two certification periods in a row.</b></p>	4	L	U
502	<p>Transfer of Certification - Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
603  603A 603B 603C 603D	<p>Breastfeeding Complications or Potential Complications - Breastfed infant with any of the following complications or potential complications for breastfeeding:</p> <ul style="list-style-type: none"> <li>▶ jaundice</li> <li>▶ weak or ineffective suck</li> <li>▶ difficulty latching onto mother's breast</li> <li>▶ inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day.</li> </ul> <p>Note: High Risk must be seen by a Lactation Management Specialist (LMS/CLC/IBCLC) or WIC High Risk Counselor within 24 hours.</p>	1	H	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
701	<p><b>Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy -</b></p> <p>Infant &lt; 6 months of age whose mother was a WIC Program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related conditions.</p>	2	L	S
702A 702B 702D	<p><b>Breastfeeding Infant of Woman at Nutritional Risk -</b></p> <p>Priority 1 infant</p> <p>Priority 2 infant</p> <p>Priority 4 infant</p> <p>Note: Infant must be the same priority as at-risk mother</p>	1 2 4	L L L	S S S
703	<p><b>Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse during Most Recent Pregnancy-</b></p> <p>Infant born of a woman:</p> <ul style="list-style-type: none"> <li>▶ With presence of mental retardation diagnosed, documented, or reported by a physician or psychologist or someone working under a physicians orders, or as self-reported by applicant/participant/caregiver; or</li> <li>▶ Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy.</li> </ul>	1	H	U
801	<p><b>Homelessness -</b></p> <p>Infant who lacks a fixed and regular nighttime residence; or whose primary nighttime residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>▶ A temporary accommodation of not more than 365 days in the residence of another individual; or</li> <li>▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	4	L	U
802	<p><b>Migrancy -</b></p> <p>Infant who is a member of a family that contains at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.</p>	4	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
901	<p><b>Recipient of Abuse -</b> Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	4	L	U
902	<p><b>Infant of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Infant whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include care givers who are:</p> <ul style="list-style-type: none"> <li>▶ ≤ 17 years of age;</li> <li>▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities; or</li> <li>▶ Currently using or having a history of abusing alcohol or other drugs.</li> </ul>	4	L	U
903	<p><b>Foster Care -</b> Entering the foster care system during the previous 6 months or moving from one foster care home to another foster care home during the previous 6 months.</p>	4	L	S
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	1	L	U

## CHILD

System Assigned (S): Compass assigns based on anthropometric, blood values, and/or dates entered in system.  
User Assigned (U): User assigns by checking a box or radio button, or by assigning on the Risk panel.

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
103A	<p><b>At Risk of Underweight -</b> <i>Child <math>\geq 12</math> months to <math>&lt; 24</math> months:</i> &gt; 2nd percentile and <math>\leq 5^{\text{th}}</math> percentile weight-for-length</p> <p><i>Child 2-5 years of age:</i> &gt; 5<sup>th</sup> percentile and <math>\leq 10^{\text{th}}</math> percentile Body Mass Index (BMI)-for-age</p>	3	L	S
103B	<p><b>Underweight -</b> <i>Child <math>\geq 12</math> months to <math>&lt; 24</math> months:</i> <math>\leq 2^{\text{nd}}</math> percentile weight-for-length</p> <p>Note: CDC labels the 2.3<sup>rd</sup> percentile as the 2<sup>nd</sup> percentile on the Birth to 24 months gender specific growth charts.</p> <p><i>Child 2-5 years of age:</i> <math>\leq 5^{\text{th}}</math> percentile Body Mass Index (BMI)-for-age</p>	3	H	S
113	<p><b>Obese -</b> <i>Child 2-5 years of age:</i> <math>\geq 95^{\text{th}}</math> percentile Body Mass Index (BMI)-for-age</p> <p>Note: standing height only</p>	3	H	S
114	<p><b>Overweight -</b> <i>Child 2-5 years of age:</i> <math>\geq 85^{\text{th}}</math> and <math>&lt; 95^{\text{th}}</math> percentile Body Mass Index (BMI)-for-age</p>	3	L	S
	<p><b>At Risk of Overweight -</b> <i>Child <math>\geq 12</math> months to 5 years of age:</i> Biological mother** and/or biological father with a BMI <math>\geq 30</math> at the time of certification.*</p> <p>*BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not “self-report” for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>**If the mother is pregnant or has had a baby within the past 6 months but was not on WIC during that pregnancy, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain. For children <math>&lt; 24</math> months of age whose biological mother was on WIC during the most recent pregnancy, Compass assigns using the biological mother’s most recent pregnancy record.</p>	3	L	S/U
115	<p><b>High Weight-for-Length -</b> <i>Child <math>\geq 12</math> months to <math>&lt; 24</math> months of age:</i> <math>&gt; 98^{\text{th}}</math> percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 97.7<sup>th</sup> percentile as the 98<sup>th</sup> percentile on the Birth to 24 months gender specific growth charts.</p>	3	L	S



Compass Code	Name/Definition	Priority	Risk	User or System Assigned
121A	<p><b>At Risk for Short Stature -</b> <i>Child <math>\geq</math> 12 months to &lt; 24 months of age:</i> &gt; 2nd percentile and <math>\leq</math> 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3<sup>rd</sup> percentile as the 2<sup>nd</sup> percentile on the Birth to 24 months gender specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> &gt; 5<sup>th</sup> percentile and <math>\leq</math> 10th percentile height-for-age.</p>	3	L	S
121B	<p><b>Short Stature -</b> <i>Child <math>\geq</math> 12 months to &lt; 24 months of age:</i> &lt; 2nd percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.</p> <p>Note: CDC labels the 2.3<sup>rd</sup> percentile as the 2<sup>nd</sup> percentile on the birth to 24 months gender-specific growth charts.</p> <p>Note: Assignment for a child with a history of prematurity is based on adjusted gestational age.</p> <p><i>Child 2-5 years of age:</i> <math>\leq</math> 5<sup>th</sup> percentile height-for-age</p>	3	L	S
134	<p><b>Failure to Thrive -</b> Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by endorser/caregiver.</p>	3	H	U
135	<p><b>Inadequate Growth -</b> Any weight gain that is less than the expected weight gain from the <i>Minimum Expected Weight Gain (MEWG)</i> Table using current weight and the most recent previous weight.</p> <p><b>High Risk Identification:</b> Refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:</p> <ul style="list-style-type: none"> <li>▶ Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or</li> <li>▶ Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or</li> <li>▶ Both weight-for-age and length-for-age are less than the 5<sup>th</sup> percentile.</li> </ul>	3  3	L  H	U  U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
	<p><b>Exception:</b>  <i>Child was previously assigned NRF 113 (BMI for age was <math>\geq</math> the 95<sup>th</sup> percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to the WIC High Risk Counselor only when one or both of the following conditions are present:</i></p> <ul style="list-style-type: none"> <li>• <i>Current weight is &lt; 75<sup>th</sup> percentile BMI-for-age; - or -</i></li> <li>• <i>Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.</i></li> </ul>			
141A	<p><b>Low Birth Weight -</b>  <i>Child &lt; 24 months of age:</i>            Birth weight defined as <math>\leq</math> 5 pounds 8 ounces (<math>\leq</math> 2500 grams)</p>	3	L	S
141B	<p><b>Very Low Birth Weight -</b>  <i>Child &lt; 24 months of age:</i>            Birth weight defined as <math>\leq</math> 3 pounds 5 ounces (<math>\leq</math> 1500 grams)</p>	3	L	S
142	<p><b>Prematurity -</b>  <i>Child &lt; 24 months of age:</i>            Born <math>\leq</math> 37 weeks/0 days gestation</p>	3	L	U
151	<p><b>Small for Gestational Age (SGA) -</b>  <i>Child &lt; 24 months of age:</i>            Diagnosed as small for gestational age.</p>	3	L	U
201	<p><b>Low Hematocrit/Low Hemoglobin -</b>            Hemoglobin value below those listed in <i>Hemoglobin Levels Indicating NRF #201</i> table.</p>	3	L	S
201B	<p><b>Severely Low Hematocrit/Hemoglobin -</b>            Hemoglobin value low enough to necessitate a medical referral as listed in the <i>Standards for Severely Low Hemoglobin-NRF201b-High Risk Condition</i> table.</p>	3	H	U
211	<p><b>Elevated Blood Lead Levels -</b>            Blood lead level of <math>\geq</math> 5 micrograms/deciliter within the past twelve months.</p>	3	H	S
300 Series	<p><b>Medical Conditions -</b>            *See <i>Clinical/Health/Medical Conditions List</i> for definitions, codes, and risk level (high or low).</p>	3	L/H	U
401	<p><b>Failure to Meet Dietary Guidelines for Americans -</b>            Child <math>\geq</math> 24 months of age who meets the income, categorical, and residency eligibility requirements may be presumed to be at nutritional risk based on <i>failure to meet Dietary Guidelines for Americans</i>. Based on a child's estimated energy needs, this risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).</p> <p>Note: Assign 401 to child 2-5 years of age when a complete nutrition assessment has been performed and no other nutrition risks are identified.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425	<b>INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN -</b> Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems.	5	L	U
425A	<b>Routinely feeding inappropriate beverages as the primary milk source -</b>  Examples of inappropriate beverages as primary milk source: ▶ Non-fat or reduced-fat milks between 12 and 24 months of age only (unless overweight or obesity is a concern) or sweetened condensed milk; and ▶ Goat's milk, sheep's milk, imitation or substitute milks (that are unfortified or inadequately fortified), or other "homemade concoctions."	5	L	U
425B	<b>Routinely feeding a child any sugar-containing fluids -</b>  Examples of sugar-containing fluids: ▶ Soda/soft drinks ▶ Gelatin water ▶ Corn syrup solutions; and ▶ Sweetened tea	5	L	U
425C	<b>Routinely using nursing bottles, cups, or pacifiers inappropriately -</b> ▶ Using a bottle to feed: • Fruit juice, or • Diluted cereal or other solid foods. ▶ Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. ▶ Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. ▶ Using a bottle for feeding or drinking beyond 14 months of age. ▶ Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. ▶ Allowing a child to carry around and drink throughout the day from a covered or training cup.	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425D	<p>Routinely using feeding practices that disregard the developmental needs or stages of the child -</p> <ul style="list-style-type: none"> <li>▶ Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods).</li> <li>▶ Feeding foods of inappropriate consistency, size, or shape that puts child at risk of choking.</li> <li>▶ Not supporting a child’s need for growing independence with self-feeding (e.g., solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils).</li> <li>▶ Feeding a child food with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily pureed or liquid foods when the child is ready and capable of eating mashed, chopped or appropriate finger foods).</li> </ul>	5	L	U
425E	<p>Feeding foods to a child that could be contaminated with harmful microorganisms or toxins- Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> <li>▶ Unpasteurized fruit or vegetable juice;</li> <li>▶ Unpasteurized dairy products or soft cheeses such as feta, Brie, Camembert, blue-veined, and Mexican-style cheese;</li> <li>▶ Raw or undercooked meat, fish, poultry, or eggs;</li> <li>▶ Raw vegetable sprouts (alfalfa, clover, bean, and radish); and</li> <li>▶ Deli meat, hot dogs, and processed meats (avoid unless heated until steaming hot).</li> </ul>	5	L	U
425F	<p>Routinely feeding a diet very low in calories and/or essential nutrients - Examples:</p> <ul style="list-style-type: none"> <li>▶ Vegan diet;</li> <li>▶ Macrobiotic diet; and</li> <li>▶ Other diets very low in calories and/or essential nutrients.</li> </ul>	5	L	U
425G	<p>Feeding dietary supplements with potentially harmful consequences - Examples of dietary supplements which when fed in excess of recommended dosage may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> <li>▶ Single or multi-vitamins;</li> <li>▶ Mineral supplements; and</li> <li>▶ Herbal or botanical supplements/remedies/teas.</li> </ul>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
425H	<p>Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements -</p> <ul style="list-style-type: none"> <li>▶ Providing child &lt; 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Providing child 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride.</li> <li>▶ Not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.</li> </ul>	5	L	U
425I	<p>Routine ingestion of nonfood items (pica) -Examples of inappropriate nonfood items:</p> <ul style="list-style-type: none"> <li>▶ Ashes;</li> <li>▶ Carpet fibers;</li> <li>▶ Cigarettes or cigarette butts;</li> <li>▶ Clay;</li> <li>▶ Dust;</li> <li>▶ Foam rubber;</li> <li>▶ Paint chips;</li> <li>▶ Soil; and</li> <li>▶ Starch (laundry or cornstarch).</li> </ul>	5	L	U
428	<p>Dietary Risk Associated with Complementary Feeding Practices - Child <math>\geq 12</math> to &lt; 24 months of age who has begun to or is expected to begin to:</p> <ol style="list-style-type: none"> <li>1) Consume complementary foods and beverages,</li> <li>2) Eat independently,</li> <li>3) Be weaned from breast milk or infant formula, or</li> <li>4) Transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>, and is at risk of inappropriate complementary feeding</li> </ol> <p>Note: A complete nutrition assessment, including #425, Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
501	<p><b>Possibility of Regression -</b> A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the Competent WIC Authority (CWA) determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides.</p> <p><b>Note: Regression cannot be assigned to a participant two certification periods in a row.</b></p>	5	L	U
502	<p><b>Transfer of Certification -</b> Person with current valid Verification of Certification (VOC) documents from another State or local agency. The VOC is valid until the certification period expires and shall be accepted as proof of eligibility for program benefits.</p>	N/A	L	S
801	<p><b>Homelessness -</b> Child who lacks a fixed and regular night time residence; or whose primary night time residence is:</p> <ul style="list-style-type: none"> <li>▶ A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide temporary living accommodations;</li> <li>▶ An institution that provides a temporary residence for individuals intended to be institutionalized;</li> <li>▶ A temporary accommodation of not more than 365 days in the residence of another individual; or</li> <li>▶ A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</li> </ul>	5	L	U
802	<p><b>Migrancy -</b> Child who is a member of a family that contains at least one individual:</p> <ul style="list-style-type: none"> <li>▶ Whose principal employment is in agriculture on a seasonal basis and;</li> <li>▶ Has been so employed within the last 24 months and;</li> <li>▶ Who establishes, for the purposes of such employment, a temporary abode.</li> </ul>	5	L	U
901	<p><b>Recipient of Abuse -</b> Battering or child abuse/neglect within the past 6 months as self-reported by endorser/proxy or documented by a social worker, health care provider, or on other appropriate documents, or as reported through consultation with a social worker, health care provider, or other appropriate personnel.</p>	5	L	U

Compass Code	Name/Definition	Priority	Risk	User or System Assigned
902	<p><b>Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food -</b> Child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples may include caregivers who are:</p> <ul style="list-style-type: none"> <li>▶ ≤ 17 years of age;</li> <li>▶ Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist);</li> <li>▶ Physically disabled to a degree which restricts or limits food preparation abilities;</li> <li>▶ Currently using or having a history of abusing alcohol or other drugs.</li> </ul>	5	L	U
903	<p><b>Foster Care -</b> Entered the foster care system during the previous 6 months or moved from one foster care home to another foster care home during the previous 6 months.</p>	5	L	U
904	<p><b>Environmental Tobacco Smoke Exposure (ETS) -</b> Exposure to smoke from tobacco products inside the home.</p> <p>Note: ETS is also known as passive, secondhand, or involuntary smoke.</p>	3	L	U

## Clinical/Health/Medical Conditions

All Conditions are User-assigned, unless specifically noted. Risk level assigned (*High or Low Risk*) noted in the Definition section.

NRF Code	Compass Description	Definition	Categories					
			P	B	N	I	C	
301	Hyperemesis Gravidarum*	Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. ( <i>High Risk</i> )	X					
302	Gestational Diabetes*	Any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy. ( <i>High Risk</i> )	X					
303	History of Gestational Diabetes*	History of diagnosed gestational diabetes mellitus (GDM). ( <i>Low Risk</i> )	X	X	X			
304	History of Preeclampsia*	History of diagnosed preeclampsia. ( <i>Low Risk</i> )	X	X	X			
311	History of Preterm Delivery	Birth of an infant at $\leq 37$ weeks gestation: ( <i>Low Risk</i> ) Pregnant: Any history of preterm delivery Breastfeeding/Non- Breastfeeding: Most recent pregnancy	X					
312	History of Low Birth Weight	Birth of an infant weighing $\leq 5$ pounds 8 ounces ( $\leq 2500$ gm). ( <i>Low Risk</i> ) Pregnant: Any history of low birth weight Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X					
321	History of Spontaneous Abortion, Fetal or Neonatal Loss	Any history of spontaneous abortion, fetal or neonatal loss. ( <i>Low Risk</i> ) <ul style="list-style-type: none"> <li>• 321A Pregnant: Any history of fetal or neonatal death or 2 or more spontaneous abortions.</li> <li>• 321B Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.</li> <li>• 321C Non-Breastfeeding: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy.</li> </ul> <p><i>Note:</i> Spontaneous abortion occurs before 20 weeks; fetal death occurs at or after 20 weeks gestation; neonatal death is within 0-28 days of life.</p>	X					
331	Pregnancy at a Young Age**  **System assigned	331A: $< 16$ years ( <i>High Risk</i> ) 331B: 16 to $< 18$ years ( <i>Low Risk</i> ) Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X			



NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
332	Closely Spaced Pregnancies**  **System assigned	Conception before 16 months postpartum for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
333	High Parity and Young Age**  **System assigned	Woman under age 20 years at date of conception who have had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: <i>(Low Risk)</i> Pregnant: Current pregnancy Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		
334	Lack of or Inadequate Prenatal Care	Prenatal care beginning after the 1 <sup>st</sup> trimester (after 13 <sup>th</sup> week). <i>(Low Risk)</i>	X				
335	Multi-fetal Gestation	More than one fetus in: Pregnant: the current pregnancy <i>(Low Risk)</i> Breastfeeding: the most recent pregnancy <i>(High Risk)</i> Non-Breastfeeding: the most recent pregnancy <i>(Low Risk)</i>	X	X	X		
336	Fetal Growth Restriction (FGR)*	Fetal weight <10 <sup>th</sup> percentile for gestational age. <i>(High Risk)</i> <i>Note:</i> Fetal Growth Restriction (FGR) may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR replaces the term Intrauterine Growth Retardation (IUGR)	X				
337	History of Birth of a Large for Gestational Age Infant*	Pregnant: Any history of giving birth to an infant weighing $\geq 9$ pounds (4000 grams). <i>(Low Risk)</i> Breastfeeding/Non-Breastfeeding: Most recent pregnancy, or history of giving birth to an infant weighing $\geq 9$ pounds (4000 grams). <i>(Low Risk)</i>	X	X	X		
338	Pregnant Woman Currently Breastfeeding	Breastfeeding woman now pregnant. <i>(Low Risk)</i>	X				
339	History of Birth with a Nutrition Related Congenital or Birth Defect*	A woman who has given birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g. inadequate zinc, folic acid, excess vitamin A. <i>(Low Risk)</i> Pregnant: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding: Most recent pregnancy	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
341	Nutrient Deficiency Diseases*	<p>Nutritional deficiency or disease caused by insufficient dietary intake of macro and micronutrients. Diseases include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> <li>• Protein energy malnutrition</li> <li>• Scurvy</li> <li>• Rickets</li> <li>• Vitamin K deficiency</li> <li>• Pellagra</li> <li>• Cheilosis</li> <li>• Beriberi</li> <li>• Hypocalcemia</li> <li>• Osteomalacia</li> <li>• Menkes disease</li> <li>• Xerophthalmia</li> </ul>	X	X	X	X	X
342	Gastro-intestinal Disorders*	<p>Disease(s) and/or conditions(s) that interfere with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> <li>• Gastroesophageal reflux disease (GERD)</li> <li>• Peptic ulcer</li> <li>• Post-bariatric surgery</li> <li>• Short bowel syndrome</li> <li>• Inflammatory bowel disease, (including ulcerative colitis or Crohn's disease)</li> <li>• Liver disease</li> <li>• Pancreatitis</li> <li>• Biliary tract disease</li> </ul>	X	X	X	X	X
343	Diabetes Mellitus*	<p>Consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. <i>(High Risk)</i></p>	X	X	X	X	X
344	Thyroid Disorders*	<p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> <li>• Hyperthyroidism</li> <li>• Hypothyroidism</li> <li>• Congenital Hyperthyroidism</li> <li>• Congenital Hypothyroidism</li> <li>• Postpartum Thyroiditis</li> </ul>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
345	Hypertension and Prehypertension*	Presence of Hypertension or Prehypertension. <i>(High Risk)</i>	X	X	X	X	X
346	Renal Disease*	Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder. <i>(High Risk)</i>	X	X	X	X	X
347	Cancer *	A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or treatment of the condition, must be severe enough to affect nutritional status. <i>(High Risk)</i>	X	X	X	X	X
348	Central Nervous System Disorders*	Conditions which affect energy requirements, ability to feed self, or alter nutritional status metabolically, mechanically, or both. These include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Cerebral palsy (CP)</li> <li>• Neural tube defects (NTD), such as spina bifida</li> <li>• Parkinson's disease</li> <li>• Multiple sclerosis (MS)</li> </ul>	X	X	X	X	X
349	Genetic and Congenital Disorders*	A hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutrition status metabolically, mechanically, or both. May include but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Cleft lip or palate</li> <li>• Down's syndrome</li> <li>• Muscular dystrophy</li> <li>• Thalassemia major</li> <li>• Sickle cell anemia (not sickle cell trait)</li> </ul>	X	X	X	X	X
351	Inborn Errors of Metabolism*	Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate, or fat. Inborn errors of metabolism (IEM) generally refer to gene mutations or gene deletions that alter metabolism in the body, including but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Amino acid disorders</li> <li>• Organic acid metabolism disorders</li> <li>• Fatty acid oxidation disorders</li> <li>• Lysosomal storage diseases</li> <li>• Urea cycle disorders</li> <li>• Carbohydrate disorders</li> <li>• Peroxisomal disorders</li> <li>• Mitochondrial disorders</li> </ul>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
352	Infectious Diseases*	<p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. The infectious disease must be present within the past 6 months. Includes, but is not limited to: <i>(High Risk)</i></p> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Pneumonia</li> <li>• Meningitis</li> <li>• Parasitic infections</li> <li>• Hepatitis</li> <li>• Bronchiolitis (3 episodes in last 6 months)</li> <li>• HIV (Human Immunodeficiency Virus infections)</li> <li>• AIDS (Acquired Immunodeficiency Syndrome)</li> </ul>	X	X	X	X	X
353	Food Allergies*	<p>Adverse health effects arising from a specific immune response that occurs reproducibly on exposure to a given food. <i>(High Risk)</i></p> <p><i>Note:</i> Food allergy reactions occur when the body's immune system responds to a harmless food as if it were a threat. The foods that most often cause allergic reactions include cow's milk (and foods made from cow's milk), eggs, peanuts, tree nuts, fish, shellfish, wheat, and soy.</p> <p><i>Clarification:</i> Unlike food allergies, food intolerances do not involve the immune system. Food intolerances are adverse reactions to food caused either by the properties of the food itself (such as a toxin) or the characteristics of the individual (such as a metabolic disorder). Food intolerances are often misdiagnosed as food allergies because the symptoms are often similar.</p>	X	X	X	X	X
354	Celiac Disease*	<p>An autoimmune disease precipitated by the ingestion of gluten (a protein in wheat, rye, and barley) that result in damage to the small intestine and malabsorption of the nutrients from food. Also known as Celiac Sprue, Gluten-sensitive Enteropathy, and Non-tropical Sprue. <i>(High Risk)</i></p>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
355	Lactose Intolerance*	The syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating, that occurs after lactose ingestion. <i>(Low Risk)</i> <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
356	Hypoglycemia*	Presence of hypoglycemia. <i>(High Risk)</i> <i>Note:</i> Hypoglycemia can occur as a complication of diabetes, as a condition in itself, in association with other disorders, or under certain conditions such as early pregnancy, prolonged fasting, or long periods of strenuous exercise. Symptomatic hypoglycemia is a risk observed in a substantial proportion of newborns who are small for gestational age. It is uncommon and of shorter duration in newborns who are of the appropriate size for gestational age.	X	X	X	X	X
358	Eating Disorders*	Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Self-induced vomiting</li> <li>• Purgative abuse</li> <li>• Alternating periods of starvation</li> <li>• Use of drugs such as appetite suppressants, thyroid preparations or diuretics</li> <li>• Self-induced marked weight loss</li> </ul> <i>Note:</i> Evidence of the condition may be documented by the WIC High Risk Counselor	X	X	X		
359	Recent Major Surgery, Trauma, Burns	Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Within the past two months may be self reported.</li> <li>• More than two months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.</li> </ul>	X	X	X	X	X

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
360	Other Medical Conditions *	Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutritional status. This includes, but is not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Juvenile Rheumatoid Arthritis (JRA)</li> <li>• Persistent Asthma (moderate or severe) requiring daily medication</li> <li>• Cardio Respiratory Diseases</li> <li>• Cystic Fibrosis</li> <li>• Lupus Erythematosus</li> <li>• Heart Disease</li> </ul>	X	X	X	X	X
361	Depression*	Presence of clinical depression, including postpartum depression. <i>(High Risk)</i>	X	X	X		
362	Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat	Developmental, sensory, or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. Disabilities include but are not limited to: <i>(High Risk)</i> <ul style="list-style-type: none"> <li>• Minimal brain function</li> <li>• Feeding problems due to a developmental disability such as pervasive development disorder (PDD) which includes autism</li> <li>• Birth injury</li> <li>• Head trauma</li> <li>• Brain damage</li> <li>• Other disabilities</li> </ul>	X	X	X	X	X
363	Pre-Diabetes*	Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) are referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus. <i>(High Risk)</i>		X	X		
371	Maternal Smoking	Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars. <i>(Low Risk)</i>	X	X	X		

NRF Code	Compass Description	Definition	Categories				
			P	B	N	I	C
372	Alcohol and Illegal Drug Use  **system assigned based on Pregnant Woman Nutrition Interview 3f	<b>372A</b> Pregnant: <ul style="list-style-type: none"> <li>Any current alcohol use** (<i>High Risk</i>)</li> </ul> Breastfeeding ( <i>High Risk</i> ) and Non-Breastfeeding Postpartum ( <i>Low Risk</i> ): <ul style="list-style-type: none"> <li>Routine current use of <math>\geq 2</math> drinks per day; or</li> <li>Binge drinking, i.e., drinks 5 or more drinks on the same occasion on at least one day in the past 30 days; or</li> <li>Heavy Drinking, i.e., drinks 5 or more drinks on the same occasion on five or more days in the previous 30 days</li> </ul> <i>Note:</i> One drink is 1 can (12 oz) of beer; 5 oz wine; 1 ½ fluid oz liquor	X				
		<b>372B</b> Pregnant: <ul style="list-style-type: none"> <li>Any current illegal drug use. (<i>High Risk</i>)</li> </ul> Breastfeeding and Non-Breastfeeding Postpartum: ( <i>High Risk</i> ) <ul style="list-style-type: none"> <li>Any current illegal drug use</li> </ul>	X		X		
381	Oral Health Conditions*	Oral health conditions include, but are not limited to: ( <i>Low Risk</i> ) <ul style="list-style-type: none"> <li>Dental caries, often referred to as “cavities” or “tooth decay”</li> <li>Periodontal diseases (stages include gingivitis and periodontitis)</li> <li>Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality</li> </ul> <i>Note:</i> Evidence of the condition may be documented by the WIC staff	X	X	X	X	X
382	Fetal Alcohol Syndrome*	Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. ( <i>High Risk</i> )				X	X

\* Presence of the condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver. A self-reported diagnosis (My doctor says that I have/my son or daughter has…) should prompt the CWA to validate the presence of the condition by asking more pointed questions related to that diagnosis

## Mid-Certification Risk

Should, at a mid-certification visit, the user identify a nutritional risk factor (NRF) not entered during the certification visit, that NRF should be added to the participant record. This is important because it identifies an additional NRF to address with counseling and could potentially newly classify the participant as high risk. If any anthropometric data (height/length, weight) or blood information is entered, a risk assessment through the Determine Risk button should be completed on the Risk panel to determine if a potential system assigned anthro/blood risk is applicable.

## Reclassification (Breastfeeding to Postpartum)

If a woman, who is certified as breastfeeding, indicates that she is no longer breastfeeding and is within the first 6-months of her certification period, she must be reclassified as postpartum non-breastfeeding.

Review nutrition risk factors assigned for certification as a breastfeeding woman to ensure that at least one will also qualify the woman as a non-breastfeeding, postpartum woman. If there is no applicable risk factor, conduct another assessment to identify her qualifying nutrition risk factor(s).

In counties not serving priority 6 postpartum women, a woman who ceases to breastfeed before 6-months postpartum should be issued 15 days more benefits (from the date she notifies the WIC clinic she is no longer breastfeeding) and be reclassified as ineligible. If the county has a Commodity Supplemental Foods Program that serves postpartum women, refer the woman there.

## Regression

Because the WIC Program is a prevention program, participants may remain on the Program when all WIC eligibility requirements are met but there is a possibility of regression in nutritional status without the supplemental foods. The risk factor NRF 501 *Possibility of Regression* may not be assigned at the initial certification period. **If the Competent WIC Authority (CWA) determines the participant could potentially revert to their previous poor nutritional status, then the participant may be recertified using nutrition risk factor NRF 501 *Possibility of Regression* however, regression cannot be assigned to a participant two certification periods in a row.** An explanation for this action must be documented in the Participant's Care Plan in Compass.

**The risk factor *Possibility of Regression* May not be used at the initial certification period. *Possibility of Regression* is to be used at recertification, for only one recertification period.**

## Prenatal Weight Gain

Local agency staff must use the following recommendations when assessing for optimum amount of weight gain during pregnancy. These standards apply to pregnant adults and teenagers.

These recommendations are based on the 2009 Institute of Medicine (IOM) report: *Weight Gain During Pregnancy: Reexamining the Guidelines* which updated the weight categories in: *Nutrition During Pregnancy, Part 1 Weight Gain*, National Academy Press, Washington, D.C., 1990, the 1998 update to this report, and additional existing data.

Recommended weight gain for:

- Underweight women (BMI of <18.5) is 28-40 pounds.
- Normal weight women (BMI 18.5 - 24.9) are 25-35 pounds.
- Overweight women (BMI 25.0 to 29.9) is 15-25 pounds, with an emphasis on maintaining weight at the lower end of the weight gain curve.
- Obese women (BMI  $\geq$ 30) is 11-20 pounds, with an emphasis on maintaining weight at the lower end of the weight gain curve.
- Women of short stature (under 62") should gain weight at the low end of the weight gain range for their weight categories.
- Smokers should be advised to gain weight toward the high end of each weight gain curve for their weight category.
- Multifetal gestations: For twins, the recommended range of maternal gain for normal weight women is 37-54 pounds; overweight women 31-50 pounds; and obese women, 25-42 pounds. Currently, insufficient data exists to provide provisional recommendations for a woman who is underweight. A consistent gain of 1.5 pounds/week during the second and third trimester is associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy. Four to six pounds should be gained the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy. Because



the 2009 IOM recommendations for the above recommendations are provisional, NRF for inadequate growth (131) and high maternal weight (133) should not be assigned to a woman with multifetal gestation. A steady rate of weight gain that is higher than for singleton pregnancies should be recommended.

Record and track a pregnant woman's weight gain in Compass. See the Prenatal Module for more information on recommended weight gain during pregnancy and for instructions on using the Prenatal Weight Gain Grid.

### Growth Percentiles and Risking for NRF 135 - Inadequate Growth

Compass automatically calculates changes in growth and plots growth percentiles based on entered height and weight measurement values. Based on the percentiles calculated, Compass assigns a number of growth-related risk factors.

Height and weight measurements must be entered in Compass for infants and children at every certification, mid-certification and recertification. The following must occur to ensure accurate calculations and plotting of growth:

- Child younger than 2 years of age: must be measured using the infant length board and weighed on the infant scale (sitting or lying down). Compass plots these measurements using the *WHO Growth Charts Birth to 24 months*.
- Child 2 years of age or older: standing height is measured using a stadiometer (wall-mounted device) and weight is measured using an adult scale. Compass plots using the *CDC 2 to 5 years of age Growth Charts*. Note: if a child > 24 months is measured recumbently, staff must choose "Recumbent > 24 months" in Compass.
- Postpartum teens-breastfeeding or not: Compass uses the adult BMI cutoffs to evaluate for underweight or overweight.

Compass assigns *NRF 135 Inadequate Growth* when the infant is less than one month of age.

The WIC User assigns *NRF 135 Inadequate Growth* when the infant or child is over one month of age. There is no reason to calculate for inadequate growth when the infant or child is following their growth channel. Growth is considered adequate when the growth plots follow their growth channel.

However, a measurement that plots outside of the child's growth channel indicates the need for further study. The minimum amount of expected weight gain is determined using the Minimum Expected Weight Gain (MEWG) tables. When an infant or child's (one month of age and older) actual weight gain is less than the ounces calculated using the MEWG tables for that same time period, assign *NRF 135 Inadequate Growth*. All numbers in the MEWG tables are given in ounces.

### Follow these steps to assess for inadequate growth using the MEWG tables from the Mini Manual:

Infants from 1 month to 12 months of age (MEWG tables #1-4):

On the Weight for Age chart accessed from the Anthropometric Panel:

1. Look at the previous measure record.
2. Note the age in months and days.
3. Look at today's measurement record.
4. Note the age in months and days.
5. Use the chart below to convert the age to months and weeks.

To calculate weeks from days:

- From 0 to 5 days = 0 weeks
  - From 6 to 11 days = 1 week
  - From 12 to 18 days = 2 weeks
  - From 19 to 25 days = 3 weeks
  - Over 25 days, add a month and 0 week
6. Using the MEWG Charts (Attachment 135-A, Tables #1-4 in the Mini Manual), determine the minimum expected weight gain.
  7. Look at the Wt Chg (Weight Change) between the last two visits and convert to ounces.
  8. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.

9. If the period of time between the last two weights recorded cannot be assessed using the MEWG tables, then inadequate growth cannot be assessed.
10. Infants assigned NRF 135 who are less than 1 month of age must receive high risk consultation within 24 hours. Infants older than 1 month of age assigned NRF 135 must receive high risk consultation within 30 days of risk identification.

Children over 12 months of age (MEWG table #5):

On the Weight for Age chart accessed from the Anthropometric panel:

1. Look at the age in years and months next to the previous measurement date.
2. Look at the age in years and months next to today's measurement date.
3. Determine the difference in time between today's age and the age of the previous measurements.
4. Use the MEWG Chart for children > 12 months (MEWG Table #5) to determine the minimum expected weight gain.

*Example:*

Today's age:               3 years 2 months  
 Previous age:             2 years 8 months  
 Difference:               6 months  
 MEWG:                     16.2 ounces (6 months x 2.7 ounces)

Table #5      Minimum Expected Weight Gain (MEWG)\*

Change in months	Weight Change
3	8.1 ounces
4	10.8 ounces
5	13.5 ounces
6	16.2 ounces
7	18.9 ounces

\*Children's MEWG per month = 2.7 ounces

1. If the weight change is less than the minimum expected weight gain, check the "135 - Inadequate Growth" box on the anthropometric panel.
2. Assignment of NRF 135 to children can be either low or high risk.

### ***NRF 135 High Risk Criteria for Children***

Assign High Risk and refer to the WIC High Risk Counselor within 30 days when at least one of the following conditions is also present:

- Growth drops two channels in 6 months or less for weight-for-age, length/height-for-age, or weight-for-length/height, or BMI-for-age; or
- Weight loss or no weight gain between two weights taken at least 3 months and no more than 6 months apart; or
- Both weight-for-age and length-for-age are less than the 5<sup>th</sup> percentile.

### **Exception:**

Child was previously assigned NRF 113 (BMI for age was  $\geq$  the 95<sup>th</sup> percentile). At current WIC visit, child's growth does not meet minimum expected weight gain. Refer to WIC High Risk Counselor only when one or both of the following conditions are present:

- Current weight is below the 75<sup>th</sup> percentile BMI-for-age; -or-
- Weight loss or inadequate weight gain was due to illness, food insecurity, or improper dietary/feeding practices.

### **Processing Standards**

Local agencies will process all applications for Program benefits made either by phone, in writing, or in person within the following time frames and in the following manner. Each local agency must routinely schedule appointments for applicants/participants who are employed or who reside in rural areas by addressing their special needs through the adoption of procedures and practices to minimize the time participants and applicants must spend away from work and the distances applicants and participants must travel.

This shall include at least one of the following procedures: appointment scheduling, adjustment of clinic hours and/or location, or remote benefit issuance.

- All pregnant women, members of migrant populations, and homeless individuals must be screened and notified of program eligibility/ineligibility within 10 calendar days of the date of their first request for an appointment to receive program benefits. The State Office may provide an extension of this notification period to 15 days for local agencies that make a written request including a justification of the need for an extension.
- All other likely to be served applicants must be screened and notified of their eligibility/ineligibility within 20 calendar days of the date of their first request for an appointment to receive program benefits.
  - ✓ Likely to be served applicants include all priority and age groups the agency is currently serving. All applicants found eligible must be given food benefits. on the same day they are told they are eligible. Exception: Local agencies may issue food benefits remotely to those participants who meet the criteria for remote benefit issuance.

## Waiting List

When funds are insufficient to support Colorado WIC Program's active enrollment, the following procedures will be implemented to reduce caseload. Caseload reductions must be made as equitable as possible to ensure participants have equal access to Program benefits throughout the state. All local agency WIC clinics in Colorado must follow the same procedure. Caseload reduction is achieved through activation of waiting lists. A waiting list is a list of individuals who have expressed interest in receiving WIC benefits and who are likely to be served when caseload slots become available.

The State agency determines when to activate waiting lists and which participant priorities to place on a waiting list. The waiting list process ensures that WIC services are provided to participants with the highest nutritional risk (lowest priority). The decision regarding which priorities to place on waiting lists is based on available funding and estimates of the cost to provide WIC services to groups of participants of identical priority. The State agency notifies the local WIC agencies in writing of the need for waiting lists, the type of waiting list, which priorities to place on the waiting list, and the implementation date.

## Automated waiting list functionality in Compass

Access to the Clinic Services Administration>Waiting List panel is available to selected State Office staff only. On this panel, the State Office user defines the effective date of the waiting list and the specific participant categories and priorities that will be eligible for the waiting list.

There are two types of waiting lists - certified and uncertified. When waiting list status is activated, the State Agency will designate whether to implement one or both types:

Uncertified waiting lists include those applicants who expressed interest in applying for the WIC Program but have not been screened. These applicants must be placed on the list based on their highest potential priority (Priority 1 for pregnant and breastfeeding women and infants, Priority 3 for children and Priority 4 for postpartum women). Uncertified waiting lists are manually recorded on a log.

Certified waiting lists include applicants who have been certified eligible through screening, but whose priority is not currently being served. Certified waiting lists will be created by the computer system after the certification information has been entered into the computer. The lists will be grouped by priority.

## Waiting List Components

Each local agency must keep a waiting list of all individuals who express interest in receiving WIC benefits, either in person or by telephone.

Active WIC participants who transfer in from the WIC Overseas Program must be placed ahead of all other transfers on the waiting list. Active WIC participants who transfer into the local program from within Colorado or from another state must receive the next available caseload slots, regardless of priority.

Any individual who specifically requests to be placed on a waiting list in person must be added to the list, regardless of their qualification status.

Actively enrolled participants who fail to keep their scheduled WIC appointments and then contact the local WIC program requesting to rescheduled appointment when that local program has no appointments available may be placed on the waiting list.

### Equal treatment

An applicant who has never been on WIC must have the same access to available appointment slots as a participant who is applying for a second or subsequent certification. Civil rights regulations do not allow a request for information on ethnic classification as part of waiting list procedures.

### Documentation

Each local agency will maintain the following data elements for each applicant entered in Compass:

- The applicant's name
- Address and/or phone number
- Applicant status (pregnant, breastfeeding, age of applicant, etc.)
- The date the applicant was placed on the waiting list.

### Notifying Applicants

When applicants are present for certification, the local agency WIC user must:

- Screen every interested applicant for eligibility and priority.
- Notify applicants of their placement on a waiting list on the day of initial contact.
- Inform applicants regarding the need for a waiting list. Explain that the local program will serve highest priority applicants first when funding and caseloads are limited and that WIC services will be extended to as many eligible participants as possible.
- Once an applicant is on the waiting list, encourage them to contact the local program with address changes or new telephone numbers to facilitate future appointment scheduling.
- Refer all applicants to other health and social service agencies such as food banks, SNAP, etc.

### Discontinuing Waiting lists

The State WIC Office determines when waiting lists will be discontinued and will provide local WIC agencies written notification and instructions. Generally, local agencies will perform the following:

- Contact the first person on the list, either by letter or telephone and schedule them for an appointment to determine eligibility. Make it clear that this is only to complete screening and does not mean that they will be automatically certified on the program.
- Document on the waiting list that notice was given.
- If the attempt is made to contact an applicant by phone and the individual cannot be reached, a follow up letter must be sent to notify the applicant to complete the screening process. Document that the letter was sent.
- Continue down the list and contact each person.
- Applicants who respond to the notification shall complete screening to determine eligibility. Check income if data is older than 30 days. Collect anthropometric and blood work data:
  - ✓ if not taken at time of application,
  - ✓ is >60 days old, or
  - ✓ does not reflect current participant category
- Drop an applicant from the list when they:
  - ✓ do not respond to notification after 15 days from the date of the letter;
  - ✓ miss their screening appointment;
  - ✓ are no longer categorically eligible (i.e. child turns 5); or
  - ✓ have completed the screening visit and determined to be either eligible or ineligible.

## Priority System Definitions

### Priority 1:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk by hematological or anthropometric measures or other documented medical conditions. When determining priority, both members of the breastfeeding pair (mother and infant) must be placed in the highest priority level for which either is eligible. This policy applies even if both members of the pair have independent NRFs. For example, a breastfeeding woman is risked for “Failure to Meet Dietary Guidelines” which makes her a priority 4. However, her infant measures underweight which qualifies the infant as a priority 1. Because of this, both the breastfeeding woman and her infant would be certified as priority 1 participants. Priority levels are reevaluated at each recertification.

### Priority 2:

Except for those infants who qualify for Priority 1, infants (up to 6 months of age) born to a WIC participant or to a mother who was in medical/nutritional risk during pregnancy.

### Priority 3:

Children demonstrating nutritional risk by hematological or anthropometric measurements or other documented medical conditions.

### Priority 4:

Pregnant women, breastfeeding women, and infants demonstrating nutritional risk and additional risk factors as allowed by Federal regulations; and postpartum teens.

### Priority 5:

Children demonstrating nutritional risk.

### Priority 6:

Postpartum women at nutritional risk.

Certification for eligibility must be conducted at scheduled intervals to reevaluate the individual's residential, categorical, economic, and nutritional status. The following outline describes these specific intervals.

## Length of Certification Periods

### Pregnant Woman

- A pregnant woman is certified at time of entrance into the Program for the duration of her pregnancy and for up to 6 weeks postpartum.
- Within the 6 weeks postpartum period, she may be recertified as:
  - ✓ A non-breastfeeding woman until 6-months postpartum (based on termination of pregnancy). For example, when the agency is serving priority 6 participants, the pregnant woman can be recertified as a non-breastfeeding woman within 6 weeks of delivery. If she is recertified during this time period she receives postpartum food benefits. If the recertification is late (i.e., not done within 6 weeks), a woman can still be recertified as a non-breastfeeding and her new certification ends 6 months from the termination of her pregnancy.
  - OR
  - ✓ A breastfeeding woman for up to one year postpartum (based on delivery date), or until she stops breastfeeding, whichever occurs first.

### Non-Breastfeeding, Postpartum Woman

- A non-breastfeeding woman may be certified within 6 months of termination of pregnancy and is terminated from the WIC program at 6 months from the termination of her pregnancy.

### Breastfeeding Woman

- To be considered a breastfeeding woman, a woman must be breastfeeding an infant on the average of at least once a day.
- A breastfeeding woman may be initially certified at any time during the one-year postpartum period.
- A breastfeeding woman is certified until 1-year postpartum or until she stops breastfeeding, whichever occurs first.
- A breastfeeding woman will be terminated from the WIC Program no later than 1-year postpartum.

- If an agency is not serving non-breastfeeding women, a breastfeeding woman who stops breastfeeding before 6-months postpartum will be issued a minimum of 15-days benefits and then may no longer receive WIC benefits.
- If the agency is serving non-breastfeeding, postpartum women, and a breastfeeding woman stops breastfeeding before 6-months postpartum, staff must reclassify her to postpartum/non-breastfeeding (refer to Eligibility section, Subject: Reclassification).
- If a woman is partially breastfeeding her >6 month old infant who is receiving an out of range amount of formula, she remains eligible to receive all WIC Program benefits except food benefits.

#### **Infant**

- An infant from birth through 5 months of age may be certified at entrance into the Program until his/her first birthday.
- An infant who is 6 months to <12 months of age may be certified for 6 months.
- Category change from Infant to Child automatically occurs at the first recertification following their first birthday.

#### **Child**

- A child shall be certified at time of entrance into the program and at one year intervals thereafter.
- A child may continue to receive WIC food benefits through the last day of the month of their 5th birthday. Food benefits beyond that time cannot be issued.

### **Certification Period Extension**

Federal regulations allow a participant to be recertified one-month prior or one month after their scheduled termination date. This flexibility allows the issuance of one month of food benefits beyond the certification period for certain categories of participants:

- Children who have not reached 5 years of age.
- Infants (certification may be extended up to, but not beyond, the 13th month of age).

If the participant has a valid reason for not being subsequently certified and meets a requirement for being extended, the termination date can be extended by one month. The participant's termination date cannot be extended if the participant has already been terminated or if the termination date has already been extended. If the termination date has been reached, the participant must be recertified.

### **Required Medical/Nutritional Data**

The ongoing collection of accurate medical nutritional data on each Program participant provides for early detection of potential health problems. This early detection allows WIC staff to develop a plan for nutrition education and referral to other health services.

To ensure individualized and quality health care services to WIC participants, the following medical/nutritional data are minimally required to be collected and documented through a thorough nutrition assessment.

#### **Pregnant Women**

At certification visit:

- Iron Screening (hemoglobin or hematocrit)
- Weight Height
- Nutrition Interview

At a visit at least once each trimester:

- Weight

#### **Postpartum Non-Breastfeeding Women**

At each certification visit:

- Weight
- Height (for recertifications, a height needs to be taken for women less than 18 years of age only)
- Iron Screening (hemoglobin or hematocrit)
- Nutrition Interview

#### **Breastfeeding Women**

At initial certification visit after delivery:

- Breastfeeding Support
- Weight

- Height (for recertifications, a height needs to be taken for women less than 18 years of age only)
- Iron Screening (hemoglobin or hematocrit)
- Nutrition Interview

### Infants

#### Certification visit:

- Growth (length and weight)
- Nutrition Interview, including breastfeeding description
- Immunization

#### 3-month follow-up visit:

- Growth (length and weight) - recommended
- Update breastfeeding description as appropriate

#### 5-7 month mid-certification visit:

Infants certified from birth through 5 months of age receive an infant mid-certification visit when the infant is 5-7 months of age. Explain to the endorser the purpose and benefits of the mid-certification visit. Should the endorser refuse to bring the infant to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Growth (length and weight)
- Nutrition Interview, including updating breastfeeding description as appropriate
- Immunization

#### At 9-month follow-up visit:

- Growth (length and weight) - recommended
- Update breastfeeding description as appropriate

### Hemoglobin/Hematocrit for Infants

Infants must receive hemoglobin/hematocrit under the following conditions:

- Infants initially certified between 6 and 11 months of age must have a hemoglobin/ hematocrit value when certified, again 6 months later when recertified as a child.
- A hemoglobin/hematocrit value must be obtained at 9 months of age for infants at higher risk for anemia, defined as those infants given no routine age appropriate iron source after 6 months of age, such as iron-fortified formula, iron-fortified cereal, meats, or oral iron supplements. All infants initially certified at 6, 7, or 8 months of age are to be considered for this additional blood work at 9, 10, or 11 months of age if they are found to lack an age-appropriate iron source.

### Children

#### At each certification visit:

- Growth (height/length and weight)
- Iron Screening (hemoglobin or hematocrit) and Blood Lead Screening Nutrition Interview
- Immunization

Approximately 5-7 months after the certification/recertification visit, a mid-certification visit must occur. The mid-certification visit for a child is similar to the mid-certification visit for an infant. Explain to the endorser the purpose and benefits of the mid-certification visit. Should the endorser refuse to bring the child to the mid-certification visit, the agency staff cannot deny WIC benefits to the family.

- Growth (length and weight)
- Iron Screening if applicable (hemoglobin or hematocrit)
- Nutrition Interview, including updating breastfeeding description as appropriate
- Immunization

### Hematocrit/Hemoglobin for Children

Hemoglobin/Hematocrit values are required for children at the following times:

- Children who were certified as infants between birth and 5-months of age must have a hemoglobin/hematocrit value at 12 months of age when recertified as a child and again at 18-months of age.
- Children who were certified as infants between 6 and 11 months of age must have a hemoglobin/hematocrit value when certified, again 6 months later when recertified as a child and again 6 months later.
- Children who are initially certified under 18-months of age must have a hemoglobin/ hematocrit value when certified and 6 months later.

- After 18-months of age, local agencies may choose to screen children for anemia every 12 months if the previous hemoglobin/ hematocrit value was within normal range. If the value (at 18-months of age or older) is below normal, a hemoglobin/hematocrit must be taken 6 months later.

**Examples of Required Data for Infant and Children Visits based on Time of Certification**

**Infant Certified at Birth**

Birth	3 months	5-7 months	9 months	1 year	18 months	24 months
Birth weight Birth length Length Weight Nutrition Interview Immunization Records**	Length*** Weight*** Update BFing Description as necessary	Length Weight Nutrition Interview Immunization Records** Update BFing Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFing Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

\* Hemoglobin value required one time per year after 18 months when the most recent value was normal. Otherwise Hemoglobin is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

\*\*Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

\*\*\*Recommended



**Infant Certified 8 Months of Age**

8 months	11 months	14 months	20 months	26 months
Length Weight Nutrition Interview Hemoglobin Immunization Records** Update BFin Description as necessary	Length*** Weight*** Hemoglobin (only when no age appropriate iron source) Update BFin Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization records** or verbal Immunization assessment

\*Hemoglobin value required one time per year after 20 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

\*\*Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants less than 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

**Examples of Required Data for Infant and Children Visits based on Time of Certification**

**Child Certified at 1 Year of Age**

12 months	18 months	24 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records** Update BFin Description as necessary	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening* Immunization Records**

**Child Certified at 16 Months of Age**

16 months	22 months	28 months
Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening Immunization Records**	Length Weight Nutrition Interview Hemoglobin/ Lead Screening * Immunization Records or Verbal Immunization Assessment

\*Hemoglobin value required one time per year after 18 months if the previous value was normal. Otherwise Hemoglobin test is required at each certification. Lead screening: Local WIC Programs are required to ask if the child has had a blood lead screening test. If the child has not had a test, they must be referred (at each certification/recertification/mid-certification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

\*\* Staff members are required to ask participants to bring immunization records to all certifications, recertification, infant 5-7 month mid-cert visits, and for participants under 25 months of age. If the record is available in the Colorado Immunization Information System (CIIS), agencies with access may use the CIIS electronic record in lieu of obtaining the immunization information from the caregiver. These records must be assessed for DTaP shots. If the participant does not bring their immunization records to the visit, the records are assessed as “unknown.” Endorsers/participants cannot be required to bring participant’s immunization record to WIC visits.

### **Medical/Nutritional Data**

Medical/nutritional data may be taken more often if specified by state or local nutrition management protocols for the treatment of various conditions.

For the purposes of determining eligibility, medical data may be obtained from outside the WIC Program if performed by a trained and reputable source such as a participant’s health care provider, public health nurse, or other public health program. Local WIC clinics are encouraged to obtain information from other sources if it prevents duplication of measurements, especially duplication of hemoglobin measurements.

Anthropometric Measurements: Height and weight measurements from alternate sources may be used to determine WIC eligibility if they are no more than 60 days old (from the date of actual WIC certification). Weight measurements for women should also reflect the physiological state for which she is being certified. For example, a postpartum woman’s weight should be from the time that she is postpartum and not from when she was pregnant. While 60-day-old weight and height measurements may be acceptable for certifying a participant in some cases, the local WIC clinic may want to consider whether a current weight would be of more value in assessing a participant’s health status. A 60-day-old weight measurement on a pregnant woman may not give a good indication of her current weight gain.

Hemoglobin measurements: There is no time limit on how old a Hemoglobin value can be when certifying a WIC participant as long as the measurement meets the following criteria:

- For a woman: The hemoglobin value must have been obtained during the physiological state the woman is being certified for. For example, for a pregnant woman, the hemoglobin must have been performed at some time during the current pregnancy for which she is being certified. For a breastfeeding or postpartum woman the hemoglobin must have been performed after termination of the woman’s most recent pregnancy.
- For an infant or child: The hemoglobin must have been performed between 9-12 months of age, again between 15-18 months of age and at least yearly after 18 months of age assuming the previous hemoglobin value was normal. If the previous hemoglobin value is abnormal the hemoglobin should be repeated every 6 months until a normal value is obtained and then yearly thereafter.

If the anthropometric or hemoglobin measurement was taken on a day other than the day certification occurs, the WIC staff must enter the date when the measurement was taken in appropriate panel in Compass. A hemoglobin may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification.

### **Temporary certification of pregnant women in the absence of a hematocrit or hemoglobin value**

If blood work data is not available for a pregnant woman at the time of her certification appointment and all options for obtaining such information have been pursued, local agencies have the option of temporarily certifying a pregnant woman in the absence of this data (one time during her pregnancy) for a period not to exceed 60 days, if she is otherwise eligible for Program benefits.

The pregnant woman would be assigned either priority 1 or priority 4, based on the nutritional risk criterion that qualifies her for participation, given the absence of the hematocrit or hemoglobin value. Once the hematocrit or hemoglobin value is available, the participant’s risk factors and priority must be reassessed and updated as necessary by assigning a mid-certification nutrition risk factor.

### **Refusal to allow hematocrit/hemoglobin**

Every effort should be made to obtain hematocrits/ hemoglobins as required by policy. A participant may not, however, be denied WIC benefits solely because they refuse to allow a hematocrit or hemoglobin test for personal, cultural, or religious reasons. An unknown hematocrit/hemoglobin CANNOT be used as a qualifying risk factor for WIC participation. Participants refusing a hematocrit/hemoglobin must qualify for WIC using another nutritional/medical risk factor.

## Nutrition Assessment

A Nutrition Interview between the WIC staff and the endorser/participant must occur at the initial certification, mid-certification visit and at each subsequent recertification to complete a thorough nutrition assessment, including the identification of subjective and nutrition practices risk factors.

## Notification of Ineligibility, Termination or Denial of Services

### Program Applicants

Applicants whose income exceeds financial eligibility guidelines are required to receive a Notice of Ineligibility or Notice of Termination unless the screening is done over the phone.

### Program Participants

A participant must be given 15 days worth of food benefits when terminated from the WIC Program. Exception: There are five termination reasons which prompt immediate termination without 15 days worth of food benefits. In addition, participants with a term reason of Not BF 6 months postpartum are not eligible for an additional 15 days of benefits

Reasons when terminated participant is not eligible for 15-days food benefits:

- No recent food benefit pick up (not available for staff selection)
- Deceased
- Dual participation with CSFP
- Dual Participation with WIC
- No longer in Family
- No BF 6 months postpartum

### Reasons for Participant Termination

When the user selects one of the following reasons for termination in Compass, the effective date of termination is automatically populated with a date 15 days in the future which allows the user to issue 15 days of food benefits for the participant. A *Notice of Program Termination* form can be generated from Compass and given to the participant for reference.

- Terminate Postpartum/BF - Recert as Pregnant
- Terminate Postpartum/BF - Recert as Postpartum/BF
- Terminate Postpartum/non-BF - Recert as BF
- Terminate Pregnant - Recert as non-BF/BF
- Terminate Pregnant - Recert as Pregnant
- Recertify Active VOC
- Not BF 6 months postpartum
- Program misuse
- Remove from waiting list
- Not serving priority
- Voluntary Withdraw
- Autoterm

### Procedures for Categorical Ineligibility

Persons who do not meet the definition of pregnant, postpartum, or breastfeeding women, infants and children are categorically ineligible for the Program.

- A child receives WIC Program benefits through the last day of the month of their fifth birthday.
- A breastfeeding woman receives WIC Program benefits until:
  - ✓ The last day of the month her breastfed infant turns one year old.
  - ✓ She reports she has stopped breastfeeding or is breastfeeding less than an average of once a day.
  - ✓ A woman who ceases breastfeeding and is within 6 months after delivery shall be reclassified as a postpartum woman and receive postpartum food benefits from that date until the end of her certification period (not to exceed 6 months postpartum).
  - ✓ A woman who ceases breastfeeding more than 6 months after delivery is eligible to receive 15 days of food benefits starting the day she reports she is no longer breastfeeding.
- A non-breastfeeding postpartum woman receives WIC Program benefits for 6 months postpartum (after delivery).

When a participant is being terminated from the WIC Program, any remaining food benefits should continue to be the same food package (no change in food package is required). However, if a participant is continuing on the Program, but their category has changed (for example, breastfeeding to non-breastfeeding postpartum) then their food package should be immediately changed to reflect their new category. When a woman currently categorized as pregnant delivers and decides to exclusively breastfeed, she should be issued an exclusive breastfeeding food package immediately.

### Procedures for Residence Ineligibility

Current participants who no longer meet the definition of residency for the agency where currently enrolled should be provided with a VOC card/form. (See -information on Transfer Policy).

NOTE: Transfers should not be marked ineligible or terminated from the system.

### Procedures for Income Ineligibility

A participant found financially ineligible at the certification visit may not receive WIC benefits.

A participant found financially ineligible at a recertification visit may receive benefits through the previous certification period. A participant who volunteers financial information at a mid-certification visit (that places them over the income guidelines) should be provided with enough food benefits to ensure the participant receives the 15-day notice of ineligibility. **This is also applicable if staff receives information from another source besides a participant (third party, anonymous tip, etc.) making the participant financially ineligible.** After issuing the food benefits, mark the participant ineligible with the appropriate reason and collect the participant's signature on the signature capture pop up. Generate a *Notice of Ineligibility* form from Compass (See "Notification Form" procedures).

If one member of a family or economic unit is found to be WIC income ineligible during a certification/recertification then the entire family is income ineligible. This would include family members who may be in the middle of a certification period. For example, a family has three children on WIC and one child is being recertified while the other two are in the middle of their certification periods. If, during the recertification it is determined that the one child is not eligible for WIC because the family is over-income, then the other two children are also ineligible for WIC and must be terminated from the Program. The two children who are in mid-certification would receive 15 days more of benefits.

Note: When 90 days or less remains in the certification period, the remainder of the food benefits may be issued through the current certification period.

#### Notification Form

If an applicant is determined income ineligible on the Income Determination panel, staff must check the Action box to move the applicant from a Pending status to an Ineligible status. Once the applicant is moved to the Ineligible status, then a Notice of Ineligibility may be printed.

If an Active participant is determined income ineligible on the Income Determination panel, staff must issue any required food benefits (depending on where they are in the certification period) first, then return to the Income panel and click the "Check Income Eligibility" button. Then, staff must check the Action box to move the Participant from an Active status to an Terminated status. Once the participant is moved to the Terminated status a *Notice of Termination* may be printed.

To document notification of ineligibility, termination, or denial of services, complete one of the following:

- If the participant or guardian is present at time of termination from the Program, review the Compass generated form with the participant and provide a copy.
- If the participant or guardian is not present at the time of termination from the Program, mail the computer generated form to her address. It is not necessary to mail a *Notice of Termination* form:
  - ✓ for expiration of certification ( as this is noted on the Family Food Benefits list).
  - ✓ when participant is terminated (auto-termed) for failure to pick up food benefits for two consecutive months, endorser/participant need not be notified if this policy was explained at the initial certification.

## Certification and Food Instrument Issuance to WIC Staff or their Family

When local WIC staff and/or members of their family are eligible for the WIC Program, they may not handle the certification or food benefit issuance process for themselves or their family. "Family" includes spouses, children, brothers, sisters, nieces, nephews, or grandchildren. Another WIC staff member must handle the certification and ongoing food benefit issuance. This procedure is required to maintain both Program and staff integrity for audit purposes. If you have any questions about the appropriateness of handling other relatives, please contact your State WIC nutrition consultant.

## Colorado Verification of Certification Procedure - Transfer Policy

A WIC participant's certification is valid until the end of the certification period. If he/she should move during that period and apply for WIC services at another local agency, the participant does not need to go through the certification process. The purpose of the verification of certification (VOC) card/form is to assist participants in receiving continual WIC benefits for the remainder of the current certification period during which they relocate.

Instruct the participant to bring their eWIC card, and VOC to the WIC clinic nearest them following their move. After the food benefit issuance, initiate the VOC. The originating clinic should not change participant status to terminate or mark ineligible.

## Acceptance of VOCs

Colorado has chosen to use a VOC card/form. The VOC card/form contains the following information:

- Name, date of birth and Compass ID# of the participant
- Category and priority at certification
- Certification dates
- Income determination date
- Last visit date and height, weight and hemoglobin/hematocrit measurements
- Dates of assigned NRFs listed by number, description and priority
- Month food benefits issued and first and last date to use
- Name, address and phone number of local agency
- Signature and title of the local agency staff and date form signed

When a potential WIC participant presents a valid VOC card or form, and the person is within a certification period, the local agency is required to accept the VOC as proof of both financial income and nutritional risk eligibility (NRF 502 - Transfer of Certification). Income does not need to be determined since this is a VOC. However, the VOC is not documentation of identity and residence. Documentation of identity and residence (address) are required at transfer visits and the Identity panel and Residency field must be completed. If funds are available, the agency must provide program benefits until the certification period written on the VOC expires. If the agency were at caseload, the individual would be placed on the top of the waiting list, regardless of the priority of the nutrition risk and regardless of whether they meet a particular local agency eligibility requirement at that point in time. For example, a non-breastfeeding, non-teen, postpartum women or a priority 5 four-year-old who transfers in from another state with an active VOC card would be served through the end of his/her certification period or put at the top of the waiting list (above all other priorities) until a slot becomes available.

Occasionally a participant will arrive in a Colorado WIC agency with a valid VOC, though some information may be missing on the card/form. For example, the official certifying the participant may have forgotten to sign the card or may have forgotten to write down the nutrition risk reason (or nutrition risk factor). Under these circumstances, the local agency receiving the VOC should not deny or delay providing WIC services because of an incomplete VOC. As long as the participant's name, the date the participant was certified, and the end of certification date are present, initiate the participant transfer process.

## Transfer Procedures

When making an initial appointment, routinely ask if they have been on WIC before, and if so, where and when. Initiate a transfer when the participant is currently within a certification period, either in-state or out-of-state.

Access the Transfer panel in Compass for transfers within an agency (from clinic to clinic) and transfers between agencies.

Whenever possible, the initial clinic issues sufficient food benefits to allow the participant time to request a transfer at a new clinic.

The participant may be instructed to call the new clinic to request a transfer at the time they redeem their last month of food benefits at the store or to call one or two weeks after their last visit at your clinic. Provide a Verification of Certification (VOC) card so the participant has all the needed transfer information to be scheduled appropriately at the new clinic. The originating clinic does not terminate the participant requesting to transfer to another clinic. Provide a list of Colorado WIC-approved retailers in the new location, if helpful.

It is not necessary to retake anthropometric or hematological measurements or complete the Nutrition Interview for participants transferring in with a VOC card. The *Rights and Responsibilities* must be reviewed and a signature captured for the family transferring into the new clinic. Enter anthropometric and hematological data provided on the VOC card into Compass. Proofs of Identification and Residency must be presented and verified on the Identity panel and Contact/Address panel in Compass. Documentation of identity and residence are required for both in-state and out-of-state transfers when transferring between local agencies.

Current out-of-state verification of certification (VOC) cards should include the date the last set of food benefits were issued. This date must be used to avoid double issuance of food benefits. Participants may exchange current FIs or eWIC cards from another state's WIC Program for Colorado WIC food benefits. Out-of-state food benefits should be voided and destroyed. Participant ID numbers from out-of-state transfers are irrelevant to Colorado. If the individual is a migrant or homeless individual and is planning to move before the certification end date, provide participant a new VOC printout. If possible, it is recommended that recent documentation of participant misuse be sent by the originating WIC clinic to the clinic where the participant is transferring.

More guidance on proofs required for Transfers or VOC's is found in the Eligibility Section under *Transfer Visits*.

### **Out-of-State Transfers with Unknown Risk Factors**

The occasion may arise when a participant presents a current valid VOC card at your clinic without adequate documentation of their nutrition risk factor(s). Without knowing the nutritional risk you cannot determine the participant's priority. If the participant's current certification period has not expired, the clinic may contact the issuing clinic to confirm the risk factors. Nutrition Risk Factor 502 (Transfer of Certification) will be assigned on the Risk panel. If other Nutrition Risk Factors are known, they should be assigned on the Risk panel as well.

### **Procedure to Handle Out-of-State Transfers without a VOC Card**

When an out-of-state transfer arrives at a clinic without a VOC card the local agency may contact the State the participant is coming from to ensure a seamless transfer for the participant. State Agencies' point of contacts for VOCs are located here: <http://www.fns.usda.gov/wic/wic-contacts>

There may be times when information on previous WIC participation is not obtainable. During these instances, the participant should be treated as a new certification.

### **Procedure to Handle In-State Transfers with or without a VOC Card**

If an in-state transfer arrives at a clinic with or without a VOC card/form, the participant information may be obtained by finding the participant in Compass and performing a transfer on the Transfer Family panel.

### **WIC Overseas**

The WIC Overseas Program is similar to the USDA funded WIC Program in most respects except that it is funded by the Department of Defense for active duty military personnel, other military support staff and their dependents overseas. The WIC Overseas Program also has certain eligibility restrictions that are different from the USDA funded WIC Program. Income, categories and nutrition risk criteria are similar between the programs.

A participant associated with the military should be issued a VOC when they transfer overseas from a Colorado WIC clinic during their certification period. WIC staff members need to issue a VOC to the participant and inform the participant that:

- There is no guarantee that a WIC Overseas Program will be operational at the overseas site where they are transferring.
- Only certain individuals are eligible for the WIC Overseas Program. Not all people eligible for WIC in the United States are eligible to participate in the WIC Overseas Program. For example, the WIC Overseas Program is restricted to US nationals who also have certain defined relationships to the US military.
- Issuance of a VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the WIC Overseas Program is determined at the overseas WIC clinic.

A participant transferring from a WIC Overseas clinic to a Colorado WIC clinic with a valid VOC is handled the same as a state-to-state transfer (see section on acceptance of VOCs). An Overseas WIC Program VOC has the same validity and function as a VOC from another state WIC Program. If the participant is within their certification period and the clinic is not at caseload, the participant must be enrolled in the local WIC Program. Destroy the participant's unused food benefits from the overseas WIC Program.

Hawaii, Alaska, Guam, the US Virgin Island, and Puerto Rico WIC Programs are not part of the WIC Overseas Program; they are part of the USDA-funded WIC Program. VOCs from these Programs are handled as normal state-to-state transfers.

## Unused Food Benefits

When a Colorado WIC participant notifies the local WIC clinic that they are moving out-of-state:

- Give participant their CO WIC VOC print out.
- Do not deactivate their eWIC card since moving plans may change.

When a CO WIC participant notifies the local WIC clinic that they now reside in another state:

- terminate the participant with a reason of "Moved Out of State" and deactivate their eWIC card.

When a participant is transferring from another state WIC Program and arrives at your clinic with unused food instruments issued by another state, local WIC staff should collect and destroy them. If the participant arrives with an WIC EBT card issued by another state, local WIC staff should contact the issuing state to determine if food benefits for the current month have been redeemed. If any food benefits for the current month have been redeemed, issue Colorado WIC food benefits on the first day of the following month to prevent overlap.

Issuance of Verification of Certification (VOC) - Issue a VOC form to all migrant farm workers. Also, issue to any participant who indicates they will be moving during the certification period.

## Participant Notification

**POLICY:** During initial certification and subsequent recertification visits, WIC endorsers and participants receive an explanation to the WIC Program, including their rights and responsibilities.

### PROCEDURE:

During the initial certification visit, provide the following:

#### *Initial Explanation of the WIC Program*

- Explain the reason the participant is being enrolled on the program by *stating a connection between their eligibility and the desired health outcome*. This does not mean every risk must be reviewed, but rather is intended to summarize the reasons the participant is being enrolled. Example: "Your child is being enrolled in WIC to help him have good nutrition and to watch his growth over the next year."
- *Food provided by the WIC program is supplemental*; it is not intended to provide all of the participant's daily food requirements.
- *A thorough nutrition assessment is the basis for individualized care*. Example: "I will perform a thorough nutrition assessment to identify nutritional needs in order to provide personalized nutrition education, foods packages, and referrals."
- *Length of certification*. Inform each participant of the length of their certification, when their last set of food benefits will be issued, and that they will need to be recertified at the end of their certification period to determine if WIC benefits may continue past that period.
- *Local rules and policies*. Explain local WIC program rules or policies, including policies regarding late or missed appointments.
- *Transfer policy*. Explain the transfer policy and use of the VOC card.
- *Participant's right to a fair hearing* if they disagree with any decision made regarding their participation in the WIC Program.
- *Referrals and importance of health care*. Provide information on how to access and use local health and nutrition services, including: the types of health services available, where they are located, how they may be obtained, and why they may be useful.
- *Correct use of the eWIC card*. See section below
- *Shopping for their WIC food benefits using the CO WIC Allowable Foods List*.
- *Instruct participants on the process for receiving additional food benefits at future appointments*.

- *eWIC card misuse*: Explain that giving away, selling or attempting to sell WIC foods, formula, or eWIC card online or by any other means will be considered a participant violation. Misuse of the eWIC card may result in participants being dropped or suspended from the WIC Program.
- *Substance Use and Abuse*: Provide education on the harmful effects of drug, alcohol, tobacco, and certain over-the-counter medications on fetal growth and development. For participants who admit use of these substances, discuss the fact that there are no safe levels of exposure and that abstinence is recommended.
- *HIV status*: Advise all pregnant, postpartum, and breastfeeding women to know their HIV status. Provide information regarding the risks of transmitting HIV from mother to baby during pregnancy and delivery and the importance of getting early medical treatment to reduce the risk to their baby. Inform all women that HIV-positive mothers should not breastfeed.
- If the local agency is not serving all priorities, explain the nature of the WIC priority system and the participant's priority designation.)

### *WIC Participant Rights and Responsibilities*

The *Participant Rights and Responsibilities* (R&R) document explains the basic rights of WIC participants and describes the responsibilities WIC participants must follow to continue to receive program benefits.

- At every certification and recertification visit, staff provide a viewable copy of the R&R (form 107) to every endorser and/or participant. This document must be read by or read to the participant or his/her guardian, in a language that is understood. Written versions of the R&R are available in English, Spanish, Arabic, Nepali, Burmese, and Somali. Provide a printed English or Spanish version of the R&R when requested.
- Capture either endorser's signature (initial or additional) at the time of certification to indicate they have read, understand and agree with the R&R and understand when the certification will end. Compass attaches the captured signature to the participant's Compass record.

In state transfer: When an active participant transfers to a different agency or clinic in Colorado, it is not necessary for the agency or clinic to have the endorser review the R&R. The signature captured from the current certification period transfers with the participant's Compass record.

Out of state transfer: Out of state transfers must read the R&R and staff must capture the endorser's signature.

### *Program explanation during subsequent recertifications*

- Restate the purpose of the current visit.
- Restate the reasons for eligibility, including the connection to the desired health outcome.
- Ask if the participant has any questions or concerns about WIC appointments, WIC foods or the use of the eWIC food benefits card.
- Offer the participant the *Food Benefits List* and a current "Colorado WIC Allowable Foods List."
- Request the endorser read/review the R&R in a language the individual understands.
- Capture the endorser's electronic signature at the time of recertification for each participant to indicate they have read, understand and agree with the R&R and understand when the certification ends. Compass attaches the captured signature to the participant's record.

## **Confidentiality and Release of Participant Information**

### **WIC Purposes**

- Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the participant, another source, or generated as a result of an interaction at WIC.
- Except as otherwise permitted by this section, the use and disclosure of confidential applicant and participant information is restricted to persons directly connected with the administration or enforcement of the WIC Program and who need to know the information for WIC Program purposes. These persons may include, but are not limited to: personnel from state and local WIC agencies, persons under contract with the Colorado WIC Program to perform WIC program-related research, and persons investigating or prosecuting WIC Program violations under Federal, State or local law.



## Non-WIC Purposes

According to 246.7 (i) (11), because the Colorado WIC Program uses and discloses confidential applicant and participant information for non-WIC purposes, a statement is included on the *Participant Rights and Responsibilities* that notifies applicants that the Executive Director of the Colorado Department of Public Health and Environment (CDPHE) designates in writing the permitted non-WIC uses of the information and the names of the organizations to which such information may be disclosed. This statement indicates that this information can be used by the receiving organization only for the following 5 reasons: (1) Establishing the eligibility of WIC applicants or participants for the programs that the organization administers; (2) Conducting outreach to WIC applicants and participants for such programs; (3) Enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled in such programs, including the reporting of known or suspected child abuse or neglect that is not otherwise required by State law; (4) Streamlining administrative procedures in order to minimize burdens on staff, applicants, or participants in either the receiving program or the WIC Program; and/or (5) Assessing and evaluating the responsiveness of a State's health system to participants' health care needs and health care outcomes. The State may share information for all of the above reasons or only the desired reasons. Those reasons designated by the Executive Director of the CDPHE in writing are included on the *Participant Rights and Responsibilities*.

The preferred method to release information is for the WIC staff to give copies of the information to the endorser who then decides how and with whom to share it. WIC staff may release copies of the information by handing it directly to the endorser. When information is released directly to the endorser, WIC staff must verify the endorser's proof of identification. Documentation in the WIC record must include date and type of information given and a copy of identification provided.

These confidentiality provisions do not prohibit the release of information if the information is released in a way that protects the identity of the individuals. Therefore, requests for data in aggregate or summary form (such as for research purposes) may be granted as long as the released information excludes any items that would identify Program participants or applicants. All such request should be forwarded to the State WIC Office. These confidentiality provisions also apply to alcohol and drug abuse information and referral activities. For further detail see the Outreach and Referral section of the Procedure Manual. If a "release of information" is received from another agency for information on a WIC participant, please contact the State WIC Office. Determination is made on a case-by-case basis.

WIC staff must obtain signed permission from an endorser in order to release confidential information to any person or agency other than the endorser(s) or any program not listed on the *Rights and Responsibilities* form. The Compass output, *Authorization for Release of Information* form is available for this purpose. A copy signed by the endorser must be obtained before releasing information to the requesting agency. A signed copy should be scanned and attached to the participant's Compass record.

## Subpoenas and Court Orders

### Responding to Subpoenas and Court Orders

Any request for the release of WIC participant information via a subpoena or court order, including a search warrant, must be brought to the attention of the State WIC Office by calling a State Nutrition Consultant. Inappropriate release of WIC information could potentially result in litigation against the State or local agency by the applicant or participant who provided this confidential information to the agency. Furthermore, State and local agencies may also be subject to adverse action by USDA for failure to follow Federal program regulations, instructions, and policy.

The following information is provided as guidance on the proper procedures to follow in responding to a subpoena or court order for WIC records. Information obtained from WIC applicants and participants and contained in WIC records is confidential and its disclosure is highly restricted. The confidentiality provisions and restrictions set forth in Federal regulations apply to any WIC Program information, including vendor information.

A subpoena is merely a request for information issued by the clerk of a court in response to a request by an attorney representing a party. A subpoena may be directed to an individual or an entity, and a subpoena "duces tecum" is a request for the production of designated tangible items (i.e., records).

A subpoena does not represent a court's ruling that the WIC State or local agency must release the information requested. However, a subpoena certainly cannot be ignored. Failure to respond to a subpoena could potentially result in the State or local agency being found in contempt of court which could result in the incarceration of or fines against WIC employees. The subpoena will designate a time within which the WIC State or local agency must respond to the subpoena. The subpoena will also identify the individual or organization who is seeking the WIC information and, who had the subpoena issued by the clerk of the court.

The State or local agency in consultation with their legal counsel must make a determination, based on Federal law and the records and/or information sought in the subpoena, of whether to comply with the subpoena and release the information as requested or to attempt to quash the subpoena. The determination of how to proceed (comply with or attempt to quash the subpoena) must be based on the restrictions set forth in §246.26(d) of the Federal regulations. The procedures involved in attempting to quash a subpoena generally entail the State or local agency's legal counsel scheduling a date to appear before a judge to argue the case, including the reason(s) why the State or local agency cannot comply with the subpoena.

In addition to the issuance of subpoenas, there may be time where court orders are used to obtain WIC applicant and participant information. State and local agencies must comply with court orders. A court order differs from a subpoena in which a timeframe is established to either comply with the subpoena or attempt to quash the request. Failure to fully comply with a court order at the time it is served could result in the immediate incarceration of WIC State or local agency staff. The individual(s) producing a court order should be apprised of the confidential nature of WIC information. In addition, clinic staff should carefully review the court order and provide only the specific information requested in the court order and no other information. In general, court orders must specify exactly what information is being sought. Legal counsel should be alerted to the provision of the information by the WIC agency immediately afterward, if such notification has not already been given. Further, WIC clinic staff must retain a copy of the court order for their files as evidence of why the specific information was released in the event of legal action by the applicant or participant or his/her parent(s) or legal guardian. When possible, WIC users scan the court order and attach to the participant's electronic file and document all actions in the participant's electronic participant care plan.

## Commodity Supplemental Food Program (CSFP)

CSFP is transitioning to serving seniors only. Beginning March 14, 2014, CSFP is no longer accepting new applications from pregnant, breastfeeding and postpartum women, infants and children through their 6th birthday. CSFP continues to serve eligible participants who were certified prior to 3/14/14.

Previously Section 10 - Special Populations

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## Introduction

This section describes procedures to provide WIC benefits to the migrant farm worker, homeless, and refugee populations. The intent of these descriptions is to assist local agencies in planning WIC delivery systems and outreach networks to provide much needed WIC benefits to these populations. Additionally, it is recommended that agencies provide written information on Health First Colorado (Medicaid), Child Health Plan Plus (CHP+), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Child Support Enforcement to all WIC participants.

## WIC Services to Migrant Farm Workers

### WIC Program Definition of a Migrant Farm Worker is:

"Migrant Farm Worker means an individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode."

- "Principal employment" means over 50 percent of the migrant farm workers job is in agriculture.
- "Agriculture" means farming in all its branches and includes:
  - ✓ Cultivation and tillage of the soil.
  - ✓ The production, cultivation, growing, and harvesting of any commodity grown in or on the land, or as an adjunct to or part of a commodity grown in or on the land.
  - ✓ Any practice (including preparation and processing for market and delivery to storage or to market or to carriers for transportation to market) performed by a farmer, on a farm, or in conjunction with an activity described in "Agriculture" (above).
- A worker establishes a "temporary abode" when the worker's job location requires him to leave his place of regular residence periodically, not permanently, for one or more 24 hour periods. An automobile, van, or camper may be considered a "temporary abode" when used for temporary residence.
- The decision to expand the definition to include the two year settling out period was made because of the belief that the barriers to participation in local health services, including WIC, are not immediately overcome when a participant leaves the migrant farm worker stream.

The isolation caused by precarious employment and economic situations, discrimination and the absence of English speaking abilities necessitate a period of time when migrant farm workers begin to assimilate into the local community. During this time, special assistance is needed to seek out health providers and local resources.

In order to identify participants who meet the criteria for migrant farm worker and dependent family members, it is necessary to ask a set of questions:

Over the past 24 months, have you or the family member upon whom you are dependent:

- Been hired to do agricultural (farm) work?
- Derived the greatest portion of work-related income or employment from agricultural work?
- Moved (established a temporary residence) in order to do agricultural work?

If client answers "yes" to all questions, they must be considered a migrant farm worker according to the Colorado WIC Program.

### Providing WIC Program Services to Migrant Farm Workers

In order to overcome the barriers to migrant farm worker participation and provide quality services, the State and local agencies must make vigorous attempts to serve migrant farm worker participants.

- **Verification of Certification (VOC)**  
The most basic tool in ensuring continuous services to migrant farm worker participants is a Verification of Certification (VOC). This is necessary so that migrant farm worker participants do not have to be certified in each area to which they travel. The agency must provide Program benefits until the certification period written on the VOC expires. If the agency is at maximum caseload and has a waiting list, this person must be placed at the top of the list, regardless of whether they meet a particular local agency eligibility requirement at that point in time. A VOC form shall be provided upon initial certification. If a migrant farm

worker participant needs to be certified again because the VOC has expired, the participant shall be considered income eligible for the next certification period.

- **Income Determination**

The income of a migrant farm worker family must be determined at least once a year. Any determination that a migrant farm worker has met the income standard, either in the migrant farm worker's home base area before beginning farm work for a particular agricultural season or in another area during the agricultural season, shall satisfy the income criteria for the migrant farm worker participant in any state for any subsequent certification during that agricultural season. (This procedure applies only to migrant farm workers.) If there is no indication that this was completed on the VOC form, the local agency must determine financial eligibility at the next certification. Lack of documentation for income should not be a barrier for migrant farm worker families to receive WIC benefits. Farm workers who are unable to provide documentation of income may self-declare their income by signing on the signature pad for an affidavit.

- **Double Food Issuance**

It is likely that individuals will receive and redeem food benefits in one state just prior to departing to another state. When they present their VOC cards in the second state, they may still be within the 30-day period of the previous food issuance. Staff must ensure that the participant does not receive double benefits. If benefits have been redeemed for the current month, staff may not provide benefits until the next month. Staff must collect and destroy unused benefits. If they are unavailable, staff should call the previous clinic to verify if the participant has redeemed the benefits.

- **Food Package**

Staff may create special food packages to meet the participants' individualized needs. With eWIC, participants can purchase as many or as few items as desired per shopping trip and have the option to purchase canned or powdered milk in lieu of fresh milk and canned beans or peanut butter in lieu of dry beans. Participants with a poor water supply, no refrigeration, or limited storage may prefer to have food packages with options such as ready-to-feed formula, juice in individual serving containers, shelf stable (UHT) milk, extra peanut butter or beans instead of eggs (at the substitution rate of 18 oz peanut butter or 1 pound beans for 1 dozen eggs). It may be beneficial for migrant farm workers to receive these special food packages more often than is suggested for other WIC participants.

- **Certification and Priority Determinations**

When funds are available to provide program benefits, the local agency must notify the migrant farm worker applicant of his/her eligibility within 10 calendar days of the first request for program benefits. Normal screening procedures will be used and all applicable nutrition risk factors assigned. At a minimum, these applicants must be considered at nutritional risk solely because of their migrant farm worker status. The applicant will be given a priority rating (1-6) using the same criteria as for all WIC participants.

In cases where a local agency is at the maximum participation level and the state has no additional funds to provide to the agency, a person with a valid VOC must be placed ahead of all other persons on a waiting list. This is because any participant with the current certification is entitled to continue receiving program benefits before a person who is not yet participating in the program. If a migrant farm worker with a current VOC arrives, he/she should be placed first on the list. However, if a migrant farm worker participant arrives with an expired VOC at an agency at maximum participation, he/she should be placed on the waiting list according to the priority rating, as any other potential participant.

- **Nutrition Education**

Providing comprehensive nutrition education to migrant farm worker participants can be challenging due to the participant's transient lifestyle. Although they may have access to nutrition education, often they are not in an area long enough to benefit continuously from any comprehensive nutrition education program designed by a state or local agency. In some instances, language barriers exist which also add to the difficulty of supplying appropriate nutrition education to migrant farm worker families.

Many migrant farm workers have participated in WIC Programs in other states where food delivery, allowable foods, and the method of payment (i.e. eWIC card) are very different. Therefore, priority topics for education should include:

- ✓ How to use WIC food benefits.
- ✓ A description of WIC allowable foods in Colorado.
- ✓ How to use the WIC foods with limited storage and equipment.

Nutrition education concerning food preparation should be suited to the participant's conditions. For instance, many migrant farm worker parents work in the fields for long hours and do not have time to prepare complicated meals. Tips on food preparation in nutrition education sessions should take this into consideration.

Printed Spanish nutrition education materials are available from the State WIC Office and online versions are available on the USDA WIC Works Resource System. Refer to the [CO WIC Program Materials Order Form](#) posted on the Colorado WIC Program web site for the complete listing.

Migrant farm workers in Colorado are from various ethnic groups. It is important that those providing nutrition education understand the ethnic dietary practices of these groups. One of the most important factors in teaching nutrition to various cultural groups is to emphasize the positive aspects of the diet and suggest only those changes that will fit into the lifestyle of the family.

- **Outreach**

Outreach to migrant farm worker participants is needed more than outreach to the general WIC population because their newness to the area often means they do not know where to obtain WIC services. Outreach is also necessary to overcome the isolation from the main population, which is inherent to the migrant farm workers' lifestyle.

- **Contacts with Farm Worker Groups**

Local farm worker organizations are another important community resource for assistance in reaching migrant farm worker participants. Migrant farm workers usually know these organizations and the organizations are very familiar with the situations of migrant farm workers in their area. Some farm worker organizations may be willing to assist the local agency in the actual provision of outreach, or the local agency may wish to contract with the organization for outreach services. At a minimum, these groups can provide information on when to expect migrant farm workers to arrive, how many usually come, how long they will stay and where they are likely to reside.

- **Flexibility of Services**

Another very important factor in serving migrant farm workers is flexibility of service hours. Since farm work is so unpredictable, migrant farm workers must work when employment is available. If the mother or other adult responsible for WIC appointments is working in the fields, she or he may be unable to make appointments during daytime clinic hours. One solution to this problem is for the WIC staff to schedule after-hour clinics for certification appointments and then offer alternate nutrition education methods for follow up visits, such as [wichealth.org](http://wichealth.org) or a telephone or interactive video call while still providing an effective second nutrition education contact. If the participant chooses an alternate nutrition education method for the follow up visit, food benefits can be issued remotely.

Holding a WIC clinic at the migrant farm worker camp is an effective way to reach the participants. Such an approach would eliminate transportation problems of those who have no way to reach WIC clinics.

- **Additional Resources for Migrant Farm Workers**

Health service locations can be accessed through the Bureau of Primary Health Care, a division of the U.S. Department of Health and Human Services at <http://www.bphc.hrsa.gov/>.

Information on legal services can be accessed through Colorado Legal Services, Inc., Farm Worker Division, (303) 866-9366 or 1-800-864-4330.

Other information for or about migrant farm workers is available through the National Center for Farmworker Health, Inc., 1-800-531-5120, <http://www.ncfh.org/>.

## WIC Services to the Homeless

### Definitions of a homeless facility, family, and homeless individual are as follows:

**Homeless Facility:** Any of the following facilities which provide meal service: a publicly supervised or privately operated shelter, including a welfare hotel or congregate shelter, designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; and a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

**Family:** A group of related or nonrelated individuals who are living together as one economic unit. Residents of a homeless facility or an institution shall not all be considered members of a single family.

**Homeless Individual:** A women, infant, or child who lacks a fixed and regular nighttime residence, or whose primary nighttime residence is: a publicly supervised or privately operated shelter including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence, designated to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual not exceeding 365 days; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Questions must be asked to gain insight as to whether a participant can be defined as homeless when living with another. The following two examples depict different situations:

- If the mother and baby have been staying with her sister for 10 months but are sleeping on the living room floor and the brother-in-law is losing patience and demanding that she find a job but she can't because no one else can watch her baby—she's probably homeless.
- If a mother and baby are staying with her sister, have their own room, bring in income from a part-time job, split grocery costs and share child care with the sister—they probably aren't homeless, no matter how long they've been there. It sounds like a fairly fixed arrangement.

### Providing WIC Program Services to the Homeless

Every effort must be made by State and local agencies to reduce barriers that could prevent homeless persons from receiving WIC Program benefits. This includes the following:

- **Financial Eligibility**  
A homeless person may not be excluded from receiving WIC benefits due to an inability to provide proof of financial eligibility. If the person is living in a shelter or institution, the "family unit" does not include other residents of the shelter. Only the participant or unit of related persons shall be counted. A homeless person who reports zero income or is unable to provide documentation of income may sign a statement of self-declaration of income or a statement of zero income. Lack of documentation should not be a barrier for homeless people to receive WIC benefits. (Refer to the **Certification, Eligibility and Coordination, Section 8 of the Program Manual** regarding individuals who claim zero income.)

In Colorado a temporary accommodation is defined as residence with another individual(s) not exceeding 365 days. If the person is living in a temporary situation in a shelter or in a friend's home, he/she can be considered an economic unit of one. A pregnant woman with her 2-year old child would be an economic unit of three. If after 365 days the participant continues to live in the same residence, then the entire household is considered an economic unit and the total household income should be used for WIC screening.

- **Residence Eligibility**  
A homeless person may not be excluded from receiving WIC benefits due to an inability to provide proof of residence. (Refer **Certification, Eligibility and Coordination, Section 8 of the Program Manual** for procedures regarding individuals who cannot prove residence.)

- **Certification**

Normal screening procedures for certification should be used and all applicable nutrition risk factors assigned. At a minimum these applicants must be considered at nutritional risk solely because of their homeless status. A participant's homeless status should be entered in the Contact/Address panel in Compass.

If during certification it becomes known that the individual resides in a shelter, the staff member should determine if it is a WIC-eligible shelter. The State Office will provide a list of participating homeless shelters to each local agency.

Persons staying at a homeless facility should be enrolled for one full certification period even if the shelter is not a WIC-eligible shelter prior to the date of certification. The agency should determine if the shelter is willing and able to be a WIC-eligible shelter prior to the participant's recertification date. The participant should be advised that he/she would not be able to receive WIC food benefits at the next certification period if the shelter is not willing to be a WIC-eligible shelter.

Participants who continue to live in a shelter which will not comply with the WIC eligibility conditions can be recertified, but will not be able to receive food package benefits with the exception of infant formula. The participant can still receive nutrition education and referral services. The participant should then be given the name of a WIC-eligible shelter in the vicinity so he/she can relocate.

- **Verification of Certification (VOC)**

In order to facilitate a homeless individual staying on the WIC Program when he/she moves, a Verification of Certification (VOC) form should be issued at the first participant visit. The purpose of the VOC form should be thoroughly explained and it will be necessary that the participant bring the VOC form to each visit. It is important that the date of food benefits issuance be noted on the VOC form each time food benefits are given. For a detailed description of the use of VOC forms, see the **Certification, Eligibility and Coordination, Section 8 of the Program Manual**.

- **Food Package**

Colorado WIC regulations allow local agency staff to adapt the WIC food package to accommodate the unique needs and circumstances of homeless participants. Some of these adaptations may be necessary because of their living circumstances. No exemptions or exceptions are allowed from the requirement for medical documentation to support the issuance of exempt infant formulas and WIC-eligible medical foods.

Current regulations that require the food package be consumed by the eligible participant only also apply to homeless persons. If the person is residing in a shelter, the WIC food package must be kept separate from the general inventories and be used by the participant only.

Food package tailoring guidelines should be used appropriately when issuing food benefits. Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be obtained when certifying the participant. Considerations may include:

- ✓ There may be a need to offer smaller amounts of perishable foods and larger amounts of storable foods, based on available storage.
- ✓ If proper refrigeration is not available, eggs and fluid milk, including evaporated, may not be issued to the participant. Powder or UHT milk should be issued instead. The participant should be instructed to mix one glass of milk at a time. Nonfat dry milk should not be used for children between 12-24 months of age.
- ✓ Eggs may not be issued if refrigeration and cooking facilities are not available. One 18-ounce jar of peanut butter may be substituted for 1 dozen eggs.
- ✓ Participants may be issued single serving containers of juice.
- ✓ Breastfeeding should be encouraged as the easiest and safest way to feed the infant. Formula-fed infants should receive powder formula, mixed one bottle at a time. Ready-to-feed formula may be issued according to Colorado WIC Food Package Tailoring Guidelines.

For a more detailed description of food package tailoring and homeless food package guidelines, please see *Food Package Tailoring* in the **Program Manual, section 6, Food Funds** section.



### HOMELESS FOOD PACKAGE GUIDELINES

WIC Food	Refrigeration, dry storage, and cooking	<u>NO</u> refrigeration and <u>NO</u> cooking facilities with dry storage
Milk	Same as regular food package whereby participant may choose to purchase fluid milk in quarts, half-gallons or gallons, -or- powdered, or evaporated milk	Powder or UHT
Cheese	Substitute for milk - same as regular food package	Substitute for milk-same as regular food package
Eggs	Same as regular food package	Substitute peanut butter or beans
Juice	Same as regular package -or- issue single serving juice	Single serving
Breakfast cereal and infant cereal	Same as regular package	Same as regular package
Whole grains	Same as regular package	Same as regular package
Peanut butter and beans	Same as regular package whereby participant has a choice of peanut butter, dry or canned beans	Encourage purchase of peanut butter or canned beans
Canned fish	Same as regular package	Encourage purchase of single serving size cans
Fruit & Vegetable voucher	Same as regular package	Encourage purchase of less perishable items such as apples and carrots
Formula	Powder <u>or</u> liquid conc. or ready-to-feed	Powder

- **Food Benefit Issuance**

The decision to provide monthly or tri-monthly WIC food benefits will be determined by the local agency. The average stay in a homeless or battered woman's shelter is usually less than one month. It is recommended because of the limited amount of time the participant may stay in an area that a homeless individual be issued food benefits on a month-to-month basis. Factors to consider when determining benefit issuance include: length of time the individual plans to stay in the area, length of time it is possible to stay in the shelter, nutritional risk factors, and access to transportation.

If the person is living in a shelter, the WIC foods must be kept separate from the general inventories and be used by the participant only. Information regarding storage, transportation, ability to access the grocery store, and use of specific food items should be obtained when certifying the participant.

- **Nutrition Education**

Providing effective and appropriate nutrition education to homeless persons requires that staff have an understanding of the participant's transient lifestyle. Because a participant may only be enrolled for a short period of time, ongoing, long-term education goals may not be appropriate. Nutrition education should focus on the participant's specific needs. Priority topics for discussion include:

- ✓ How to use the eWIC card.
- ✓ List of WIC-allowable foods.

- ✓ Referral to other services.
- ✓ Use of WIC food with an emphasis on food safety, sanitation, and storage.
- ✓ Fast and easy nutritious snacks.
- ✓ Preparation of foods that require little or no cooking.

Other information that should be covered with participants who live in a homeless shelter includes the following:

- ✓ WIC benefits are for the participant only.
- ✓ WIC foods cannot be used in communal feeding.
- ✓ The facility cannot prevent WIC participants from receiving WIC foods and nutrition education.

- **Outreach**

Local agencies should include in their outreach plans a procedure for identifying and contacting organizations in their community who work with homeless persons. These organizations should be made aware of the WIC Program.

## Approval Process for WIC-Eligible Shelters

The steps for approving a shelter are as follows:

1. Local Agency forwards name and address of facility wishing to become a WIC-eligible homeless shelter to the State WIC Office.
2. State Office sends information and an Application for Approval of a Homeless Shelter (WIC #90) to the shelter.
3. Shelter returns the completed form to the State Office.
4. State Office reviews the form for ability and willingness to comply with required eligibility conditions. If the shelter meets criteria, they become provisionally authorized.
5. State Office sends *Letter of Agreement* signed by State staff with provisional authorization to the shelter. A copy is sent to the local WIC agency to inform staff of the need to visit the shelter.
6. A representative of the local WIC Program visits the shelter within 60 days to conduct an initial orientation visit. This visit will serve as an opportunity for the local WIC Program to become more familiar with the facility, review compliance with the *Letter of Agreement*, and provide information regarding WIC to the shelter. WIC outreach pamphlets and posters should be distributed and displayed in the shelter. The representative completes the Initial Evaluation of a WIC-Eligible Homeless Facility form (WIC #91).
7. After the orientation visit, the local WIC Program representative returns the completed Initial Evaluation of a WIC Eligible Facility form to the State Office. If the shelter is found to be able to comply, a letter will be sent from the Colorado Department of Public Health & Environment/WIC Program to the shelter and local agency, stating that the shelter is a fully-authorized WIC shelter.
8. A biennial (one time every two years) evaluation by a local WIC representative is required to ensure continued compliance with the *Letter of Agreement* and to allow an opportunity for further community outreach with the shelter. Shelters may receive an on-site visit or telephone contact at the discretion of the local agency. The Biennial Evaluation of WIC-Eligible Homeless Facility form (WIC #94) is to be completed every two years and a copy should be sent to the State Office within thirty (30) days of the evaluation.

## WIC Services to Refugees

Refugee status is not considered when establishing eligibility for the WIC Program. It is therefore not necessary to determine whether or not an applicant is a refugee. In most instances, WIC applicants who are refugees should be treated in the same manner as any other individual who applies for WIC services. Some special considerations for refugee applicants may be:

- **Residence Eligibility**

In many instances, recent refugees will not have a permanent place to live and therefore may be considered homeless. The Colorado WIC Program has regulations allowing WIC certification for individuals unable to provide documentation of address. Instances can occur when refugees living temporarily in a private residence with a family fall within the definition of homeless. (See *WIC Services to the Homeless* in this section for more information.)

- **Financial Eligibility**

The Colorado WIC Program defines a household/family/economic unit as a group of related or non-related individuals who usually (although not necessarily) live together and share economic resources and consumption of goods and/or services. As part of the assessment process, local agency staff will need to ask clarifying questions to determine the exact economic unit for refugee applicants living in the residence of another individual.

Colorado WIC Program regulations require all applicants to provide documentation of income at the time of certification. When this requirement presents an unreasonable barrier to participation in the WIC Program, Colorado WIC regulations allow for a self-declaration of income **by signing on the signature pad for an affidavit.**

- **Nutritional Risk**

The local agency is expected to perform a complete nutrition assessment for each refugee applicant who may be suffering from other medical or dietary nutrition risk factors that require prompt attention and/or referral to a health care provider.

- **Food Benefit Issuance**

The decision to provide monthly or tri-monthly WIC food benefits will be determined by the local agency. Factors to consider when determining benefit issuance include: length of time the individual plans to stay in the area, length of time it is possible to stay in their current living arrangements, nutritional risk factors, and access to transportation.

- **Nutrition Education**

Providing effective and appropriate nutrition education to refugee participants requires that staff have an understanding of the participant's potentially-transient lifestyle. Because a participant may only be enrolled for a short period of time, ongoing, long-term education goals may not be appropriate. Nutrition education should focus on the participant's specific needs and be conducted with assistance from language translation services or bilingual staff. Priority topics for discussion include:

- ✓ How to use the eWIC card.
- ✓ List of WIC-allowable foods.
- ✓ Referral to other services.
- ✓ Use of WIC food with an emphasis on food safety, sanitation, and storage.
- ✓ Preparation of foods that require little or no cooking.
- ✓ WIC benefits are for the participant only.

## Increasing Accessibility of WIC to Other Eligible Populations

In order to ensure that potentially-eligible individuals are faced with fewer barriers in attaining WIC services, agencies are encouraged to:

- Work to provide WIC Program benefits to un-served infants and children in the care of foster parents, protective services, or child welfare authorities, including infants exposed to drugs prenatally.
- Provide information about other potential sources of local food assistance to WIC applicants who cannot be served because the local WIC agency is operating at capacity.
- Improve access to WIC Program benefits for employed persons and rural residents:
  - ✓ Ensure that service delivery hours and clinic sites are accessible to working parents and to isolated rural residents by providing service during lunch times and some evening and weekend hours
  - ✓ Provide decentralized or mobile clinics, if able.
  - ✓ Schedule appointments for all employed individuals even in local agencies that use a walk-in system and do not routinely provide scheduled appointments.

Previously Section 11 - Monitoring  
And  
Audits/Fiscal Monitoring from Section 5 - Fiscal Administration

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## Audits and the Fiscal Monitoring Process

The US Department of Agriculture (USDA) Audit Guide specifies that the objective of a local agency financial audit is "to determine whether the local agency has adequate control over funds and an effective accountability system." The purpose of a WIC local agency fiscal monitoring is to ensure that the local agency is in compliance with State rules and Federal Regulations.

The local agency financial monitoring is conducted in conjunction with the Colorado Department of Public Health and Environment (CDPHE) Financial Risk Management System (FRMS) team. The FRMS process was created within CDPHE to ensure standardization of the monitoring process across programs within the department and to eliminate duplication of efforts regarding information gathered at the local level during the fiscal monitoring visit. The result of this effort is a partnership between the department and the WIC program in evaluating each agency's compliance with contractual fiscal requirements. FRMS applies to all Colorado local health agencies and some nonprofit agencies.

FRMS provides the department the ability to implement risk-based monitoring. The foundation for the system is a standardized assessment of a contractor's financial management system and results in a risk rating of Low, Medium or High. The rating provides the WIC program with an understanding of how the contractor manages the funding received from the department and consequently what the potential is for noncompliance with fiscal requirements. The FRMS team conducts a thorough examination of each agency's overall accounting practices via a site visit at least once every 24 months and a questionnaire every 12 months for agencies exhibiting low risk. That visitation schedule increases to once per year for agencies rating "high." Areas reviewed include agency payroll and timekeeping efforts and policies and procedures among other topics. The results of this examination are maintained within CDPHE and the overall rating and recommendations for improvement (if applicable) are shared with the WIC program. A diagram of the FRMS process as well as a sample questionnaire is included with this manual.

The State Fiscal Unit Manager and/or WIC Fiscal Officer will perform an in depth fiscal monitoring of each local agency at least once every two years. In addition to using the information provided through the FRMS process, the WIC fiscal personnel will examination operational expenses specific to WIC reimbursement invoices, including supplies, equipment, travel, cost allocations specific to rent, phone, utilities, etc. If through the FRMS process, discrepancies are identified relating to personnel expenses charged to the WIC or the Breastfeeding Peer Counseling program, additional review of invoices may be necessary. Depending upon the size of the agency and the number of expenses to review, the fiscal monitoring visit will either be conducted on-site or through a desk audit process.

For those agencies that do not fall under the FRMS guidelines, the WIC fiscal officer will conduct a full monitoring, including a review of time and effort and payroll costs in addition to the operational costs mentioned above. The monitoring form for those agencies is listed at the end of this section.

An entrance interview conducted either in person or on the phone, will be held prior to the monitoring with appropriate local agency staff to explain the monitoring process. At least one local agency staff member must be available to answer questions. Due to the nature of a fiscal monitoring, this may involve staff members from various departments (i.e., personnel, accounting), as well as a WIC staff member.

An in-depth fiscal monitoring consists of the State staff member looking at the source documentation to back up all costs billed to WIC. The Contract Reimbursement Statements (CRTs) for the period of time being monitored will be compared to the source documents to assure that all costs are properly supported and allowable. A sample of the fiscal monitoring form is provided on page 3.

The following types of records must be made available by the local agency at the time of the review:

- Original receipts, invoices, etc. for all items charged to WIC (supplies, utilities, etc.).
- Lease agreements (where applicable).
- Documentation of the methodology used for allocation of costs (where applicable).
- Travel expense forms.

An exit conference conducted either in person or on the phone, will be held with appropriate local agency staff to discuss results of the monitoring and any recommendations. A written summary of the monitoring visit will be sent to the local agency within 30 days. The local agency will respond with a written plan of action and target dates for resolution of problems not already corrected. After review of the local agency's response, the State agency will follow up as necessary. Any unallowable costs found during the monitoring will be reclaimed.

***ALL LOCAL AGENCIES WILL ENSURE THAT THE WIC PROGRAM IS INCLUDED IN AUDITS OF THE AGENCY AS REQUIRED IN THE STATE/LOCAL AGENCY CONTRACT.***

## Monitoring Procedures - Definitions

**Monitoring:** The process used to evaluate all aspects of the local agency WIC Program including program management, nutrition education, participant services, civil rights compliance, accountability, retailer participation, financial management and food delivery. USDA regulations require the State agency to establish an ongoing management evaluation system which includes monitoring of local agency operations, the review of local agency financial and participation reports, the development of corrective action plans to resolve Program deficiencies, the monitoring of the implementation of corrective action plans, and on-site visits. For policies relating to monitoring financial management, see the *Fiscal Administration* section, *Audits/Fiscal Monitoring*. For policies relating to monitoring retailer participation, see the *Retailer Participation* section, *Retailer Monitoring Visits*. Monitoring details the Program Monitoring process - the process whereby the State WIC agency evaluates local WIC agency operations and participant services - specifically program management, nutrition education, participant services, civil rights compliance and food benefits issuance.

**Local Agency Self-Monitoring:** The process by which the local agency examines and evaluates its WIC Program operations prior to the monitoring visit in order to identify strengths and problems. The *Colorado WIC Program Administrative Monitoring Form* is the basis for local agency self-monitoring as well as use of the other monitoring forms throughout the year.

**Site Visit:** A site visit is an informal meeting between State and local agency staff at the local agency. State Office budget permitting, each local agency, and representative clinics within that agency, receives a site visit during the year the local agency is not being formally monitored. The purpose of a site visit is to:

- ✓ Review unresolved problems or concerns from previous monitoring.
- ✓ Train local agency staff.
- ✓ Provide appropriate assistance to ensure continued compliance with Federal and State program requirements.
- ✓ Accomplish administration planning.
- ✓ Prepare local staff for future State initiatives.
- ✓ Assist with local agency nutrition education planning.
- ✓ Answer questions from local agency staff.

## Monitoring Forms

*Colorado WIC Program Administrative Monitoring Form (AMF)*

*Colorado WIC Program Clinic Observation form*

*WIC Participant Record Review form*

*Education Contact/Referrals Review form*

*Pump/Signature Capture/PAF Review form*

*Colorado WIC Program Local Agency Monitoring and Site Visit Action Plan*

*Local Agency Breastfeeding Peer Counselor (BF PC) Program Summary Form*

Forms available at:

<https://www.colorado.gov/cdphe/wic-tools-and-guidance>

## Fiscal Monitoring Form

### PART I: Local Agency Fiscal Monitoring Questionnaire

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

#### A. Financial Risk Management Systems

1. Has a review of your Local Public Health Agency or County been conducted by the CDPHE Financial Risk Management Systems team? CHOOSE ONE
  2. If yes to A.1, what is the date of the last site visit or invoice sample/questionnaire:
  3. What is your current risk rating: CHOOSE ONE
  4. Is there a Performance Improvement Process (PIP) in place or any follow-up required by FRMS? CHOOSE ONE
- Comments: \_\_\_\_\_

#### B. Operating Expenses

1. Are there any costs shared between WIC and other programs? CHOOSE ONE
2. Are those costs properly allocated? CHOOSE ONE
3. If yes to B.1 and/or B.2, what are the items and the allocation plan for each shared cost (e.g. Square footage study, FTE, etc.)
 

Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
Item: _____	Allocation Plan: _____
4. If no to B.2, explain: \_\_\_\_\_
5. Did you receive prior approval from the State Office for single equipment purchases over \$5,000? CHOOSE ONE
6. Do you have on file a lease agreement for rent charges? CHOOSE ONE
7. If no to B.5 or B6, explain: \_\_\_\_\_

#### C. Fiscal Contact

1. Is there a person assigned to monitor/administer the fiscal aspects of the WIC program? CHOOSE ONE

Fiscal Contact Name: _____	Fiscal Contact Number: _____
Fiscal Contact Title: _____	Fiscal Contact Email: _____
2. Additional staff to be included in findings/close out information:
 

Name: _____	Number: _____
Title: _____	Email: _____
Name: _____	Number: _____
Title: _____	Email: _____
Name: _____	Number: _____
Title: _____	Email: _____
3. State WIC office staff monitoring Local Agency expenses:
 

WIC Fiscal Contact Name: _____	WIC Fiscal Contact Number: _____
WIC Fiscal Contact Title: _____	WIC Fiscal Contact Email: _____

## Fiscal Monitoring Form

### PART II: State Fiscal Monitoring Evaluation

#### D. WIC Operating Expenses

##### 1. Supplies & Equipment

- a. Are invoices on file for all supplies and equipment charged to WIC? CHOOSE ONE
- b. Are invoices, P.O., and/or receiving reports signed by an appropriate WIC and/or agency staff? CHOOSE ONE
- c. Are supplies & equipment receipts detailed? CHOOSE ONE

##### 2. Mileage & Travel

- a. Do forms show employee name, destination, mileage, other expenses (e.g. meals, hotels, etc.) and purpose of trip? CHOOSE ONE
- b. If travel was performed for more than one program, were costs allocated appropriately? CHOOSE ONE
- c. If travel was for purposes other than routine travel between clinics, was prior approval obtained? CHOOSE ONE
- d. Are forms signed and dated by both employee and supervisor? CHOOSE ONE
- e. Do the forms have a certification statement? CHOOSE ONE

##### 3. Indirect

- a. Is there proper documentation of indirect costs on file at the local agency and the State Office? CHOOSE ONE
- b. Is there a current CDPHE approved rate? CHOOSE ONE
- c. What is the approve rate?
- d. Is the 10% de minimus indirect rate being charged in lieu of an approved CDPHE rate? CHOOSE ONE
- e. Is WIC being charged directly for any costs included in the indirect cost pool? CHOOSE ONE

#### F. Unallowable Costs

- 1. Are all costs (Supplies and Equipment, Mileage and Travel and/or Operational Costs) billed in the correct fiscal year? CHOOSE ONE
- 2. Are all costs (Supplies and Equipment, Mileage and Travel and/or Operational Costs) billed allowable costs? CHOOSE ONE
- 3. If no to F.1 and/or F.2, what item and amount is to be returned to the State WIC Program?  
 Item: \_\_\_\_\_ Reason: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Item: \_\_\_\_\_ Reason: \_\_\_\_\_ Amount: \_\_\_\_\_

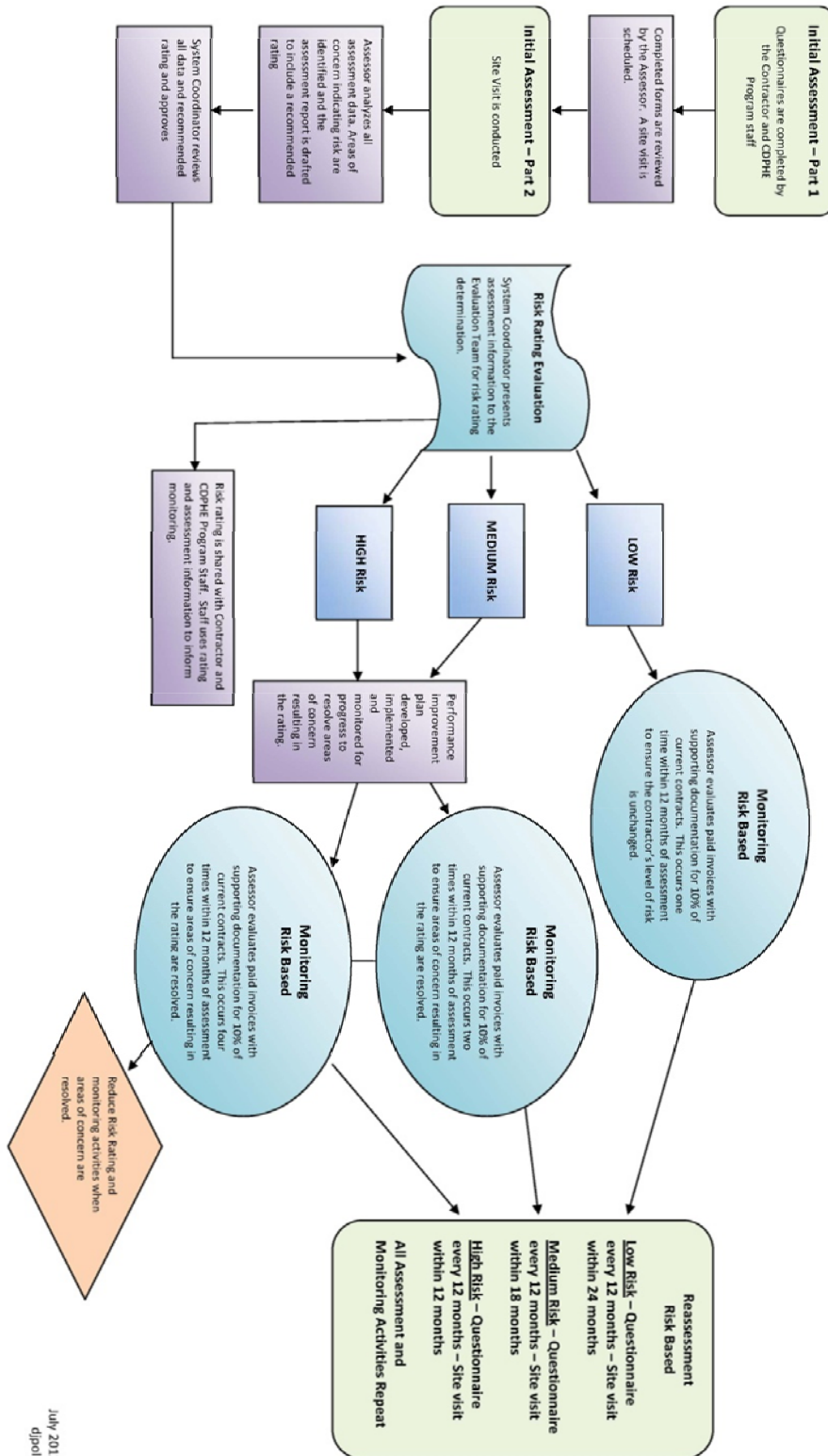
#### G. CDPHE Reimbursement Invoice Form

- 1. Does the local agency submit the required CDPHE invoice form? CHOOSE ONE
- 2. Are invoices submitted in a timely manner? CHOOSE ONE
- 3. Does the invoice list all personnel by name and title? CHOOSE ONE
- 4. Does the invoice show the correct number of hours or percent of time by individual employee? CHOOSE ONE
- 5. Are nutrition education/breastfeeding promotion costs identified? CHOOSE ONE
- 6. Are time studies submitted in a timely manner? CHOOSE ONE
- 7. Are there any issues or concerns with the invoice or time studies? CHOOSE ONE

Comments: \_\_\_\_\_



CDPHE Financial Risk Management System



July 2012  
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## Monitoring Visit Activities

The objective of monitoring is to identify strengths and problems and, if problems exist, to develop a plan of resolution. For this reason, the entire clinic staff is encouraged to participate in the monitoring experience including the visit itself and the pre- and post-monitoring activities. The local agency self-monitoring, state agency monitoring visit, and site visits have been developed to facilitate this process. Each local agency and representative clinics within each agency receive an in-depth monitoring every two years. The State agency may conduct additional on-site reviews as the State agency determines to be necessary. The frequency of such reviews is determined by the Colorado WIC Program Nutrition Unit. During the in-depth monitoring, all aspects of program operation are thoroughly reviewed. For new agencies, in operation six months or less by the end of the current fiscal year, the first in-depth monitoring occurs the following fiscal year. Each local WIC agency participates with the State agency in monitoring the local agency's program operations. Both agencies are responsible for the following procedures:

### Pre-Visit Monitoring Procedures

- The State Office Nutrition Consultant (Consultant) notifies the Local Agency WIC Director/Manager (Director/Manager) approximately 30 days in advance to establish the date(s) for monitoring.
- Consultant confirms the date(s) in writing and sends/emails it along with the *Colorado WIC Program Administrative Monitoring Form (AMF)* to the Director/Manager.
- Director/Manager completes the *AMF*. Involvement of all WIC personnel in the monitoring process is strongly encouraged. The process provides a means for the local agency to identify specific program weaknesses and develop plans for improvement.
- Once completed, the Director/Manager retains a copy of the *AMF* and emails a copy to Consultant who reviews the *AMF* prior to the monitoring visit. Consultant may also review and evaluate participant records at the State Office prior to the on-site visit.

### On-site Monitoring Procedures

- On the day(s) of monitoring, the appropriate local agency WIC staff members and Director/Manager join Consultant in an entrance meeting to discuss the process and significance of monitoring.
- Consultant observes the clinic in operation and reviews participant records, administrative files, and other pertinent documentation. At least one local agency staff member should be available to answer questions that arise. Consultant reviews a representative number of participant records based on participant caseload, using the *WIC Participant Record Review*. Potential categories for review include:
 

<ul style="list-style-type: none"> <li>✓ An infant.</li> <li>✓ A child.</li> <li>✓ A pregnant woman.</li> <li>✓ A breastfeeding woman.</li> <li>✓ A non-breastfeeding, postpartum woman.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A participant who has terminated from the Program.</li> <li>✓ A participant identified as high risk.</li> <li>✓ An infant or child receiving a special formula.</li> </ul>
---	---
- Consultant observes the following types of clinic operations:
 

<ul style="list-style-type: none"> <li>✓ Participant certification process</li> <li>✓ Initial explanation of WIC</li> <li>✓ Anthropometric and hematologic measurement techniques and equipment</li> <li>✓ Health and nutrition assessment</li> <li>✓ Food benefit issuance</li> </ul>	<ul style="list-style-type: none"> <li>✓ Nutrition counseling of low and high-risk participants</li> <li>✓ Referrals to other health or social service programs</li> <li>✓ Clinic facilities</li> </ul>
--	---
- Local agency staff and the Consultant review the following administrative and participant service procedures:
 

<ul style="list-style-type: none"> <li>✓ Food delivery and vendor relations.</li> <li>✓ Documentation of nutrition services.</li> <li>✓ Staff and participant nutrition education.</li> <li>✓ Quality and continuity of nutrition services to participants.</li> <li>✓ Food package issuance and tailoring.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Administrative procedures, including clinic accessibility hours and staffing pattern.</li> <li>✓ Program outreach and referrals.</li> <li>✓ Civil Rights complaints.</li> <li>✓ Breast Pump Loan Program.</li> <li>✓ Staff training requirements.</li> </ul>
--	---

- Appropriate local agency staff, the Director/Manager and the Consultant participate in an exit meeting where results of the monitoring visit and subsequent recommendations are shared. Agency strengths and problems identified during the monitoring process are discussed and, where appropriate, a plan, including timeframe, is developed for the resolution of problems.

**Post-Visit Monitoring Procedures**

- Within 30 days after the monitoring visit, Consultant sends the final monitoring report to Director/Manager. The report includes the *Local Agency Monitoring and Site Visit Action Plan*, Monitoring Visit Cover Letter, the final *AMF*, and the *Clinic Observation Forms*, and *Participant Record Review* forms completed during the visit.
- Within 30 days after receiving the final monitoring report, the Director/Manager completes the agency response section of the *Local Agency Monitoring and Site Visit Action Plan* and scans/faxes it to Consultant. Consultant reviews the local agency's response and follows up as appropriate. This either includes a second visit or a follow-up telephone call to the Director/Manager within ninety (90) days of visit.

**Retailer Monitoring**

The Local Agency Retailer Coordinator (LARC) coordinates retailer monitoring process using the *Retailer Monitoring Report* as described in *Section 6, Retailer Participation*.

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## Data Collection and Maintenance

The Colorado Department of Public Health and Environment (CDPHE) continues to meet the responsibilities of compliance and enforcement contained in Title VI of the Civil Rights Act of 1964 and USDA Regulations 7 CFR 15. The Colorado WIC Civil Rights Compliance Program includes the following:

### Data Collection and Maintenance

Racial and ethnic participation in the WIC Program is collected via Compass, the WIC computer system. Information is maintained on file at both the state and local level for three and a half years. The following designations are used for the collection of racial/ethnic categories:

Ethnicity		Required field to classify participant as either Hispanic (or Latino) or Non-Hispanic (or Non-Latino). The USDA definition is: "Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
Race		Required field consisting of 5 racial categories. One or more of the five racial categories can be selected.
	White	USDA: "White. A person having origins in any of the original peoples of Europe, Middle East, or North Africa."
	Black	USDA: "Black or African American. A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
	Asian	USDA: "Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam."
	American Indian or Alaskan	USDA: "American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment."
	Native Hawaiian or Other Pacific Islander	USDA: "Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands."

Self-identification by the participant is the preferred method of obtaining data. Participants should be asked to self-identify their racial and ethnic categories, after it has been explained and they understand that the collection of this information is to produce data on characteristics of populations served and to monitor compliance with Federal Civil Rights Laws. Participants should also be informed that this data collection has no effect on the determination of their eligibility to participate in the WIC Program. If a participant does not provide racial and ethnic information, the staff may obtain the information through visual observation and record it as observed. When performing a visual identification, selection of one or more races is acceptable.

## Compliance Reviews

Pre-award reviews will be conducted on all applicant agencies to determine if they are in compliance with the Title VI Civil Rights Act of 1964. Biennially, each local WIC agency will be reviewed for Civil Rights Compliance. This review will be accomplished during Program monitoring visits and will include determination of the following items:

- Do all persons have an equal opportunity to participate in the Program regardless of race, color, national origin, sex, age, or disability?
- Have case records been coded by racial/ethnic origin?
- Has the local agency conducted civil rights training for its staff?
- Do project areas display the USDA WIC nondiscrimination poster or an FNS WIC-approved poster?
- Is program information being provided to applicants, participants, grassroots organizations or similar minority groups?
- Is the nondiscrimination statement being included on all printed materials such as applications, pamphlets (other than nutrition education), forms, or any other materials distributed to the public?
- Are civil rights complaints being handled in accordance with complaint processing procedures? (see Complaint Processing section)
- Has the local agency corrected all past substantiated civil rights problems or noncompliance situations?
- Are appropriate staff members, volunteers, or other translation resources available in areas where a significant proportion of non-English or limited English speaking people reside?

In addition, local agencies are required to maintain a civil rights file containing the following:

- Any civil rights correspondence from the State WIC Office (including policy changes).
- Documentation of any civil rights training obtained through the local agency.
- Documentation of all civil rights complaints and actions.
- UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of Assistant Secretary for Civil Rights USDA Program Discrimination Complaint Form Instructions.
- UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of the Assistant Secretary for Civil Rights Program Discrimination Complaint Form.

Local agency staff members are required to understand the procedures for processing civil rights complaints, which are described in this section, and also the USDA Civil Rights Compliance and Enforcement information, found in FNS Instruction 113-1, which is posted on the [Colorado WIC website](#).

## Review of Procedures to Protect Against Disability and Sex Discrimination

Local agency contracts with the CDPHE WIC Program require compliance with the Americans with Disabilities Act (ADA), Public Acts 42USC 6101 et seq, 42USC 2000 d, and 29 USC 794, and the Colorado Antidiscrimination Act. This ensures that no contracted local agency can discriminate on the basis of disability, and program services must be available and accessible for individuals with disabilities. In addition, the CDPHE Equal Employment Opportunity/ Affirmative Action officer requires that every county health department and nursing service has a designated ADA Coordinator to oversee the fulfillment of these acts and to see that any grievances filed are handled properly.

## Program Accessibility for Applicants and Participants with Disabilities

The State agency shall ensure that local agencies make reasonable accommodations for the known physical or mental limitations of an otherwise qualified applicant or participant with a disability. When structural changes are not viable, local agencies may achieve program accessibility through other methods. These methods include:

- Referring participants to an alternate site that is accessible and within reasonable traveling distance if a particular clinic site may not be readily accessible for disabled individuals.
- Obtaining medical data (height, weight, and hemoglobin/hematocrit) from other sources, such as a private physician, and using it as eligibility criteria (see *Certification, Eligibility and Coordination, Section 8 of the Program Manual*, Physical Presence at Certification and Recertification Visits and Certification Procedures Required Medical/Nutritional Data).
- Providing home visits by WIC staff or coordinating services with a public health nurse who can make a home visit.
- Allowing a proxy designated by the participant to pick up food benefits at the clinic site (if procedure is followed as outlined in the *Certification, Eligibility and Coordination, Section 8 of the Program Manual*).
- Offering benefits remotely to a participant (following criteria and procedure outlined in the *Remote Issuance of WIC food benefits* section in the Program Manual, Section 6, Food Funds).

## Bilingual/Non-English Provision

In several areas of Colorado and among the migrant farm worker population, Spanish is a dominant language. All outreach and screening materials and most nutrition education materials generated through the State WIC Office are available in both English and Spanish. For materials and resources needed to serve other non-English speaking populations, contact the agency's assigned State Office Nutrition Consultant.

Local agencies must ensure that interpretative services are available for participants with limited English proficiency.

## Records and Reports

Racial and ethnic participation in the program is collected via the WIC computer system. The participant characteristics from the minimum data set are sent to USDA biennially. Records are kept for a period of three and a half years. This information is compared to state and county racial/ethnic breakdown percentages to determine the effectiveness of WIC to reach potentially eligible populations, identify areas where additional outreach may be needed, and assess cultural diversity and sensitivity of the WIC staff.

## Public Notification

At least annually, state and local agencies must publish information about the WIC Program. This information can be communicated by methods such as, but not limited to, Internet, newspaper articles, radio and television announcements, letters, leaflets, brochures, computer-based applications, bulletins, and grassroots organizations.

The purpose of the notification system is to inform applicants, participants, and potentially eligible people of program availability, program rights and responsibilities, policy of nondiscrimination, and the procedure for filing a complaint.

Public service announcements must include the following elements:

- Program availability including hours of operation and location of clinics.
- Information on how to file a complaint.
- The WIC nondiscrimination statement (since public service announcements are short in nature, the abbreviated nondiscrimination statement may be used).

Outreach conducted by both state and local agencies informs all eligible people, particularly minorities and women, of their program rights and responsibilities, their protection against discrimination, and the procedure for filing a complaint. Local WIC agencies should work closely with community representatives from minority

groups, including farm workers' health programs. In addition, during biennial monitoring, state staff members ensure that local agencies and clinics:

- Display the nondiscrimination poster, *And Justice for All*, or an FNS WIC-approved substitute in a prominent place, and that Spanish translations are posted in clinics where applicable.
- Provide appropriate staff, volunteers, or other interpretation resources to serve participants or applicants.
- Make program regulations and guidelines available to the public upon request.
- Provide participants and applicants access to civil rights information, including procedures for filing complaints, program specifics, and rights and responsibilities of participants and applicants.

In the event that a participant alleges discrimination on the basis of race, color, national origin, sex, age, or disability to WIC staff, the complaint should be forwarded to one of two offices:

U.S. Department of Agriculture Office of Assistant Secretary for Civil Rights 1400 Independence Ave. SW Washington, D.C. 20250-9410 <b>Or call</b> 866-632-9992 voice 800-877-8339 English* 800-845-6136 Spanish* Fax: (202) 690-7442 Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>	Civil Rights Coordinator Colorado WIC Program 4300 Cherry Creek Dr. South Denver, CO 80246-1530 <b>Or call</b> 303-692-2400
<i>*Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service</i>	

Should a participant request to file a discrimination complaint directly, instruct him or her to complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html).

## Civil Rights Complaint Filing

*AD-3027(1/19/12)*

*OMB Control Number 0508-0002*

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of the Assistant Secretary for Civil Rights USDA Program Discrimination Complaint Form Instructions**  
*(The complaint form follows the instructions.)*

### PURPOSE:

The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

### FILING DEADLINE:

A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:



1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated; and/or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:**

Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs (not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:**

If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15. If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint. Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

**REPRISAL (RETALIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

## Civil Rights Complaints Processing

Specific procedures for local agency handling of all civil rights complaints follow:

- **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. (Under special circumstances this 180-day time limit may be extended by the Office of Adjudication and Compliance.) Complaints received after 180 days should also be investigated and resolved.
- **Acceptance:** Local and State WIC staff must accept all written and verbal Civil Rights complaints and instruct complainants on how to file a complaint. In addition, Civil Rights complaints must be documented in the Customer Service Log in Compass. Staff must check the "Civil Rights" check box and complete the "Referred To" drop-down box within the screen, noting whether the complaint was forwarded to the director/supervisor, state office, or USDA. A copy of the civil rights complaint must be forwarded to the Colorado WIC Program Civil Rights Coordinator within 2 days of initial report and to the USDA within 5 days of initial report. Complainants may choose to submit complaint forms themselves. All of the required information must be collected so that USDA is able to determine validity of the complaint, and to contact the person with a reply. Note that all forms or letters must be signed by the complainant or authorized representative.
- **Complaint Filing:** Complainants or their authorized representative should be directed to complete the [USDA Program Discrimination Complaint Form](#) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. They may also write a letter containing all of the information requested in the form (see copy of form in this section). The completed, signed complaint form or letter may be mailed, faxed, or emailed to USDA at the addresses below:

### Mail

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, DC 20250-9410

### Fax

(202) 690-7442

### E-mail

[program.intake@usda.gov](mailto:program.intake@usda.gov)

For help filling out the form, instruct the complainant to call any of these telephone numbers:

(202) 260-1026 Local area

(866) 632-9992 Toll-free Customer Service

(800) 877-8339 Local or Federal relay

(800) 845-6136 Spanish relay

(866) 377-8642 Relay voice users

- **Verbal Complaints:** In the event a complainant makes verbal allegations, such as through a phone conversation, and is not inclined to place the allegations in writing, the person's name to which the allegations are made and the details of the complaint shall be documented in the *Compass Customer Service Log Description* text box. Every effort must be made to collect sufficient information and to reread the statement back to the complainant to verify completeness and accuracy of the information recorded. The complainant is instructed on how to file a complaint with USDA.
- **Tracking Complaints:** Once a complaint is documented, immediate and appropriate follow up is required. Staff member documents the follow up plan in the *Compass Customer Service Log Resolution* text box. Follow up can include any of the following actions:
  - ✓ Local agency WIC Director is notified of the complaint.
  - ✓ Local agency WIC Director meets with local staff to develop a plan for corrective action as needed.
  - ✓ Local agency WIC Director consults with State Nutrition Consultant, Retailer Coordinator, and/or Civil

Rights Coordinator to develop a plan for corrective action (e.g., staff training on customer service, policy clarification, staff monitoring).

- ✓ When State Office staff receive the complaint, the CO WIC Nutrition Consultant and/or Civil Rights Coordinator contacts the local agency WIC Director to discuss the complaint and appropriate follow up.
- **Follow-up Plan:** Staff documents the follow-up plan in the *Compass Customer Service Log Resolution* text box. Additional follow-up or documentation may be entered by editing the original record. Once the complaint has been resolved, WIC staff should close the record by recording the date in the *Closed Date* field.

If USDA determines the local agency to be noncompliant, the plan for corrective action and follow-up activities should be tracked on a Civil Rights Complaint Tracking Log (WIC #81) and entered into the *Compass Customer Service Log Resolution* text box. Documenting follow up on the tracking form and in Compass enables WIC staff to track problems, as well as identify any repeated occurrences. The USDA will notify the state office within 90 days when an agency is found in non-compliance. Once 90 days has passed the *Compass Customer Service Log "Closed Date"* may be noted, however no earlier than 90 days from date the complaint was sent to USDA. State and local agencies must keep records of Civil Rights complaints in a Civil Rights file. Complaints against a retailer must also be kept in the retailer file at both the state and local level.

## Customer Service Complaint Processing

Sometimes the complaints received by the local agency or state WIC offices are not civil rights complaints but instead are customer service-related. These complaints must be handled similarly, as they may lead to civil rights complaints and/or fair hearings.

The specific procedures for handling customer service complaints follow:

- **Right to File a Complaint:** Any person alleging mistreatment has a right to file a customer service complaint.
- **Acceptance:** All customer service complaints, written or verbal, shall be accepted and documented by local or state WIC staff. Complaints elevated to the WIC clinic supervisor and/or state office must be documented in the Compass Customer Service Log. When possible, signed written statements from the complainant should be scanned into Compass. For retailer-related complaints, collect information on the *WIC Retailer Problem Report Form* (WIC #43) located in the **Vendor and Farmer Management section 1** of the Program Manual.
- **Verbal Complaints:** In the event a complainant makes verbal allegations, such as through a phone conversation, and is not inclined to place the allegations in writing, the person receiving those allegations must document them in the Compass Customer Service Log. Every effort should be made to capture the full complaint; staff members are encouraged to reread the statement back to the complainant to verify the accuracy of the information recorded.
- **Tracking Complaints:** Once a complaint is documented, immediate and appropriate follow up is needed. Document the follow up plan in the *Compass Customer Service Log resolution* text box. Follow up may include any of the following items.
  - ✓ Agency WIC Director or staff supervisor clarifies the complaint with the complainant, if needed.
  - ✓ Local agency staff consults with the agency WIC Director to develop a plan to resolve the situation.
  - ✓ Local agency WIC Director consults with State Nutrition Consultant, Retailer Coordinator, and/or Civil Rights Coordinator to develop a plan for corrective action (e.g., staff training on customer service, policy clarification, staff monitoring).
  - ✓ State Nutrition Consultant and/or Civil Rights Coordinator contacts local agency WIC Director to discuss complaint, if complaint is received at State WIC Office.
  - ✓ Plan for follow up with the complainant and the staff, as appropriate.
- **Follow-up Plan:** Staff documents the follow-up plan in the *Compass Customer Service Log Resolution* text box. Local Agencies are encouraged, but not required, to keep a written tracking log of all customer service related complaints. This tracking log enables local agencies to track problem resolution, as well as identify any repeated occurrences. Copies of customer service complaints against specific retailers should be kept on file at both the state and local levels.

## Training

Civil Rights training is a standard component of training new WIC employees. Employees will receive annual training in the following Civil Rights-related areas:

- Collection and use of civil rights data
- Effective public notification systems
- Complaint procedures
- Compliance review techniques
- Resolution of noncompliance
- Requirements of reasonable accommodations of persons with disabilities
- Requirements for language assistance
- Conflict resolution
- Customer service

## Remedial and Affirmative Action

Corrective action shall be taken as necessary to overcome the effects of past discrimination.

## English Non-Discrimination Statement

Federal regulations require that the following non-discrimination statement be used on all materials used to inform the public about or describe the WIC Program (such as outreach and referral materials), denial and termination letters, missed appointment policies, reminder materials, eligibility standards, and program applications.

### English nondiscrimination statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> . This institution is an equal opportunity provider.
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## Spanish Non-Discrimination Statement

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) Correo postal: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) Fax: (202) 690-7442; o  
(3) Correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
Esta institución es un proveedor que ofrece igualdad de oportunidades.

**The non-discrimination** statement is not required to be imprinted on items such as cups, buttons, magnets, and pens that identify the WIC Program, when size or configuration make it impractical. In addition, recognizing that radio and television public service announcements are generally short in duration, the nondiscrimination statement does not have to be read in its entirety. Rather, a statement such as "**This institution is an equal opportunity provider**" is sufficient to meet the nondiscrimination requirement. Finally, nutrition education and breastfeeding promotion and support materials that strictly provide a nutrition message with no mention of the program are not required to contain the nondiscrimination statement.

If internal and interdepartmental newsletters, as well as those meant for participants and/or other outside agencies, convey WIC benefits and participation requirements, they most likely are a part of the notification process and should include the non-discrimination statement.

This requirement can be met by including appropriate inserts in existing materials and publications. Also, when current materials, publications, pamphlets, and brochures have been exhausted, the non-discrimination statement must be included on all reprints and new materials.

Find applicable forms at:

<https://www.colorado.gov/cdphe/wic-manuals-and-guides>

## Availability of a Fair Hearing

A fair hearing shall be made available to any individual whose application for benefits or services has been denied, reduced, or terminated, or who is otherwise aggrieved by agency action. Participants must be advised of their right to a fair hearing and the procedure to follow to obtain a fair hearing.

Once requested, a fair hearing will be conducted in accordance with the Fair Hearing Procedures outlined in **this section**

## Fair Hearings and Administrative Review Procedures

The Colorado WIC Program and its contracting agencies must adhere to the following Fair Hearing procedures:

### COLORADO WIC PROGRAM FAIR HEARING PROCEDURES FOR APPLICANT/PARTICIPANT APPEALS

#### Definition of a Fair Hearing

A Fair Hearing (hearing) allows individuals, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have their case heard by an impartial Administrative Hearing Official (hearing officer). Hearings will be conducted at the State level in accordance with the Colorado Administrative Procedures Act, §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246.9, and WIC policies and procedures.

These hearing procedures provide a mechanism to ensure that:

- Applicants/participants have an objective and impartial avenue of redress when they feel they have been denied benefits, treated unfairly, or have had an adverse action taken against them;
- Program standards, policies, procedures and regulations are being applied without prejudice;
- The services and benefits are being provided fairly;
- Certain services are retained pending the outcome of a hearing and;
- Certain services are restored based on the outcome of a hearing.

#### Actions Subject to Fair Hearing

Applicants/participants may file an appeal when the following actions occur:

- Denial of participation;
- Termination of benefits due to ineligibility;
- Disqualification based on intentional program abuse as defined in the Participant Sanction Policy and/or;
- Claims that are assessed against an individual who has been improperly issued benefits or has improperly obtained benefits.

#### Procedures for a Fair Hearing

- Notification of Action  
Participants will be notified of an adverse action at least fifteen (15) days prior to the effective date of the action, unless the 15 days falls after the end of the participant's certification period. If this period is less than 15 days, participants should be given benefits for the remaining days of their certification period. Participants may not receive benefits after the end of their certification period. Nor may participants receive benefits if the adverse action is denial of certification on the Program.

Written notification of adverse actions will be provided stating the action, cause(s) for the action, the effective date of the action, the right to file an appeal, and the method by which a hearing may be requested.

- Appealing an Action
  - ✓ An appeal is any clear expression by the individual, the individual's parent, caregiver, or other representative, that he or she desires an opportunity to present his or her case to a higher authority. A request for an appeal can be made to the State WIC Program or local WIC agency.
  - ✓ A disqualified or terminated participant must file an appeal within fifteen (15) calendar days of receiving the notice of action to continue receiving benefits until the hearing officer reaches a decision or the certification period expires, whichever occurs first. A participant whose certification period has expired cannot have benefits continue through the appeal.
  - ✓ An applicant/participant must file an appeal within sixty (60) calendar days of the date the notice of action is mailed or provided to the applicant/participant.
  - ✓ An appeal will be denied or dismissed if:
    - the appeal is not received within sixty (60) calendar days from the date the notice is mailed or provided;
    - the appeal is withdrawn in writing by the applicant/participant or representative; and/or
    - the applicant/participant or representative failed, without good cause (as determined by the hearing officer) to appear at the scheduled hearing.

The Hearing - General Rules and Procedures

- ✓ Upon receipt of an appeal, the State WIC Program shall notify the applicant/participant, in writing, that it has received the appeal. A copy of the hearing procedures and a confirmation notice will be sent to the applicant/ participant. This confirmation must be signed by the applicant/participant and accompanied by a list of the specific action (s) being appealed. The confirmation of appeal must be returned to the State WIC Program within seven (7) calendar days of receipt.
- ✓ The applicant/participant will receive a minimum of ten (10) calendar days' advance written notice of the time and place of the hearing. At the time of the written notice the State WIC Office will notify the applicant/participant of their right to:
  - examine, prior to or during the hearing, the documents and records presented to support the decision under appeal;
  - be assisted or represented by an attorney or other persons;
  - bring witnesses;
  - advance arguments without undue interference;
  - question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses
  - submit evidence to establish all pertinent facts and circumstances in the case.
- ✓ Hearing will be held within twenty-one (21) calendar days from the date the State WIC Program or local WIC agency received the appeal.
- ✓ The Colorado Department of Public Health and Environment (Department) will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, federal regulations and the Program's policies and procedures governing the Program.
- ✓ The applicant/participant shall have the opportunity to present their case and at least one opportunity to reschedule the hearing date upon request.
- ✓ The hearing shall be conducted at the State level in accordance with the provisions of §24-4-105 C.R.S.
- Fair Hearing Decision
  - ✓ Within forty-five (45) calendar days of the receipt of the appeal, the hearing officer must issue an initial Fair Hearing Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
  - ✓ The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to the Program and the applicant/participant.
  - ✓ The applicant/participant or Program may file a written appeal of the initial decision with the Department's Executive Director within fifteen (15) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with §24-4-105 C.R.S.
  - ✓ If an appeal is not received within fifteen (15) calendar days, the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action pursuant to §24-4-105 C.R.S.
  - ✓ If the final decision is in favor of the applicant/participant, and benefits were denied or discontinued, benefits shall begin immediately.
  - ✓ If the final decision concerns disqualification, and is in favor of the Program, the participant will be terminated as soon as administratively feasible.
  - ✓ If the final decision regarding repayment of benefits by the participant is in favor of the Program, efforts to collect the claim will resume immediately.
  - ✓ The effective date of the action is the date the decision is issued to the applicant/participant.
- Withdrawal or Default of an Appeal
  - ✓ A withdrawal of an appeal occurs when the applicant/participant states, in writing, that he or she no longer wishes a hearing.
  - ✓ A default occurs when the applicant/participant fails to appear at the hearing without good cause as determined by the hearing officer or the applicant/ participant cannot be located through his or her last address of record.

**Judicial Review**

If the Department's final decision is rendered against the applicant/participant, judicial review may be pursued in accordance with §24-4-106 C.R.S.

## COLORADO WIC PROGRAM

### ADMINISTRATIVE REVIEW PROCEDURES FOR RETAILER APPEALS

#### Definition of an Administrative Review

Administrative Review Procedures allow affected retailers, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have a formal hearing by an impartial Administrative Hearing Official (hearing officer). Hearings will be conducted at the State level in accordance with the Administrative Procedures Act §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246, and WIC policies and procedures.

These procedures provide a mechanism to ensure that:

- Retailers have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by the State WIC Program (Program) and/or Local WIC Agency (Agency); and
- Program standards, policies, procedures and regulations are being applied without prejudice.

#### Actions subject to Administrative Review

- Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is attempting to circumvent a sanction;
- Termination of an agreement for cause;
- Disqualification; and
- Imposition of a fine or a civil money penalty in lieu of disqualification.

#### Actions subject to Abbreviated Administrative Review

- Denial of authorization based on the vendor selection criteria for business integrity or for a current Supplemental Nutrition Assistance Program (SNAP) disqualification or civil money penalty for hardship;
- Denial of authorization based on the application of the vendor selection criteria for competitive price;
- The application of State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors; application of peer group criteria and above 50% status determination when the application for this criteria is the basis of the adverse action.
- Denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
- Denial of authorization based on the State agency's vendor limiting criteria;
- Denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
- Termination of an agreement because of a change in ownership or location or cessation of operations;
- Disqualification based on a trafficking conviction;
- Disqualification based on the imposition of a SNAP civil money penalty for hardship;
- Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
- A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification;
- Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

#### Actions not subject to an Administrative Review

- The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current Supplemental Nutrition Assistance Program disqualification or civil money penalty for hardship;
- The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to Sec. 246.12(g)(11);



- The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers;
- The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction;
- The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;
- Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- The expiration of a vendor's agreement;
- Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error); and
- Disqualification of a vendor as a result of disqualification from SNAP.

#### Procedures for an Administrative Review

- Notification of Action
  - ✓ When the adverse action is a denial of authorization or permanent disqualification based on a conviction for trafficking in WIC checks or selling firearms, ammunition, explosives, or controlled substances, no advance notice will be issued. The effective date of the action will be on the date of receipt of the notice.
  - ✓ For all other adverse actions, the Program will provide the retailer with a written notice of adverse action at least fifteen (15) calendar days prior to the effective date of the action.
  - ✓ The notice of adverse action shall include the action being taken, the cause(s) for the action, and the right to appeal the action. A copy of the Administrative Review Procedures will also be provided.
- Appealing an Action
  - ✓ Within thirty (30) calendar days of the receipt of the notice of action the retailer must submit a written request for an Administrative Review to the State WIC Program. The request must include the following information: retailer name, retailer ID, action(s) being appealed, reason for appeal and date of request.
  - ✓ A request for a hearing will be denied or dismissed if:
    - the request is not received within thirty (30) calendar days from the date the notice is received by the retailer;
    - the request is withdrawn in writing by the retailer or representative; and/or
- a. the retailer or representative failed, without good cause as determined by the hearing officer, to appear at the scheduled hearing.
  - ✓ Appealing an action does not relieve a retailer, permitted to continue in the Program while its appeal is in process, from the responsibility of continued compliance with the terms of the Agreement. Continued participation in the Program, pending an appeal decision, will be granted only in situations when a Civil Money Penalty has been assessed due to inadequate participant access.
- Administrative Review Hearing - General Rules and Procedures
  - ✓ Upon receipt of an appeal request, the Program will acknowledge to the retailer, in writing, that it has received the request. An explanation of the hearing procedures will be sent with the acknowledgement.
  - ✓ The retailer will receive a minimum of ten (10) calendar days' advance written notice of the time and place of the hearing.
  - ✓ The Colorado Department of Public Health and Environment (Department) will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, the federal regulations and the Program's policies and procedures.
  - ✓ The retailer shall have the opportunity to:
    - present its case and at least one opportunity to reschedule the hearing date upon request;
    - cross-examine adverse witnesses;
    - be represented by counsel; and
    - examine prior to the hearing the evidence upon which the adverse action is based.
  - ✓ The hearing shall be conducted in accordance with the provisions of §24-4-105 C.R.S.
- Administrative Review Decision
  - ✓ Within ninety (90) calendar days of the receipt of the appeal, the hearing officer must issue an initial Administrative Review Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
  - ✓ The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to the State WIC Program and the retailer.

- ✓ The retailer or Program may file a written appeal of the initial decision with the Department's Executive Director within twenty (20) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with §24-4-105 C.R.S.
- ✓ If an appeal is not received within twenty (20) calendar days, the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action.
- ✓ If the decision is in favor of the retailer, and authorization was denied or disqualification occurred, the retailer will be authorized on as soon as administratively feasible after receipt of the administrative review decision.
- ✓ If the decision is in favor of the Program and the disqualified retailer was permitted to continue accepting WIC checks the retailer will be terminated as soon as administratively feasible. Retailers will be allowed to continue accepting WIC checks during an appeal only if an inadequate participant access was determined.
- ✓ If the decision regarding a civil money penalty is in favor of the Program, efforts to collect the penalty will resume immediately.
- ✓ Upon receipt of notice of the initial decision, the Program shall comply with the decision unless an appeal is filed pursuant to §24-4-105 C.R.S.
- ✓ After an unsuccessful appeal, the retailer and/or Program shall comply with the decision.
- ✓ The effective date of the action is the date the retailer receives the decision.
- **Withdrawal or Default of an Appeal**
  - ✓ A withdrawal of an appeal occurs when the retailer states, in writing, that he or she no longer wishes a hearing.
  - ✓ A default occurs when the retailer fails to appear at the hearing without good cause as determined by the hearing officer, or the retailer cannot be located through his or her last address of record.

**Judicial Review**

If the Department's final decision is rendered against the retailer, judicial review may be pursued in accordance with §24-4-106 C.R.S.

## COLORADO WIC PROGRAM ADMINISTRATIVE REVIEW PROCEDURES FOR LOCAL AGENCY APPEALS

### Definition of an Administrative Review

Administrative Review Procedures allow affected local agencies, who file an appeal concerning one of the actions listed in Subsection B of this policy, an opportunity to have a formal hearing by an impartial Administrative Hearing Official (hearing officer) at the State level. Hearings will be conducted in accordance with the Administrative Procedures Act, §24-4-105 and §24-4-106 C.R.S., Code of Federal Regulations 7 Part 246 and WIC policy and procedures.

These procedures provide a mechanism to ensure that:

- Local WIC Agencies (agency) have an objective and impartial avenue of redress when they feel they have been denied authorization, treated unfairly, or have had an adverse action taken against them by the State WIC Program (Program).
- Program standards, policies, procedures and regulations are being applied without prejudice.

### Actions subject to Administrative Review

The following actions are subject to an Administrative Review:

- Denial of local agency's application;
- Disqualification of a local agency; and
- Any other adverse action that affects a local agency's participation.

### Actions not subject to Administrative Review

The following actions are not subject to an Administrative Review:

- Expiration of an agreement;
- Denial of a local agency application if the State WIC Program's selection is subject to the procurement procedures applicable to the Colorado Department of Public Health and Environment (Department).

### Procedures for an Administrative Review

- Notification of Action
  - ✓ When the adverse action is denial of a local agency's application, such denial is effective immediately, and no advance notice will be issued.
  - ✓ For all other adverse actions, the Program will provide the local agency with a written notice of the adverse action at least sixty (60) calendar days prior to the effective date of the action.
  - ✓ The notice of the adverse action shall include the action being taken, the cause(s) for the action, the effective date of the action, and the right to appeal the action. A copy of the Administrative Review Procedures will also be provided.

### Appealing an Action

- ✓ Within thirty (30) calendar days of the receipt of the notice of action, the local agency must submit a written request for an Administrative Review to the State WIC Program. The written request should include the local agency name, action(s) being appealed, and the date of the request.
- ✓ A request for a hearing will be denied or dismissed if:
  - the request is not received within thirty (30) calendar days from the date the notice is received by the local agency;
  - the request is withdrawn in writing by the local agency or representative; and/or
  - the local agency or representative failed, without good cause as determined by the hearing officer, to appear at the scheduled hearing.
- ✓ Appealing an action does not relieve a local agency, permitted to continue in the Program while its appeal is in process, from the responsibility of continued compliance with the terms of the contract. The adverse action affecting a participating local agency shall be postponed until a hearing decision is reached.

- Administrative Review Hearing - General Rules and Procedures
  - ✓ Upon receipt of the appeal request, the Program shall notify the local agency, in writing, that it has received the request. An explanation of the hearing procedures will be sent with the notice.
  - ✓ The local agency will receive a minimum of ten (10) calendar days' advance written notice of the time and place of the hearing. At the time of the written notice the State WIC Office will notify the local agency of their right to:
    - examine, prior to or during the hearing, the documents and records presented to support the decision under appeal;
    - be assisted or represented by an attorney or other persons;
    - bring witnesses;
    - advance arguments without undue interference;
    - question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses; and
    - submit evidence to establish all pertinent facts and circumstances in the case.
  - ✓ The Department will provide a hearing officer, an impartial decision maker, whose decision as to the validity of the action shall rest solely on the evidence presented at the hearing, the federal regulations and the Program's policies and procedures. The local agency shall have the opportunity to present its case and at least one opportunity to reschedule the hearing date upon request.
  - ✓ The hearing shall be conducted in accordance with the provisions of §24-4-105 C.R.S.

#### Administrative Review Decision

- ✓ Within sixty (60) calendar days of the receipt of the request for a hearing, the hearing officer must issue an initial Administrative Review Decision (decision) providing a summary of the facts of the case, specifying the reasons for the decision, and identifying the supporting evidence and the pertinent regulations or policy.
  - ✓ The initial decision of the hearing officer shall be submitted, in writing, to the Executive Director of the Department. A copy of the decision will also be provided to the State WIC Program and the local agency.
  - ✓ The local agency or Program may file a written appeal of the initial decision with the Department's Executive Director within fifteen (15) calendar days of receipt of the initial decision. The Executive Director may affirm, modify, or reverse the initial decision in accordance with C.R.S. 24-4-105.
  - ✓ If an appeal is not received within fifteen (15) calendar days, the initial decision of the hearing officer will be adopted by the Executive Director and shall constitute the final action.
  - ✓ If the decision is in favor of the local agency and authorization was denied the local agency will be authorized on receipt of the administrative review decision.
  - ✓ If the decision regarding repayment of funds by the local agency is in favor of the Program, efforts to collect the funds will resume immediately.
  - ✓ Immediately upon receipt of notice of the initial decision, the Program shall comply with the decision unless an appeal is filed pursuant to §24-4-105 C.R.S.
  - ✓ After an unsuccessful appeal, the local agency and/or Program shall comply with the decision.
  - ✓ The effective date of the action is the date the local agency receives the decision.
- Withdrawal or Default of an Appeal
    - ✓ A withdrawal of an appeal occurs when the local agency states, in writing, that it no longer wishes a hearing.
    - ✓ A default occurs when the local agency fails to appear at the hearing without good cause, or the local agency cannot be located through the last address of record.

#### Judicial Review

If the Department's final decision is rendered against the local agency, judicial review may be pursued in accordance with §24-4-106 C.R.S.

### [§ 24-4-105. Hearings and determinations](#) & [§ 24-4-106. Judicial review](#)

*Links are more effective using Google Chrome*

**QUESTIONS AND ANSWERS ABOUT THE FAIR HEARING PROCEDURES  
FOR APPLICANT/PARTICIPANT**

<p>1. Where can I request a fair hearing?</p>	<p>Requests for Fair Hearing may be made to the local agency administering the Program or directly to: Colorado Department of Public Health and Environment WIC Director 4300 Cherry Creek Drive South Denver, CO 80246-1530</p>
<p>2. Is there anything I should do prior to requesting a Fair Hearing?</p>	<p>You might find it helpful to discuss with your local or state program representative your feelings and any questions or concerns that you have before you make a decision to request a Fair Hearing. Questions or concerns can often be answered or addressed prior to a Fair Hearing.</p>
<p>3. Who pays for a Fair Hearing?</p>	<p>The Colorado Department of Public Health and Environment (CDPHE) will pay for the expenses of the hearing officer and, if necessary, the stenographer. The CDPHE will also pay for an interpreter if one is needed.</p>
<p>4. Where will the hearing be held?</p>	<p>The hearing must be held at a time and place convenient to the person making the request.</p>
<p>5. Who conducts the hearing?</p>	<p>A hearing officer who is not involved in the dispute will conduct the hearing. He or she will be designated and paid for by the CDPHE.</p>
<p>6. Who is to be at the hearing?</p>	<p>Besides the hearing officer and possibly a stenographer, the applicant or participant requesting the hearing or his or her representative, such as a relative, friend, legal counsel, or other spokesperson, witnesses, and State WIC staff. (Any person presenting material will be under oath or affirmation and all testimony will be recorded.)</p>
<p>7. How is the hearing conducted?</p>	<p>All hearings conducted in accordance with the provisions of Colorado Administrative Procedures Act §24-4-105 and the Code of Federal Regulations 7 Part 246.</p> <p>Both the individual requesting the hearing and the representative of the local WIC agency or State WIC Program shall have the right to examine and present evidence, present and cross-examine any witness, make arguments, and question or refute evidence. The person requesting the hearing also has the right to examine all documents and records presented to support the decision under appeal prior to the hearing, to be assisted or represented by an attorney or other persons, and bring witnesses.</p>

**QUESTIONS AND ANSWERS ABOUT THE FAIR HEARING PROCEDURES  
FOR APPLICANT/PARTICIPANT *Continued***

<p>8. What are the responsibilities of an applicant/participant when requesting a Fair Hearing?</p>	<p>Applicants/participants are responsible for:</p> <ul style="list-style-type: none"> <li>• Requesting assistance from CDPHE or the local agency in submitting a Fair Hearing request;</li> <li>• Requesting the Fair Hearing, verbally or in writing, within the sixty (60) day period; or</li> <li>• Requesting the Fair Hearing, verbally or in writing, within the fifteen (15) day period if services are to be considered for continuation;</li> <li>• Requesting a translator when it is necessary to understand the participant in the Fair Hearing.</li> <li>• Preparing for the Fair Hearing—examining all material, asking witnesses to be present, presenting testimony, etc.;</li> <li>• Attending the Fair Hearing;</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Sending a written notice stating that a Fair Hearing is no longer desired.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Calling in or sending a written reason explaining why they were not at the scheduled hearing;</li> <li>• Keeping the CDPHE or the local agency informed of any address changes;</li> <li>• If desired, submitting a request for appeal no later than twenty (20) days after the Fair Hearing decision becomes effective.</li> </ul>
<p>9. What are the responsibilities of the local agency when a participant/applicant requests fair hearing?</p>	<p>These responsibilities include:</p> <ul style="list-style-type: none"> <li>• Informing individuals of their right to a fair hearing when application for Program</li> <li>• benefits or services is made and informing individuals of the availability of a Program representative to discuss questions, concerns, and to provide further information;</li> <li>• Informing individuals of denial, termination, suspension, or reduction in services, fifteen (15) days before the change in services occur, for the WIC Program;</li> <li>• Assisting individuals in filing a request for a fair hearing and in completing the Acknowledgement and Confirmation of a Fair Hearing Request (if assistance is requested).</li> <li>• Forwarding the request for a fair hearing to the CDPHE within twenty-four (24) hours;</li> <li>• Supplying CDPHE with a written statement describing the reason why the person is requesting a fair hearing, the reason why services have been denied, terminated, or reduced, and any other material relevant to the request including copies of participant notices and other materials relevant to the request.</li> <li>• Preparing and submitting background information on the request to the CDPHE;</li> <li>• Providing the person requesting information with any information that was used in determining eligibility or in changing benefits;</li> <li>• Assisting the CDPHE in finding a time and place convenient to the individual for a fair hearing;</li> <li>• Being present and giving testimony at the fair hearing;</li> <li>• Complying with the fair hearing decision.</li> </ul>

## Fair Hearing Procedures

