



## Exploring Technology Solutions for WIC During COVID Outbreak

Tuesday, March 17, 3-4pm ET

**Present on call:** NWA; FIS; CDP; Conduent; Solutran; Three Sigma; NTT Data; DXC; CQuest; Maximus; Novo Dia; Ciber; CMA Consulting; Burger, Carroll & Associates; True North.

### Summary

- Tech providers are working closely with state agencies to develop solutions during this crisis
- Need for regulations to be relaxed (re: food package, EBT mandate, physical presence, batch issuance, etc.)
- Need for workgroups focusing on specific topics, such as: online EBT; offline EBT; MIS; retailer; food management (APL relaxation, flexibility in purchase); Food Instrument issues; data and information management; etc. (thanks to CDP for suggesting these topic areas!!)
- SAs need Business Continuity Plan for projects to maintain project activities during the COVID response period by offsite telecom and email because PR hurricanes taught us that project restarts are hard and time-consuming (better to keep active even at a much slower pace).
- Everyone is wondering how the extra \$500 million for WIC in COVID legislation is going to be used

### Call Notes

- National WIC Association
  - Legislation passed by House on Saturday, waiting for action in the Senate – includes \$500 million for WIC; waiver around physical presence requirement; broad waiver authority for regulatory requirements
  - Rapidly changing environment. Clinics are closing. Maine closed all local agencies
  - Online/offline states
    - NM is doing a drive-thru clinic process
- FIS
  - Is there any talk of expanding EBT acceptance to any restaurants or other vendor types? Not at this point.
  - Will follow up with more specific info after the call
- CDP
  - EBT perspective
    - Mail cards?
    - Lack of availability of prescribed foods (milk, formula, etc.)
  - MIS perspective
    - Remote clinics in rural states are going to start closing too
    - Developing queries on how to mass issue benefits for those who are eligible. Modifying certification end-dates. Trying not to violate federal regs.
    - Will circle back to hear more from Natalie on this process.
- Conduent



- Focus on employees, business continuity plans; fielding a lot questions from SAs; communicate often with them. Compared to SNAP, WIC has been quieter.
- 3 things:
  - Vendors are running out of formula. Formula is customarily split out by sub-category level; states could create a broadband category for formulas and allow for substitutions.
  - Issuing extra months of benefits or extra benefits within the current month? Need to be clear what we're trying to do.
  - CVB operates similar to what we see in SNAP – currently limited to F&V but keep in mind that we could relax the rules and allow for other foods to be purchased with CVB. Even use it as a restaurant.
- Solutran
  - Food replacements/substitutions
    - Food stocking issues
  - What is the \$500 million going to be spent on? Same month or future benefits?
  - A couple of states are in rollout phase.
- Three Sigma
  - Can extend certification period by a month with current system
    - Exploring using it for multiple participants at once
    - Isolation could go on for a longer period of time
    - Figuring out a way for clinic users to issue benefits remotely
    - Can issue the benefits in batches
    - Going to test in Florida (who has experience with hurricanes/natural disasters) and try to apply in other states
  - Physical presence requirement
    - What is the method of communication to the states that these changes/functions are allowed?
      - Across regions, things are very different.
      - Need some help getting some interpretive guidance
      - Some states are having trouble envisioning what these changes are going to look like in different contexts
      - Need to emphasize to USDA the importance of clarifying this
  - MIS needs to be internet-facing.
    - Some states do not have this.
- NTT Data
  - EBT mandate for October should be relaxed
- DXC
  - Using a mobile app to send notifications on behalf of states if there is important info such as clinic closures and/or that clinics are open and participants can still come in.
  - Sending state-owned laptops to people's homes
  - Extending certification or doing a VOC
- CQuest
  - Working closely with states



- One state has online nutrition education that is tied to benefits issuance
- Can create custom food packages that are more generic. Can be done fairly quickly.
- Already have a check box in their system around physical presence for certification
- Summer EBT for children – can issue batch benefits if needed
- Just supported Tennessee with tornadoes that hit Nashville. Can be easily adjusted to other states/contexts if need be.
- Maximus
  - Level threes being conducted remotely – Alaska, Minnesota, Hawaii
    - Making sure states are keeping in touch with USDA about this
  - Dry run UAT with Maine with Solutran – scheduled for March 30
- Novo Dia
  - Can deploy any devices very quickly
- Ciber
  - Remote work/remote benefit issuances
  - Challenge of card issuance
  - Waiving anthropometric requirements
  - Smart card states – offline
    - Suggest that a spin-off of this group with just the smart card states be organized so that we have a common approach to smartcard
- CMA
  - New Jersey
    - Still on paper checks
    - Sending SIs to participants
    - Extending end dates for certifications
    - Looking at options for flexibilities around food items
  - Relaxing certifications of vendors
    - So that they can serve people in a short time period
- BCA
  - Business continuity
  - Compiling lessons learned
  - Monitoring/compliance visits are being put on hold
  - Suggestion to extend EBT mandate
  - Ensure continuation of Infrastructure/eWIC funds
  - SAs need Business Continuity Plan for projects to maintain project activities during the COVID response period by offsite telecom and email because PR hurricanes taught us that project restarts are hard and time-consuming (its better to keep active even at a much slower pace).
  - SAs may need funds for restart