

## **GUIDANCE FOR HANDLING A POTENTIAL GOVERNMENT SHUTDOWN**

### **State Agencies**

#### **Planning for a Shutdown**

- ✓ Consider developing a contingency plan in case the federal government shuts down again. The plan could be as simple as a checklist of tasks in the event of a government shutdown. Contingency plans are particularly important for responding to the most vulnerable clients,\* including infants needing special formula that is not readily available in retail stores.
- ✓ Sometimes it is necessary to make preparations without guidance from USDA.

#### **How to Communicate with Local Agencies, Participants, Stakeholders, and the Public**

- ✓ Communicate strongly that WIC remains open. You will likely be combatting national media sensationalizing the shutdown and saying WIC and other services are shutting down, which will probably lead to confusion among WIC participants.
- ✓ Host periodic conference calls with your local agencies to provide updates.
- ✓ Share talking points to your local agencies so they know what to say to the media and to participants. This can be a good opportunity to bring visibility to the importance of WIC.
- ✓ Instruct your local agencies not to communicate right away with participants about potential benefit reduction.
- ✓ Be on the lookout for communications from USDA and NWA, including conference calls in the immediate days following any shutdown.
- ✓ Engage in regular communications with senior management and WIC stakeholders in the state. This will be important for effective messaging and minimizing panic. Keep in mind, however, that state partners will also have their hands tied with the government shutdown and will likely be less capable than usual of advocating for WIC.
- ✓ Work closely with your communications office and engage in communications through state channels such as the department of health website.
- ✓ Consider making an exception to allow local agencies to engage in local media communications about the shutdown without approval from the state agency.

#### **Additional Guidance**

- ✓ Monitor and report on expenditures daily to stakeholders. This will be helpful for making decisions and messaging.
- ✓ You may be required to change your contracts with local agencies, vendors, breastfeeding peer counselors, and others to allow for temporary suspension rather than termination.
- ✓ If you are able, it may be prudent to move to one-month food instrument issuance.

## Local Agencies

### Planning for a Shutdown

- ✓ Consider working with your state agency to develop a contingency plan in case the federal government shuts down again. The plan could be as simple as a checklist of tasks in the event of a government shutdown. Contingency plans are particularly important for responding to the most vulnerable clients, including infants needing special formula that is not readily available in retail stores.
- ✓ You may need to help clients receive supplemental food through food banks, churches, etc.

### Communication

- ✓ Communicate strongly that WIC remains open. You will likely be combatting national media sensationalizing the shutdown and saying WIC and other services are shutting down, which will probably lead to confusion among WIC participants.
- ✓ Continuously communicate with clients to make sure they know they can use their food instruments.
- ✓ Do not communicate right away with participants about potential benefit reduction.
- ✓ Consider communicating with the public through social media.
- ✓ Engage in regular communications with WIC stakeholders in the community. This will be important for effective messaging and minimizing panic. Keep in mind, however, that community partners will also have their hands tied with the government shutdown and will likely be less capable than usual of advocating for WIC.

### \* WIC's Nutritional Risk priority system

In the unlikely event that WIC is not able to serve all eligible applicants due to a government shutdown that lasts more than a few weeks, you will want to be familiar with the WIC Nutritional Risk priority system. The following is excerpted from the federal regulations:

#### **(e) Nutritional Risk**

(4) Nutritional risk priority system. The competent professional authority shall fill vacancies which occur after a local agency has reached its maximum participation level by applying the following participant priority system to persons on the local agency's waiting list. Priorities I through VI shall be utilized in all States. The State agency may, at its discretion, expand the priority system to include Priority VII. The State agency may set income or other sub-priority levels within any of these seven priority levels. The State agency may expand Priority III, IV, or V to include high-risk postpartum women. The State agency may place pregnant or breastfeeding women and infants who are at nutritional risk solely because of homelessness or migrancy in Priority IV; children who are at nutritional risk solely because of homelessness or migrancy in Priority V; and postpartum women who are at nutritional risk solely because of homelessness or migrancy in Priority VI, OR, the State agency may place pregnant,

breastfeeding or postpartum women, infants, and children who are at nutritional risk solely because of homelessness or migrancy in Priority VII.

**(i) Priority I.** Pregnant women, breastfeeding women and infants at nutritional risk as demonstrated by hematological or anthropometric measurements, or other documented nutritionally related medical conditions which demonstrate the need for supplemental foods.

**(ii) Priority II.** Except those infants who qualify for Priority I, infant up to six months of age of Program participants who participated during pregnancy, and infants up to six months of age born of women who were not Program participants during pregnancy but whose medical records document that they were at nutritional risk during pregnancy due to nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions which demonstrated the person's need for supplemental foods.

**(iii) Priority III.** Children at nutritional risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods.

**(iv) Priority IV.** Pregnant women, breastfeeding women, and infants at nutritional risk because of an inadequate dietary pattern.

**(v) Priority V.** Children at nutritional risk because of an inadequate dietary pattern.

**(vi) Priority VI.** Postpartum women at nutritional risk.

**(vii) Priority VII.** Individuals certified for WIC solely due to homelessness or migrancy and, at State agency option, in accordance with the provisions of paragraph (e)(1)(vi) of this section, previously certified participants who might regress in nutritional status without continued provision of supplemental foods.