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## Mission Statement

The New York State WIC Program (NYS WIC) is an adjunct to health care programs intended to improve the nutrition and health status of income-eligible women, infants, and children up to age five. NYS WIC's mission is to assure healthy pregnancies, healthy birth outcomes, and healthy growth and development for WIC families by providing:

- breastfeeding promotion and support
- nutritious supplemental foods
- participant-centered nutrition and health education
- referrals to health care and other services

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## National WIC History

In January 1971, a pilot program sponsored by the Maryland Food Committee known as the Cherry Hill Iron-Fortified Milk Distribution Program for infants was aimed at improving the health of pregnant mothers, infants, and children in response to growing concern over malnutrition among many poverty-stricken mothers and young children in Baltimore. After four months of implementing the Supplemental Food program, Dr. David M. Paige, a Johns Hopkins University Research Scientist, reported his preliminary findings. He stated, "Infant formula programs contribute significantly in upgrading the nutritional status of high-risk infants and reducing frequencies of iron-deficiency anemia, while seemingly contributing to an accelerated improvement in the height and weight of these infants."

In 1971, the Office of Economic Opportunity funded a project in the Provident Neighborhood Health Center in the Bedford-Stuyvesant area of Brooklyn, in cooperation with the Mead-Johnson Company (a manufacturer of infant formula), which had developed a similar infant feeding program. The participants' need for iron-enrichment in Bedford-Stuyvesant was obvious and overwhelming. Ninety percent of the individuals using the Center's services, which were restricted to welfare recipients, showed evidence of iron deficiency anemia. The presence of the new program increased the Center's patient load, which resulted in families beginning to use other medical services provided by the Center. A valuable finding emerged from this project: when supplemental foods were provided by a health care facility, the medical awareness of the families served was increased. Families, originally attracted to the health center by the nutrition program, began to utilize the Center to improve their overall health status.

The medical successes and statistical information, provided by the Cherry Hill and Bedford-Stuyvesant projects, became the cornerstone of the current national WIC Program. Senator Hubert Humphrey advocated for the idea of WIC and kept the legislation alive in Congress. On September 26, 1972, President Richard Nixon signed Public Law 92-433 and the "Special Supplemental Food Program," was enacted establishing the WIC Program. The first WIC site opened in Kentucky in January 1974 and by the end of the year, WIC was operating in 45 states.

In 1975, WIC was established as a permanent program by legislation P.L. 94-105 to provide supplemental foods to children up to age 4 and breastfeeding and postpartum mothers. That same year, eligibility was extended to non-breastfeeding women (up to 6 months postpartum) and children up to age 5. In 1978, legislation was enacted to require the program to provide nutrition education and to ensure that supplemental foods targeted nutritional deficiencies of the target population and had relatively low levels of fat, sugar, and salt. The 1978 legislation also required states to coordinate referrals to social

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services; including immunization, alcohol and drug abuse prevention, child abuse counseling, and family planning.

WIC continued to evolve in the 1990s. In 1992, WIC introduced an enhanced food package for exclusively breastfeeding mothers to further promote breastfeeding. Under the Healthy Meals for Healthy Americans Act of 1994, the name of the WIC Program was changed from the Special Supplemental Food Program for Women, Infants, and Children, to the Special Supplemental Nutrition Program for Women, Infants, and Children, to emphasize its role as a nutrition program. USDA implemented the [Loving Support Makes Breastfeeding Work](#) campaign in 1997 to increase breastfeeding rates among WIC mothers and improve public support of breastfeeding.

The [Breastfeeding Peer Counselor initiative](#) was launched in 2004. Women with breastfeeding experience and training (often past WIC participants) became counselors to support other women learning to breastfeed.


In 2007, based on recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, “WIC Food Packages: Time for a Change,” USDA introduced a new food package with foods consistent with the Dietary Guidelines for Americans and established dietary recommendations for infants and children over two years of age via an Interim Rule. Fruits, vegetables, and culturally sensitive substitutes for WIC foods are now part of the WIC food package. In addition, mothers who exclusively breastfeed receive more healthy foods with the enhanced WIC food package for exclusively breastfeeding mothers. The changes were phased in nationwide by October 1, 2009, and in 2014, USDA issued the Revisions in the WIC Food Packages Final Rule.

The Healthy, Hunger-Free Kids Act of 2010 (HHFKA) included provisions related to electronic benefit transfer (EBT) for the WIC Program. The [Final Rule: Implementation of the Electronic Benefit Transfer-Related Provisions of PL 111-296](#), effective May 2, 2016, required each WIC State agency to convert their current food delivery method to an EBT delivery method by October 1, 2020. The EBT delivery method must operate statewide – meaning all WIC clinics and WIC vendors are capable of issuing and redeeming benefits via a common EBT system. EBT provisions of the HHFKA and other EBT implementation requirements included in this final rule are: a definition of EBT; a mandate that all WIC State agencies implement EBT delivery method by October 1, 2020; system management and reporting requirements; revisions to current provisions that prohibit the imposition of costs on vendors; a requirement for the Secretary of Agriculture to establish minimum lane equipment standards; a requirement for the Secretary of Agriculture to establish technical standards and operating rules; and a requirement that State agencies use the National Universal Product Code (NUPC) database.

Due to the nationwide spread of COVID-19, on March 18, 2020, Congress passed the Families First Coronavirus Response Act, setting the expectation that WIC services would continue through the COVID-19 public health emergency. NYS adapted and adjusted how WIC would continue to provide services. This included social distancing waivers (including the Physical Presence and Remote Issuance waivers). In September 2020, USDA issued a memorandum that extends certain active waivers until 30 days after the end of the nationally declared public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d).

The WIC Program is one of the nation’s most successful and cost-effective nutrition intervention programs. Early intervention can help prevent medical and developmental problems during critical periods of child growth and development. Collective findings of studies, reviews, and reports demonstrate that the



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WIC Program is cost-effective in protecting or improving the health/nutritional status of low-income women, infants, and children. Today, on average, over half of all infants in the United States, over a quarter of all pregnant and postpartum women, and over a quarter of all children less than 5 years of age participate in the WIC program.

Learn more in the USDA publication [The WIC Program: Background, Trends, and Issues](#).

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## History of WIC in New York State

In 1976, Dr. John Browe became the first Director of the NYS Bureau of Nutrition under the direction of Andrew Fleck, M.D., Director of the Division for Maternal and Child Health. Sharon Smith became the first NYS WIC Director.

In 1989, the Farmers' Market Nutrition Program (FMNP) was established in NYSDOH. This Program provides coupons to WIC participants for fresh fruits and vegetables.

In 1992, the Division of Nutrition was established to oversee the Special Supplemental Food Program for Women, Infants, and Children (WIC), Food and Nutrition Program (FAN), and the distribution of Farmers' Market Nutrition Program coupons through WIC local agencies.

In 2004, the NYS WIC Program received a grant from USDA to establish Enhanced Peer Counseling Programs in local agencies. The Program continued to expand the initiative, with all local agencies supporting a Peer Counseling program by 2009.

The NYS WIC Program conducted a six-month statewide vegetable and fruit demonstration project from January 1 through June 30, 2006. This innovative project was the first of its kind in the country and involved over 158,000 child participants, all 103 NYS WIC local agencies (representing over 500 program sites), and all 4,400 authorized grocery stores. Children received three cash value checks each allowing the purchase of up to \$5.00 of fresh, frozen, or canned vegetables and/or fruit.


New York became the first state to implement the sweeping food package changes required by the 2009 Interim Rule.

NYS WIC implemented a new Management Information System, NYWIC, and converted from paper WIC checks to Electronic Benefit Transfer card (eWIC) beginning with a pilot in Albany, Schenectady, and Rensselaer Counties on April 30, 2018. NYWIC and eWIC were fully implemented statewide one year later in April 2019.

In 2018, NYS WIC launched eWIC, an electronic benefit transfer card, eliminating the paper WIC checks. eWIC provides a more convenient way for families in the WIC program to shop for food. The eWIC cards provide all the family benefits on one account, allowing participants to purchase as needed.

## Overview of the NYS WIC Program

The NYS WIC Program is regulated and funded by the United States Department of Agriculture (USDA) Food and Nutrition Service and is administered by the New York State Department of Health (NYS DOH) through a complex series of federal and state regulations. These regulations govern the actions of the

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local agencies and specify the oversight responsibilities and activities of the NYS DOH. As the third largest food and nutrition assistance program, WIC served about 6.2 million participants per month in fiscal year 2020, including almost half of all infants born in the United States.

WIC is not an entitlement program—that is, Congress does not set aside funds to allow every eligible individual to participate in the program—but rather a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations.

To qualify for WIC, an applicant must be one of the following: (1) a woman who is currently pregnant, postpartum (upto 6 months), or breastfeeding (upto infant’s first birthday); (2) an infant younger than age one; or (3) a child up to their fifth birthday. Eligibility for WIC is based on residential, income, and nutritional risk criteria. WIC applicants must have family income at or below 185 percent of the U.S. poverty level or participate in SNAP (Supplemental Nutrition Assistance Program, formerly the Food Stamp Program), Medicaid, or Temporary Assistance for Needy Families (TANF) Program. Applicants must also meet a State residency requirement and be at nutritional risk, as determined by a health professional, such as a physician, dietitian, nutritionist, or nurse.


The WIC Program provides supplemental nutritious foods; participant-centered nutrition education and counseling; health care screening and referrals to pregnant women, breastfeeding and non-breastfeeding postpartum women, infants, and children up to age 5.

Participant demographics, risks, and needs change over time, as do the scientific knowledge and best practices for methods to improve the health of women, infants, and children. The WIC Program has adapted to these changes and has enhanced the program to address emerging health-related risks and the changing needs of participants. By focusing on a health outcome-based approach, and offering participant-centered services, WIC Program staff can assist participants in reaching their desired individual health outcomes.

By incorporating a stronger focus on obesity prevention and healthier lifestyles, NYS WIC has implemented changes to greater health benefits to low-income families at nutritional risk. The new foods available to participants are higher in fiber and lower in fat, and include whole grain cereals and breads, and fruits and vegetables. Participants are encouraged to take individual actions that will promote a healthier lifestyle, such as choosing low fat milk and more fruits and vegetables and increasing physical activity.

The WIC Program promotes and supports the establishment of successful, long-term breastfeeding and is committed to providing additional support to breastfeeding mothers and infants. WIC offers breastfeeding mothers food packages with the most amount of food, breast pumps when needed, targeted support, and nutrition services. The NYS WIC Program funds Breastfeeding Peer Counseling programs at local agencies, as these programs have been shown to be successful in encouraging new mothers to initiate and continue breastfeeding.

The WIC Program nutritionist prescribes a carefully defined age appropriate package of supplemental foods, which will address the specific nutrient needs of individual participants at important stages of human growth and development. Participants redeem these prescribed benefits at WIC authorized food stores and/or pharmacies. A wide variety of state and local organizations cooperate in providing the food and health care benefits. The WIC Program works closely with the vendor community to ensure that nutritious WIC foods are available and accessible to participants.

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WIC has established a strong inter-program referral system, involving Head Start, Child Health Plus, Medicaid, and Immunization Screening, as well as increased access to health services. The NYS WIC Program makes referrals to, or provides information on, a variety of programs offered by the NYS Department of Health as well as other health and social services agencies.

According to USDA, six of the ten leading causes of death in the United States are linked to a poor diet. By focusing on the dietary and nutritional needs of pregnant women, new mothers and their infants, the WIC Program has had a positive impact on lives for whom a proper diet is crucial. Women who participate in the program during their pregnancies receive prenatal care earlier, show improvement in dietary intake and weight gain, and generally have lower Medicaid costs for themselves and their babies than women who did not participate.

Children enrolled in WIC are more likely to have a regular source of medical care, have more up-to-date immunizations, and demonstrate improved intellectual development.

WIC participation has produced positive health outcomes, such as:

- longer gestation periods
- higher birth weights
- lower infant mortality
- improved growth of nutritionally at-risk infants and children
- a decrease in the incidence of iron deficiency anemia in children

NYS WIC’s participant-centered services focus on nutrition education and consist of guided conversations to encourage participants to develop their own nutrition/health goal(s) and identify their own solutions to life’s barriers. NYS WIC staff stress the relationship between proper nutrition, physical activity, a healthy lifestyle, and improvements to one’s life situation to achieve positive health outcomes.

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## RESOURCES

**Other:**

- [National WIC Association- WIC Program Overview and History](#)
- [USDA Economic Research Service- WIC Program Overview](#)
- [USDA Economic Research Service– Economic Information Bulletin No. \(EIB-134\) 44 pp: The WIC Program: Background, Trends, and Economic Issues, 2015 Edition](#)

## POLICY

This section provides acronyms and definitions for terms used in the WIC Program Manual. Any new terms included in new or updated manual sections will be added to this section. These definitions are intended to provide a brief description of the term.

## REGULATIONS

Definitions, [7 CFR §246.2](#)

## ACRONYMS

<b>Acronym</b>	<b>Term</b>
ACH	Automated Clearing House
APL	Approved Product List
AR	Authorized Representative
BAPT	Breastfeeding Attrition Prediction Tool
BAS	Basic Allowance for Subsistence
BFC	Breastfeeding Coordinator
BFPC	Breastfeeding Peer Counselor
BLT	Benefits Loaded Through
BMI	Body Mass Index
BSD	Benefit Start Date
BSROE	Budget Statement and Report of Expenditures
BVT	Benefits Valid Through
CAP	Corrective Action Plan
CBIC	Common Benefits Identification Card
CBT	Competency-Based Training
CDC	Centers for Disease Control and Prevention
CIR	Citywide Immunization Registry
CLC	Certified Lactation Counselor
CLIA	Clinical Laboratory Improvement Amendment
CMP	Civil Monetary Penalty
COLA	Cost of Living Allowance
CPA	Competent Professional Authority
CSEP	Child Support Enforcement Program
CVB	Cash Value Benefit
DOD	Date of Delivery
DOH	Department of Health
DBE	Designated Breastfeeding Expert
DSS	Department of Social Services
EBT	Electronic Benefit Transfer
EDD	Expected Date of Delivery
EDC	Expected Date of Confinement
ePACES	Electronic Provider Assisted Claim Entry System
EPC	Enhanced Peer Counseling Program
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
FAIN	Federal Award Identification Number



**Acronyms and Definitions**

FDA	United States Food and Drug Administration
FGD	Facilitated Group Discussions
FMNP	Farmers' Market Nutrition Program
FNS	Food and Nutrition Service of the United States Department of Agriculture
FOIL	Freedom of Information Law (Request)
FFY	Federal Fiscal Year
FPC	Food Package Change
HCP	Health Care Provider
HH	Household
HIN	Health Information Network
HIPPA	Health Insurance Portability and Accountability Act
HNU	Health and Nutrition Update
IBCLC	International Board-Certified Lactation Consultant
IBF	Infant Breastfeeding Fully
IBP(m)	Infant Breastfeeding Partially (mostly)
IBP(s)	Infant Breastfeeding Partially (some)
ICP	Individual Care Plan
IHS	Indian Health Service of the U.S. Department of Health and Human Services
INB	Infant Non-Breastfeeding
JPSA	Joint Program Service Agreement
LA	Local Agency
LAPPM	Local Agency Policy and Procedure Manual
LACASA	Local Agency Compliance and Self-Assessment
LBW	Low Birth Weight
LMP	Last Menstrual Period
MARL	Maximum Allowable Reimbursement Level
MIS	Management Information System
MDF	Medical Documentation Form
ME	Management Evaluation
MEVS	Medicaid Eligibility Verification System
MIS	Management Information System
MMR	Measles, Mumps, Rubella (vaccination)
MOU	Memorandum of Understanding
NA	Nutrition Assistant
NC	Nutrition Coordinator
NERO	North East Regional Office of the U.S. Department of Agriculture
NSA	Nutrition Services and Administration Costs
NTE	Not to Exceed Amount
NVRA	National Voter Registration Act
NYS	New York State
NYSIIS	New York State Immunization Information System
NYWIC	New York WIC Management Information System
NOAP	Non-Open Application Period
OAP	Open Application Period
ONPS	Other Non -Personal Service
OTPS	Other Than Personal Service
PC	Peer Counselor
PCC	Peer Counselor Coordinator



**Acronyms and Definitions**

PCNS	Participant-Centered Nutrition Services
PE	Presumptive Eligibility
POS	Point of Sale
PS	Program Support
P/S/P	Parent/Spouse/Partner
QA	Quality Assurance
QN	Qualified Nutritionist
QRR	Quarterly Record Review
QRG	Quick Reference Guide
RD/RDN	Registered Dietitian Nutritionist
RFA	Request for Applications
RFP	Request for Proposals
RUCA	Rural Urban Commuting Area
SA	Sponsoring Agency
SBOE	New York State Board of Elections
SCD	Signature Capture Device
SLMS	Statewide Learning Management System
SNAP	Supplemental Nutrition Assistance Program
SNS	Supplemental Nursing System
STC	Stop the Clock
TANF	Temporary Assistance for Needy Families
TPP	Third Party Processor
TPS	Temporary Protected Status
UHT	Ultra-High Temperature Milk
USDA	United States Department of Agriculture
VCASA	Vendor Compliance and Self-Assessment
VENA	Value Enhanced Nutrition Assessment
VMA	Vendor Management Agency
VOC	Verification of Certification
WBF	Woman Breastfeeding Fully
WBP(m)	Woman Breastfeeding Partially (mostly)
WBP(s)	Woman Breastfeeding Partially (some)
WIC	Women, Infants, and Children
WNB	Woman Non-Breastfeeding
WPG	Woman Pregnant

**DEFINITIONS**

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<b>A</b>	
<b>Above 50 Percent Vendor</b>	A vendor that receives more than 50 percent of its annual food sales revenue from WIC redemptions. Newly authorized vendors are subject to evaluation of this criteria within six months of authorization in the program.
<b>Acceptable Foods</b>	The variety of foods that have been approved by the New York State WIC program for purchase by participants.



**Acronyms and Definitions**

<b>Accruals</b>	Unspent, budgeted funds accumulated throughout the fiscal year due to unforeseen circumstances that may include staff turnover leading to vacancies, or reduced space or travel costs.
<b>Active Vendor</b>	Avendor currently authorized to accept WIC food benefits.
<b>Ad Hoc Training (Vendor)</b>	Educational instruction provided to vendors which focuses on specific deficiencies and may be required as a result of a Stipulation and Order issued to a vendor.
<b>Adjunctive Eligibility</b>	Active enrollment in Medicaid, Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), which automatically qualifies an individual or household to receive WIC benefits for the length of the certification.
<b>Administrative Costs</b>	Indirect cost or overhead expenses related to administering the sponsoring organization, which are allocated across programs within that organization.
<b>Administrative Law Judge (WIC)</b>	A person designated by the Commissioner of Health to conduct hearings under Subpart 60-1, WIC Program – Violations and Hearings Involving Applicants, Participants, Food Vendors and Local Agencies of Title 10 (Health) of the Official Compilation of Codes, Rules, and Regulations of the state of New York. The commissioner may delegate power to the Administrative Law Judge to render final decisions in these matters.
<b>Adult Participant</b>	An adult participant is a participant assigned a woman category. In the scenario of a child participant returning as an adult participant, the category has changed from a child category to a woman category.
<b>Advance</b>	Payment to a contractor in advance of actual expenditures, determined by forecasting cash disbursements, and is limited to 17% of the projected annual budget. Also referred to as Cash Advance and Advance Payment.
<b>Adverse Action</b>	The imposition of monetary penalties, suspension, or disqualification from, or the denial of participation in the WIC Program;
<b>Allocation</b>	Distribution of costs and/or time among budget categories according to a budget plan within the contract deliverables status of a contract period and/or negotiating process.
<b>Alternative Hours (for WIC appointments)</b>	Time designated for WIC appointments on the local agency’s schedule outside of normal clinic hours and outside the hours of 9:00AM to 5:00PM, Monday through Friday to accommodate scheduling needs of participants.
<b>Aggregate Data</b>	Data that is considered as a total and does not contain personal identifiers.
<b>Anthropometric Measurements</b>	Height/length and weight measurements obtained to determine percentiles, Body Mass Index (BMI) and nutritional risk of WIC applicant or participant.
<b>Anthropometry</b>	The science of measurement of the size, weight, and proportions of the human body.





**Acronyms and Definitions**

<b>Applicant (WIC Participant)</b>	A pregnant woman, breastfeeding woman, postpartum woman, infant or child applying to receive WIC benefits, Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire.
<b>Applicant (WIC Vendor)</b>	A retail food store or pharmacy that submits an application to a WIC Vendor Management Agency (VMA) for authorization to provide food and/or formula to WIC participants.
<b>Approved Product List</b>	A database of universal product codes (UPC) and product look-up (PLU) codes for all WIC allowed products.
<b>Asset</b>	Tangible property purchased in whole or part with WIC funding that has a unit value of at least \$500 and a useful life of more than one year.
<b>Audit</b>	<ol style="list-style-type: none"> <li>1. Other Non-Personal Services sub-category of expense used to budget funds to support the cost of the financial audit, which must be submitted in accordance with the contract.</li> <li>2. A series of procedures, usually completed by an independent accountant, to selectively test transactions and internal controls in order to issue a written opinion on the accuracy of financial statements and determine the extent to which internal accounting controls are available and being used.</li> <li>3. An organization-wide audit conducted pursuant to the requirements of OMB super-circular covering federal grant awards and sub-awards used as funding for states, local governments, and non-profit organizations.</li> </ol>
<b>Audit Exception</b>	The citing or notification of non-compliance with WIC program policy requirements discovered through an audit.
<b>Authorization Criteria</b>	Established requirements used to consider a vendor for authorization.
<b>Authorized Representative</b>	An adult participant or enrolling parent, kinship care provider, guardian, or foster parent responsible for primary care of child participant.
<b>Automated Clearing House</b>	Banking transaction used to credit or debit a vendor's bank account electronically.
<b>B</b>	
<b>Basic Allowance for Subsistence</b>	An allowance provided to military personnel to offset the cost of the service members' meals. The monthly rate is based on the cost of food and readjusted annually. It is not intended to cover the costs of meals for family members.
<b>Benefits</b>	Nutrition education and counseling, breastfeeding support, supplemental foods, breast pumps and referrals.
<b>Benefits Valid Through Date</b>	The last day to use the last month of issued benefits.
<b>Benefits Start Date</b>	The first day of the benefit cycle.



**Acronyms and Definitions**

<b>Bid (NYS)</b>	A formal process that involves releasing specifications for an item or service whereby interested vendors submit a cost proposal by a fixed date.
<b>Breastfeeding</b>	The practice of feeding a mother's breast milk to an infant(s) at least once a day.
<b>Breastfeeding Aids</b>	Items that directly support the initiation and continuation of breastfeeding. Examples include, breast shells, nursing supplementers, manual expression cup, nipple shields, storage bags, nursing bras, and nursing bra pads.
<b>Breastfeeding Assessment (WIC)</b>	The review and evaluation of a breastfeeding dyad's experience and objective data (i.e. anthropometry, hematology, etc.), which is used as a basis for providing participant-centered counseling, education, support, and referrals. The Breastfeeding Assessment is conducted through a conversation with the participant and may include, but is not limited to, content areas such as the birth experience, postpartum recovery and support, the infant's needs, milk supply, latch and position, and parent and infant health.
<b>Breastfeeding Attrition Prediction Tool</b>	A tool that can help a provider assess a participant's breastfeeding knowledge, support, and confidence, in order to predict their likelihood for early cessation of exclusive breastfeeding and tailor services accordingly. The tool predicts attrition of breastfeeding; it alone does not impact breastfeeding rates.
<b>Breastfeeding Coordinator</b>	Working under the direction and supervision of the WIC Coordinator, this person is responsible for managing all breastfeeding promotion and support activities for all sites within the agency, and for the planning, implementation and evaluation of the Peer Counselor program.
<b>Breastfeeding Dyad</b>	Refers to the breastfeeding parent and infant pair for the purpose of WIC certification.
<b>Breastfeeding Peer Counselor</b>	Working under the supervision of the Peer Counselor Coordinator or the Breastfeeding Coordinator, this individual is recruited and hired from the target population and trained to provide mother-to-mother support for breastfeeding. The peer counselor is available to WIC participants outside usual site hours and outside the WIC environment.
<b>Breastfeeding Peer Counselor Coordinator</b>	Working under the direction and supervision of the Breastfeeding Coordinator, this person assists in the planning, implementation, and evaluation of the Peer Counselor program
<b>Breast Pumps</b>	Manual, electric, or battery-operated devices used to express breast milk.
<b>Breast Pump Collection Kit</b>	A kit that includes the necessary parts to connect to the breast pump. It is used with the breast pump to collect breastmilk.



**Acronyms and Definitions**

<b>Budget Modification</b>	Any change to the approved budget in the current contract. A Budget Modification that revises the total Personal Services or Other Than Personal Services subtotals by 10% or more for contracts with a value less than \$5 million or 5% for contracts with a value greater than \$5 million, or increases or decreases the total contract value requires a contract amendment that must be approved by the Office of the State Comptroller.
<b>Budget Statement and Report of Expenditures</b>	Monthly line item summary of the WIC program budget including prior and current expenditures.
<b>C</b>	
<b>Calibration</b>	Adjustments made to set the equipment/instrument correctly to give the correct result of a known standard value.
<b>Call Letter</b>	A directive sent to contractors that notifies them of the funding amount and assigned caseload for the upcoming federal fiscal year and directs them to prepare and submit a budget request.
<b>Caretaker</b>	A person designated by the Authorized Representative or Parent/Spouse/Partner to act on their behalf at recertification or nutrition education appointments. This person may be a parent, spouse, partner, or a representative, who is able to provide information on eating habits/medical condition of participant(s).
<b>Case Conferencing</b>	As part of the implementation of the Breastfeeding Attrition Prediction Tool (BAPT), these conferences are held among key WIC staff to discuss issues, barriers, concerns and progress of a participant's case. The goal of the conference is for WIC staff to communicate frequently and collaborate on a participant's case, to ensure consistent and coordinated care and support is provided to participants at highest risk for breastfeeding attrition.
<b>Caseload Management</b>	Identifying the target population and special populations within it, implementing strategies to enroll the potential population, and utilizing caseload effectively to reach the desired populations.
<b>Cash Value Benefit</b>	A fixed-dollar amount associated with the WIC electronic benefit transfer (EBT) card used by a participant to obtain authorized fruits and vegetables.
<b>Categorical Eligibility</b>	A person who meets the definition of pregnant woman, breastfeeding woman, postpartum woman, infant or child. (see definitions)
<b>Certification</b>	The use of criteria and procedures to assess and document each applicant's or participant's eligibility for the WIC Program.
<b>Certified Lactation Counselor</b>	CLC certification means that a person has received training and competency verification in breastfeeding and human lactation support.
<b>Change of Ownership</b>	A change in the controlling financial interest of a grocery store or pharmacy.



**Acronyms and Definitions**

<b>Child</b>	For purposes of WIC categorical eligibility. A person over one year of age who has not reached their fifth birthday.
<b>Civil Monetary Penalty</b>	Avendor sanction that may be imposed by the Department of Health against a vendor for violations in lieu of disqualification from the WIC program.
<b>Cognizant Agency</b>	The federal agency that acts on behalf of all federal agencies in reviewing, negotiating and approving cost allocation plans or indirect cost proposals developed under an Office of Management and Budget (OMB) circular. Generally, the federal agency with the largest dollar value of direct awards with an organization will be designated as the cognizant agency. The OMB publishes a list of cognizant agencies.
<b>Common Benefits Identification Card</b>	A card issued to eligible NYS residents through which Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid benefits can be accessed.
<b>Competency-Based Training</b>	Outcome-based training designed to develop the essential knowledge, skills, and confidence necessary to provide effective participant-centered services.
<b>Competent Professional Authority</b>	An individual at a local agency who meets the New York State qualifications of a CPA. This individual is qualified to perform nutrition-related duties at the local agency under the supervision of a Qualified Nutritionist (including determining nutrition risk, prescribing supplemental foods, and providing participant centered nutrition education to participants. In addition, the CPA works in conjunction with the Qualified Nutritionist when providing nutrition education/counseling to High Risk participants.
<b>Complaint</b>	A verbal or written expression or report of dissatisfaction or discrimination, or misuse of program funds or benefits, made by any individual regarding any aspect of or individual, store or participant associated with the WIC Program that requires further investigation.
<b>Complete Nutrition Assessment</b>	The comprehensive review and analysis of a person's medical and diet history, laboratory values and anthropometric measurements to identify an individual's nutrition/health concerns and underlying causes for the purpose of providing personalized nutrition intervention and tailored WIC services, and promoting positive health outcomes.
<b>Compliance Buy</b>	A covert, on-site investigation in which an individual transacts one or more food purchases and the purchaser does not reveal that he or she is a program representative.
<b>Complete Vendor Application</b>	Application submitted by a retail food store or pharmacy to become a WIC vendor that contains all the documentation requested by the WIC vendor management agency and state staff.



**Acronyms and Definitions**

<b>Conference (WIC)</b>	A meeting prior to a request for a fair hearing, between a representative of a local agency and an applicant or participant who is aggrieved by the determination or action of such agency, to discuss such determination or action.
<b>Confidential Participant Information</b>	Any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification or participation, that individually identifies an applicant or participant and/or family.
<b>Confidential Vendor Information</b>	Any information about an authorized or applicant vendor, whether it is obtained from the applicant or another source, that individually identifies a vendor. All NYS WIC Vendor information is confidential except for the vendor's name, address, telephone, website/email address, store type, and authorization status.
<b>Continuity of Care</b>	An opportunity for both the Competent Professional Authority (CPA)/Qualified Nutritionist (QN) and the participant to examine progress toward goals, provide positive support, identify barriers that may be hindering the participant's progress, and reassess and refine future nutrition education plans. Staff follow-up provides ongoing support by reinforcing nutrition education message(s) and referral(s), including referrals to health care providers when appropriate.
<b>Contract Budget</b>	An estimate of proposed expenditures by category of expense (or by deliverable for deliverable-based contracts) for a specified period to accomplish the work plan objectives. The contract budget is included as Attachment B in the contract.
<b>Contract Foods and Formulas</b>	The food and formula items approved in New York State for which the WIC Program receives a manufacturer's rebate for each unit purchased.
<b>Corrective Action Plan</b>	A step-by-step plan of action and schedule for correcting a state-identified performance issue of a contractor
<b>Cost Containment Measure</b>	A competitive bidding process, rebate system, competitive price selection criteria, maximum allowable reimbursement levels, limits on an authorized foods list, or other system or mechanism put in place by the state agency to contain food costs, as described in its approved State Plan of operation and administration.
<b>Cost of Living Allowance</b>	<ol style="list-style-type: none"> <li>(Military Personnel) An additional allowance provided to active duty uniformed service members in designated overseas high-cost areas.</li> <li>(State) When available, this funding is allocated to current contractors based on a fixed percentage of the previous year's contract amount.</li> </ol>
<b>Cultural Exception Criteria</b>	Criteria determined by the Department of Health that allows vendors the ability to apply for authorization outside their open application period.



**Acronyms and Definitions**

<b>D</b>	
<b>Deliverables (Contract)</b>	A written list of standards and requirements to which local agencies need to adhere. Contract deliverables are included as Attachment C of the contract.
<b>Denials (WIC)</b>	WIC applicants found ineligible for WIC benefits at initial certification or mid-certification must be notified in writing of their ineligibility and of their right to a fair hearing.
<b>Designated Breastfeeding Expert</b>	An individual who is an expert with special experience or training in helping breastfeeding dyads and who provides breastfeeding expertise and care for more complex breastfeeding problems when other WIC face situations outside of their scope of practice.
<b>Desk Audit (Vendor)</b>	The examination of invoices or other proof of purchase documents used to determine if a vendor purchased sufficient quantities of allowable foods/formula from an authorized supplier to substantiate redemptions during a specific time frame.
<b>Direct Costs</b>	Costs that can be identified specifically with operating the WIC Program. Examples of direct costs are compensation to employees for the time devoted and related to a specific contract or award; cost of materials acquired, consumed or expended specifically for the contract or award; equipment and other approved expenditures acquired and used specifically of the purpose of the contract or award; and travel expenses incurred specifically to carry out the contract or award.
<b>Disqualification</b>	<ol style="list-style-type: none"> <li>1. (Participant) The act of ending the WIC program participation of a participant, whether as a punitive sanction or for administrative reasons.</li> <li>2. (Vendor) Removal of a vendor from participation in the WIC program during the contract period (with 15 days' notice) for regulatory and/or contractual violations.</li> </ol>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. (Participant) The electronic, verbal and/or written documents/data entered/maintained in the applicant or participant's record for certification of eligibility and continuity of care.</li> <li>2. (Vendor Management Agency/Local Agency) Evidence supplied in support of the budgeted item (e.g., lease, indirect cost plan, job description, etc.).</li> </ol>
<b>Dual Participation</b>	Simultaneous participation in the WIC Program in more than one state or more than one local agency.
<b>E</b>	
<b>Early and Periodic Screening, Diagnosis and Treatment</b>	In New York State, known as Child/Teen Health Plan, this is the medical assistance program (Medicaid) provided to age 21.
<b>Economic Unit</b>	One individual or a group of related or unrelated individuals who are living together and who share income and the consumption of goods and services. Refer to Household.



**Acronyms and Definitions**

<b>Education Materials</b>	The assortment of written and audiovisual information utilized in the provision of WIC nutrition, health, breastfeeding education, and general participant information to facilitate participant learning.
<b>Electronic Benefit Transfer</b>	The method to electronically make benefits available to participant accounts (eWIC). EBT is used for SNAP, TANF, and WIC allowing participants to access benefits electronically.
<b>Electronic Benefit Transfer Account</b>	An electronic system that allows for the issuance of benefits via a magnetically encoded payment card. The New York State WIC Program uses an electronic WIC EBT account (eWIC) to issue appropriate benefits to WIC eligible participants.
<b>Electronic Communication</b>	The exchange of information that includes the use of technology including but not limited to email, the Internet, texting, social media, and mobile applications.
<b>Electronic Reimbursement</b>	A direct electronic payment used to credit a vendor's WIC bank account for approved reimbursements. Also known as an ACH (Automated Clearing House) transaction.
<b>Electronic Signature</b>	An electronic sound, symbol, or process, attached to or associated with an application or other record and executed and or adopted by a person with the intent to sign the record.
<b>Emergency Preparedness and Disaster Plan</b>	A written plan of designated actions that employers and employees must take to ensure the safety of employees, customers, or the public in an emergency. It provides for continued delivery of services to participants and describes recovery operations.
<b>Employee Participant</b>	A WIC local agency employee who receives benefits from the WIC Program or whose family members or foster children receive benefits from the WIC Program.
<b>Enrollment</b>	The total number of participants currently certified and eligible to receive WIC Program benefits for a month from a local agency. This number includes all categories of participants who may or may not receive food benefits.
<b>Enrollment Criteria (Vendor)</b>	A specific set of guidelines for use in evaluating a vendor's application for WIC authorization.
<b>Electronic Provider Assisted Claim Entry System</b>	A web-based application available on the Medicaid website, eMedNY.org, that enables staff to verify an applicant/participant's active enrollment in the Medicaid program.
<b>Equal Access</b>	To be informed of, participate in, and benefit from services, programs, and activities offered by the WIC Program at a level equal to English speaking individuals.
<b>Equipment</b>	Tangible property (including information technology equipment) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.
<b>Estimated Eligibles</b>	An estimated number of individuals who may be eligible for WIC services by geographic area.



**Acronyms and Definitions**

<b>eWIC Capable</b>	The WIC vendor demonstrates their cash register system or payment device can accurately and securely obtain WIC food balances associated with an EBT card, maintain the necessary files (Approved Product List), and successfully complete WIC EBT purchases.
<b>Exclusive Breastfeeding</b>	The infant only receives human milk; no formula is provided. No other liquids or solids except for vitamins, minerals, or medicines are given.
<b>Exempt Infant Formula</b>	An infant formula that meets the requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 350a(h)) and the regulations at 21 CFR parts 106 and 107.2. These regulations define exempt infant formula as an infant formula intended for commercial or charitable distribution that is represented and labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems.
<b>Exit Counseling</b>	Counseling for women participants graduating from WIC to reinforce the important health messages received through the WIC Program such as intake of folic acid, continued breastfeeding, up to date immunizations, health risks of using alcohol, tobacco, and other drugs, and the need for a well-balanced diet.
<b>Extended Hours</b>	See Alternative Hours (for WIC appointments)
<b>F</b>	
<b>Freedom of Information Law Request</b>	A request for records of a government agency. Based on New York State's Freedom of Information law, members of the public are allowed to access records of governmental agencies.
<b>Facilitated Group Discussions</b>	Group sessions using an interactive form of learner-centered education where the learners discuss a specific topic and share their questions and knowledge with other group members. This allows learners to gather information from each other in a supportive environment where their culture, prior experience and personal concerns are acknowledged and respected.
<b>Fair Hearing</b>	A procedure by which applicants, participants, food vendors or local agencies may appeal certain determinations by the state or vendor management agency that have resulted in an action against the participant, vendor, local agency, or vendor management agency.
<b>Farmer</b>	An individual authorized by the State to accept WIC cash value benefits and/or FMNP checks in exchange for eligible fruits and vegetables at a farmers' market.
<b>Farmers' Market Nutrition Program</b>	Designed to provide nutrition benefits to WIC families and to promote purchasing of New York State fresh fruits and vegetables from farmers at authorized community farmers' markets throughout the state.





**Acronyms and Definitions**

<b>Fiscal Year</b>	<ol style="list-style-type: none"> <li>(Federal) The period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following year.</li> <li>(State) The period of 12 calendar months beginning April 1 of any calendar year and ending March 31 of the following year.</li> </ol>
<b>Food Benefit Issuance</b>	Food Benefit Issuance – Adding assigned food benefits to a family’s eWIC account while the participant is physically present at the WIC clinic or remotely, without physical presence, depending on the circumstance.
<b>Food Package III Formula</b>	All WIC formula (contract and exempt) and WIC-eligible nutritionals issued to a participant who meets the qualifications and has appropriate medical documentation to receive Food Package III.
<b>FoodPackage Change</b>	An adjustment to the formula or food benefits originally issued to a participant.
<b>Food Delivery Methods</b>	Authorization and distribution of an appropriate number of vendors to ensure lowest practicable food prices consistent with adequate participant access to supplement foods ensure effective management, oversight and review of authorized vendors. Includes procedures for processing vendor applications outside of identified timeframes when inadequate participant access is identified unless additional vendor are authorized.
<b>Food Package Prescription</b>	The determination of the quantity and type of supplemental foods that is appropriate for each participant from one of the seven federally defined food packages; must be based on the WIC participant’s eligibility category, breastfeeding status, nutrition, dietary and medical needs, and household conditions. Only the Competent Professional Authority or Qualified Nutritionist is authorized to prescribe food packages.
<b>FoodPackage Tailoring</b>	The process by which the Competent Professional Authority or Qualified Nutritionist adapts standard food packages to better meet the assessed needs of participants and personal/cultural/religious preferences. Entails making changes or substitutions to food types (e.g., milk vs. cheese), to food forms (e.g., dry milk vs. fluid milk), and to quantities of foods, in accordance with state policies.
<b>Food Sales</b>	Sales of all SNAP (previously referred to as the Food Stamp Program) 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 non-carbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales DO NOT include non-food items such as pet foods, soaps, paper products, beer, wine, liquor, all other alcoholic beverages, cigarettes, cigars, all other tobacco products, vitamins, medicines as well as hot foods or food that will be eaten in the store.



**Acronyms and Definitions**

<b>Frankfort Plane</b>	The line from the hole in the ear (beginning of the auditory canal) to the bottom of the orbit (the bone of the eye). The Frankfort Plane should be parallel to the floor to determine the correct position of the head for standing height. The Frankfort Plane should be perpendicular to the back of the measuring board that is placed on the table, or floor of the correct position of the head for recumbent length.
<b>Fringe Benefits</b>	Benefits an employee receives in addition to salary such as: Federal Insurance Contributions Act (FICA), Medicare, health insurance, unemployment insurance, disability insurance, life insurance, workers' compensation, pension/retirement funds, and other miscellaneous employer-provided benefits.
<b>Full Nutrition Benefit</b>	Minimum monthly amount of reconstituted fluid ounces of liquid concentrate, ready-to-feed, and powder infant formula for each food package category and infant breastfeeding status.
<b>G</b>	
<b>Gross Income</b>	All income before deductions are made for income taxes, employee social security taxes, insurance premiums, bonds, etc. For WIC Program eligibility, the amount cannot exceed 185% of federal poverty guidelines.
<b>Growth Chart</b>	A standardized chart used by the Qualified Nutritionist and Competent Professional Authority to plot and assess a participant's weight gain and growth during the certification period and compare it with normal ranges by age group.
<b>H</b>	
<b>Health and Nutrition Update</b>	A tailored nutrition and health assessment that is required at the approximate mid-point of the certification period for children, infants, and breastfeeding women whose certification period is longer than six months.
<b>Health Care Provider</b>	For WIC purposes, an individual who is permitted to write and sign prescriptions. In New York State, authorized prescribers are: Physicians, Osteopathic Physicians (D.O.), Physician Assistants, Nurse Practitioners and Midwives with prescriptive privileges.
<b>High Risk Participant</b>	A designation of a participant based on the nutrition risk condition(s). Criteria for a participant being designated "high risk" are based on State agency policy. The nutrition services associated with "high risk" include an individual care plan, more frequent education contacts, and the provision of nutrition services by a Qualified Nutritionist.
<b>High Risk Vendor</b>	A vendor identified as having indicators of a high probability of committing a vendor violation.
<b>Household</b>	One individual or a group of related or unrelated individuals who are living together and who share income and the consumption of goods and services. Refer to Economic Unit.



**Acronyms and Definitions**

<b>Household Adjunctive Qualifier</b>	A specific government assistance program that has eligibility guidelines similar to WIC: SNAP, TANF, Medicaid presumptive eligibility for pregnant women or Medicaid for infants or pregnant women. Participation of a household member in one of these programs provides adjunct eligibility to everyone in the household.
<b>Household ID Number</b>	A number specifically assigned to each Authorized Representative.
<b>Incentive Item (Program)</b>	Refers to a class of goods, usually of a nominal value, that are given to applicants, participants, potential participants, or persons closely associated with the WIC program for purposes of outreach, nutrition education or breastfeeding promotion.
<b>Incentive Item (Vendor)</b>	An item or service provided by a vendor to attract customers or encourage customer loyalty.
<b>Income</b>	The total gross cash income of all household members.
<b>Income Poverty Guidelines</b>	Guidelines used by agencies to determine the income eligibility of persons applying to participate in the WIC Program. Adjusted annually by the federal Office of Management and Budget.
<b>Indirect Costs</b>	Costs incurred for a common or joint purpose benefiting more than one program or grant award. These costs are not readily allocated to the program or grant award benefiting from them. Some examples of indirect costs are costs of operating and maintaining facilities, equipment, and grounds; depreciation or use allowances; personnel administration; and accounting. Agencies must submit an approved indirect cost rate agreement to the Department of Health or elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) to budget indirect costs. Indirect costs may not be recovered on equipment, capital expenditures, or the portion of subawards or subcontracts exceeding \$25,000.
<b>Individual Care Plan</b>	The plan of care developed for high risk participants that will assist the participant in improving identified nutrition and health-related behaviors. The individual care plan includes relevant nutrition assessment information, plans that include goals and desired health outcomes, and follow-up documentation
<b>Infant</b>	A person under one year of age (prior to first birthday).
<b>Infant Breastfeeding Fully</b>	Breastfed infant or infant who receives breast milk without supplemental formula from WIC.
<b>Infant Breastfeeding Partially (Mostly)</b>	Infant is breastfed or receives breastmilk supplemented with less than 50% of the maximum amount allowed for formula fed infants. Formula amounts provided must be individually tailored based on the assessed need.
<b>Infant Breastfeeding Partially (Some)</b>	Infant is breastfed or receives breast milk supplemented with formula more than 50% of the maximum amount allowed for formula fed infants. Formula amounts provided must be individually tailored based on assessed need.



**Acronyms and Definitions**

<b>Infant Formula Supplier List</b>	The list of wholesalers, distributors, retailers, and manufacturers approved by the NYS WIC Program to provide infant formula to authorized vendors.
<b>Infant Non-Breastfeeding</b>	Infant is not breastfed or receiving any breast milk. Formula is the primary source of nutrition.
<b>Informed Consent</b>	A person's voluntary agreement to participate in research based upon adequate knowledge and understanding of the research project. Informed consent may not waive or appear to waive legal rights. Consent form content is determined by USDA confidentiality regulations and is reviewed by the Institutional Review Board.
<b>Initial Certification</b>	Certification for individuals new to the program or for participants coming back onto the program when more than one month has elapsed after the expiration date of the participant's previous certification period.
<b>In-Kind Benefit</b>	Payment/compensation other than money, given in goods, commodities, or services.
<b>In-Kind Expenses</b>	Non-reimbursable contributions provided by a sponsoring agency to support the operation of their local agency WIC Program.
<b>In State Transfer</b>	The transfer of a household or individual from one local agency to another local agency within New York State.
<b>Integrated Cash Register System</b>	An electronic cash register system that can transact multiple tenders, such as, cash, credit card, SNAP and WIC.
<b>Internal Control</b>	The plan of organization and coordinated methods and measures to safeguard assets, ensure reliability of accounting data, promote operational efficiency, and encourage adherence to agency policies and procedures. A system of checks and balances that protects against mistakes and fraud.
<b>Interpretation</b>	The act of verbally or visually explaining the meaning of information in a language understood by the Limited English Proficient (LEP) applicants/participants.
<b>Inventory Audit (Vendor)</b>	The examination of invoices or other proof of purchase documents to determine if a vendor has purchased sufficient quantities of authorized supplemental foods from an authorized supplier to substantiate benefit redemptions by that vendor during a specified period of time.
<b>J</b>	
<b>Joint Program Services Agreement</b>	An agreement between the WIC local agency and another party that seeks to provide service to WIC eligible applicants or participants. Service may occur in the WIC clinic or at the other entity's location. Assurances must be established that WIC applicant or participant involvement is voluntary and there is no sharing of WIC data or goods in this arrangement.
<b>Justification</b>	An explanation of how costs were determined, why the costs are requested and how the costs relate to the WIC program.
<b>K</b>	



**Acronyms and Definitions**

<b>Kinship Care</b>	Full-time care of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child. These family members are caring for children both inside and outside the foster care system. There is no subsidized guardianship program for kin raising children in foster care in New York State.
<b>L</b>	
<b>Less-Than-Arms-Length Agreement</b>	An agreement in which one party at the transaction is able to control or substantially influence the actions of the other(s). Such transactions include, but are not limited to, those between divisions of an organization. As an example, if a sponsoring agency rents clinic space to the WIC local agency contractor it may not be the true value as there is a relationship between the sponsoring agency and the WIC local agency contractor.
<b>Limited English Proficient</b>	An individual who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.
<b>Line Item Interchange</b>	A budget revision whereby allocations are adjusted among various contract budget line items without changing the total amount of the budget. All line item interchanges require written approval by the state before expenditures can be made against the revised budget amount(s).
<b>Local Agency</b>	A hospital, public health or human service agency or a private, non-profit health or human service agency that provides health services, either directly or through contract, in accordance with the federal regulations. Generally used to refer to an agency that has contracted with New York State to provide WIC benefits to participants.
<b>Local Agency Compliance and Self-Assessment</b>	New York State’s Department of Health management evaluation tool to assess local agency compliance with WIC Program regulations combined with the annual Nutrition Services Management Plan USDA requirements (including the Annual Nutrition Education Plan). The annual LACASA identifies each agency’s strengths and weaknesses in key program areas, establishes program goals and action steps to address program needs, and monitors/evaluates WIC Program operations.
<b>Local Agency Policy and Procedure Manual</b>	A collection of policies developed by the local agency and its sponsoring agency. The manual includes certain policies required by the WIC Program Manual that outline local agency-specific details on subjects, such as general operations, human resources, and fiscal practices of the organization.
<b>M</b>	
<b>Medicaid Managed Care Plan Card</b>	The card issued to NYS Medicaid participants to identify their participation in a managed care plan. While different than the Common Benefits Identification Card issued by Medicaid, it can be used for verifying Medicaid participation when it includes the Medicaid Client Identification Number (CIN).



**Acronyms and Definitions**

<b>Management Evaluation</b>	An evaluation process required by Federal regulation. Refer to Local Agency Compliance and Self-Assessment (LACASA).
<b>Management Information System</b>	A computerized information-processing system designed to certify participants and issue benefits in accordance with WIC Program guidelines while archiving supporting data for records.
<b>Market Basket</b>	A collection of WIC food items that includes cereal, peanut butter, dry beans/peas/lentils, eggs, cheese, low-fat or fat free milk, baby food vegetables and fruit, and juice. A vendor's shelf prices of these products are used to determine if a vendor is high priced in comparison to other vendors in the same peer group.
<b>Maximum Allowable Reimbursement Level</b>	Indicates the maximum amount that will be paid by the WIC Program to the vendor for the food/formula purchased on EBT card.
<b>Medicaid Eligibility Verification System</b>	A system used to verify Medicaid eligibility through eMedNY either by a touch tone telephone or a computer with internet connection and registration with ePACES.
<b>Medical Documentation Form</b>	A form developed by the NYS WIC Program for Health Care Providers to document participant qualifying conditions and other pertinent medical/health data required to determine Food Package III eligibility. This form or comparable documentation must be signed by a health care professional licensed to write medical prescriptions under State law.
<b>Memorandum of Understanding</b>	A legal contract between organizations defining the basic terms under which they agree to work together on a particular project. It defines the roles and responsibilities of each organization in relation to the other and provides a framework to enable the process/project to begin. A MOU is required to share WIC participant data or services for program coordination and service delivery to WIC participants.
<b>Mid-Axillary Line</b>	An imaginary line that bisects the body from the side.
<b>Migrant Farm Worker</b>	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 purpose of such employment, a temporary abode. Also includes categorically eligible women, infants, and children who are members of the migrant farm worker's family.
<b>Military Income</b>	Entitlements, benefits, and deductions received by members of the U.S. military and reported on the Leave and Earnings Statement (LES). See Income Eligibility for Military Policies Supplement #1133 for a list of military terms. Refer to Income Eligibility for Military Families Policy Supplement #1133 for list of military terms.
<b>Minimum Authorization Criteria</b>	Criteria defined in federal regulations and used by the Department of Health to authorize vendors located in areas identified as having inadequate participant access.

<b>Minimum Stock Requirements</b>	The required quantities and varieties of WIC acceptable foods below which a vendor must not allow their stock to fall. This requirement must be maintained throughout the contract period.
<b>N</b>	
<b>Nutrition Services and Administration Costs</b>	As defined in federal regulations, those direct and indirect costs, exclusive of food costs, that state and local agencies determine to be necessary to support WIC program operations.
<b>New York State Department of Health</b>	The state agency in New York State responsible for administration of the WIC Program.
<b>New York State Resident</b>	An individual who lives in New York State, regardless of citizenship.
<b>NY State of Health</b>	The state's official health plan marketplace designed to help NYS resident shop for and enroll in health insurance coverage. New Yorkers can complete the Marketplace application online, in person, or over the phone.
<b>No-Show</b>	<ol style="list-style-type: none"> <li>1. (Daily) Participants not attending their appointments as listed in.</li> <li>2. (Monthly) The difference between an agency's participation and enrollment during a month. Refer to Participation Rate.</li> </ol>
<b>Non-Open Application Period</b>	A specified time frame during which vendor applicants located within an identified geographic area, as defined by the Department of Health, may not apply for authorization unless they meet exception criteria specified by the Department of Health.
<b>Nutrition Assessment Process</b>	An ongoing process of obtaining and synthesizing relevant information in order to: assess nutrition status and risk; collaborate with the participant to design personalized nutrition education and counseling; tailor the food package to address nutritional needs; provide appropriate referrals; and follow-up to ensure continuity of care. The process is cyclical in nature, builds on information collected initially and throughout the certification period, to provide effective nutrition services.
<b>Nutrition Assistant</b>	An individual at a local agency who is qualified to provide clinic and office support to the Competent Professional Authorities and Qualified Nutritionists, including gathering information for nutrition assessments.
<b>Nutrition Education Contact</b>	Individual or group education conducted by a CPA or QN appropriate to each individual participant's nutrition/health needs, which includes verbal communication between the WIC local agency staff and WIC participant.



**Acronyms and Definitions**

<b>Nutrition Risk</b>	Detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements, or other documented nutrition-related medical conditions, or dietary deficiencies that impair or endanger health, or conditions that predispose persons to inadequate nutrition patterns or nutrition-related medical conditions. Nutrition risks are established by USDA and used in determining WIC eligibility.
<b>NYS WIC Approved Formulas</b>	Formulas and medical foods authorized by the NYS WIC Program for issuance to infants and participants with special dietary needs.
<b>O</b>	
<b>On-Demand Reports</b>	A set of predefined reports run by the local agency from the MIS.
<b>Open Application Period</b>	A specified time frame during which vendor applicants located within an identified geographic area, as defined by the Department of Health may apply for authorization.
<b>Other Harmful Substances</b>	Tobacco, prescription drugs, over the counter and other medications or substances that can be harmful to the health of the WIC population especially the pregnant woman and their fetus.
<b>Other Non-Personal Service</b>	A subcategory under Non-Personal Services, which consists of expenses related to: Audit, Breast Pumps and Collection Kits, Breastfeeding Peer Counseling, and Indirect Costs.
<b>NonPersonal Services</b>	The cost of expenses other than salaries and fringe benefits. A category of expense in the contract budget, which consists of Contractual Services, Travel, Equipment, Space/Property and Utilities, and Other.
<b>Out of State Verification of Certification (VOC) Transfer</b>	The inbound or outbound transfer of a household or participant between NYS and another state.
<b>Outreach</b>	The systematic actions undertaken to promote WIC Program benefits and services to maximize the enrollment and participation of eligible individuals.
<b>Outreach Event</b>	An activity in which the management information system is used to prescreen applicants and schedule appointments.
<b>P</b>	
<b>Paper Certification</b>	A certification completed using an approved alternative process to determine a participant's eligibility for the WIC program. The approved alternative process must only be used in allowed circumstances.
<b>Paraprofessional(Peer Counselor)</b>	Peer counselors who performs specific tasks within a defined scope of practice and assists professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals
<b>Parent/Spouse/Partner</b>	The other parent, spouse, partner or primary person responsible for additional care of the participant(s) who is designated by the Authorized Representative or Parent/Spouse/Partner.
<b>Participant</b>	A woman, infant, or child who receives WIC benefits.





**Acronyms and Definitions**

<b>Participant Access</b>	The minimum number of vendors to be authorized by the Department of Health to ensure participants have access to WIC foods.
<b>Participant Access Criteria</b>	Criteria established by the Department of Health to be used when assessing vendor applications to ensure participant access is met.
<b>Participant-Centered Nutrition Counseling/Education</b>	An educational approach based on interactive dialogue between the participant and the local agency staff where participants' health and nutrition concerns, needs and interests are considered. This approach involves actively listening, setting meaningful goals together with the participant, providing support and motivation through the change process, and reinforcing positive behavior. This approach may involve providing advice and meaning to the appropriate health messages when asked by the participant.
<b>Participant-Centered Services</b>	A systems approach designed to encourage all staff to positively engage the participant/caretaker in dialogue, information exchange, listening and feedback, and to focus on topics and issues that are relevant to the participant in all interactions. This approach puts the participant's needs and goals for healthy behavior change at the core of WIC service delivery. It helps all staff focus on a person's capacities, strengths, and developmental needs, not solely on their problems, risks, or negative behaviors. Refer to the definition of Value Enhanced Nutrition Assessment.
<b>Participant ID Number</b>	A number specifically assigned to each participant.
<b>Participant Profile</b>	The characteristics of a participant, including the category, age range, priority level, breastfeeding status, living situation (e.g., homeless), and special needs. The management information system uses the participant profile information to assign the default food package.
<b>Participant Representative</b>	A representative designated by the participant or Authorized Representative to participate in WIC appointments and receive benefits on behalf of the participant or Authorized Representative. This individual may be designated as an Authorized Representative, Parent/Spouse/Partner, Caretaker, or Proxy. Refer to each individual term and its corresponding definition in this policy.
<b>Participant Violation</b>	Any action by a participant, Authorized Representative, or anyone acting on their behalf that violates federal or state statutes, regulations, policies, or procedures governing the WIC Program.
<b>Participation</b>	The number of persons who received food benefits during the reporting month, including infants less than six months fully breastfeeding and breastfeeding women (some) whose infant is more than six months who were issued the 'no food' food package.
<b>Participation Rate</b>	The percentage of certified individuals who receive WIC benefits in a given month.



**Acronyms and Definitions**

<b>Percent of Eligible Population Served</b>	The percentage of eligible individuals in a community that receive WIC benefits.
<b>Performance Period</b>	Each one-year period of a multi-year Vendor Contract.
<b>Performance Standard</b>	Achievable level of service; basis for assessing local agency performance.
<b>Personal Adjunctive Qualifier</b>	Participation of a child or postpartum or breastfeeding woman in Medicaid, which provides eligibility only for that individual.
<b>Personal Privacy Protection Law</b>	New York State's Personal Privacy Protection Law is part of the NYS Public Officers' Law. It protects an individual's privacy and governs the state's maintenance and disclosure of personal information.
<b>Personal Services</b>	The category of expense consisting of the cost of wages, salaries, and fringe benefits, paid currently or accrued, for services rendered under the terms of the contract during the contract period. Personal service can include overtime, shift differential, and severance pay, if applicable.
<b>Persons with Disabilities</b>	A person who has a physical or mental impairment that substantially limits one or more major life activities or has a record of such an impairment or is regarded as having such an impairment.
<b>Pharmacy (WIC)</b>	A store licensed by the NYS Education Department where prescribed medications are dispensed and authorized by the WIC Program to redeem WIC formula.
<b>Physical Inventory</b>	Involves actual sighting of the item, confirming its location and verifying the serial number or unique tracking number.
<b>Physical Presence</b>	A Federal requirement that all applicants/participants must be physically present in the WIC clinic to receive WIC services and benefits.
<b>Planning Area</b>	Geographic area in which a WIC local agency provider is authorized to provide WIC services.
<b>Point of Sale</b>	A vendor's cash register system for conducting transactions and payments
<b>Policy</b>	High level program statements that define what must be done by state, regional and local agencies to ensure compliance with federal and state regulations. Policy states the rule rather than how to implement the rule.
<b>Pop-up Site</b>	A full-service WIC site run on a trial basis that meets all NYS DOH site requirements.
<b>Postpartum Woman</b>	A woman up to six months after the termination of their pregnancy. A woman whose pregnancy ends with or without a live birth is considered a postpartum woman.
<b>Presumptive Eligibility</b>	Refers to the status of a pregnant woman who has applied for Medicaid benefits, but the assessment process has not yet been completed. Only pregnant women can have this status.
<b>Price/Stock Survey</b>	The collection of shelf prices and review of vendor stock levels of WIC minimum stock requirements.



**Acronyms and Definitions**

<b>Priority</b>	Number assigned to nutrition risk criteria to distinguish levels of nutritional need. Priority code numbers range from highest priority of one (I) to the lowest of six (VI). The applicant/participant is assigned the priority based on the category and nutritional risk(s) identified.
<b>Priority System</b>	A classification method used to determine the priority of a category of participants based on the nutritional risk factors assigned to them. It can be used to establish the nutritional order to certify applicants when waiting lists are in effect. Priority code numbers range from highest priority of one (1) to the lowest of six (VI).
<b>Privacy Act of 1974</b>	Federal law designed to protect an individual’s privacy that governs the maintenance and disclosure of personal information. Allows individuals access to their own records and gives them the right to correct, amend or delete information that is inaccurate, irrelevant, outdated, or incomplete.
<b>Processing Time Frame</b>	The timeframe within which applicants must be notified of their WIC program eligibility or ineligibility after the date of first request for program benefits.
<b>Program Operations</b>	A budget sub-category within Non-Personal Services consisting of consumable materials and supplies used to operate the WIC program, telecommunication costs, equipment leases (if applicable) and printing costs.
<b>Program Support</b>	Budget designation for all other staff not authorized and/or functioning as a Nutrition Assistant, Competent Professional Authority, or Qualified Nutritionist. WIC Coordinators can be categorized as program support if they spend most of their time performing administrative services.
<b>Prorate</b>	To reduce the amount of WIC food benefits that a participant receives based on the remaining days/weeks in the issuance cycle.
<b>Proxy</b>	A person designated by the Authorized Representative or Parent/Spouse/Partner to participate in Nutrition Education and HNU appointments, and receive benefits, on behalf of the participant.
<b>Q</b>	
<b>Qualified Nutritionist</b>	A qualified nutritionist at a local agency who has completed the educational requirements and practical experiences required to earn a degree and/or credential in the field of nutrition. This individual possesses expertise that qualifies them to perform all nutrition-related duties at the local agency, including providing and overseeing high risk care to all high-risk participants.
<b>Quick Reference Guide</b>	Written step by step instructions and guidance for local agency staff on performing a specific function in NYWIC. It usually contains NYWIC screen shots as well as narrative.
<b>Quote</b>	Price submitted by a potential vendor for an item or service in writing (fax or email acceptable).



Acronyms and Definitions

<b>R</b>	
<b>Reasonable and Necessary Costs</b>	Costs incurred to carry out essential program functions that cannot be avoided without adversely impacting the program objectives. Priority expenditures are relative to other demands on available administrative resources; have a proven or potentially positive outreach or nutrition education impact; provide the program a benefit generally commensurate with the costs incurred; are competitive with the costs of similar items from other vendors; and are in proportion to other program costs for similar functions.
<b>Reasonable Prices</b>	Vendor average selling prices that do not exceed 110 percent of the average selling prices among vendors in the same vendor peer group.
<b>Rebate</b>	The amount of money refunded under cost containment procedures to any state agency from the manufacturer of the particular food product as the result of the purchase of the supplemental foods via EBT by a participant in each state agency's WIC program. Such rebates shall be payments made subsequent to the exchange of a retail transaction for food.
<b>Recertification</b>	Certification for participants already participating in the WIC Program, such as a prenatal woman who is subsequently certified as a breastfeeding woman or a child currently participating in the program whose certification has expired and continues to meet the eligibility criteria.
<b>Record</b>	Any information kept, held, filed, produced, or reproduced in any form.
<b>Recoupment</b>	<ol style="list-style-type: none"> <li>1. Method of recovering an advance made to contractors by reducing the amount requested for reimbursement by a predetermined amount (based on the cash forecast) over a specified period of time. Advances must be fully recouped by the end of the contract period.</li> <li>2. Recovery of payments made to the State by a contractor for costs that have been disallowed or for contract non-compliance.</li> </ol>
<b>Recumbent Length</b>	Distance from the crown of the head to the bottom of the heels while the child is measured lying down (for children less than two years of age); often referred to as "length".
<b>Referrals</b>	<ol style="list-style-type: none"> <li>1. Providing information to applicants/participants about services provided by other health-related and public assistance programs and human services and facilitating the use of those resources to meet needs of the participant identified during screening and assessment, when appropriate.</li> <li>2. Receiving information from community and healthcare partners about applicants/participants to be used for individual outreach and follow-up.</li> </ol>



**Acronyms and Definitions**

<b>Registered Dietitian Nutritionist</b>	A food and nutrition expert who has met academic and professional requirements including: <ul style="list-style-type: none"> <li>• Earned a bachelor's degree with course work approved by the Academy of Nutrition and Dietetics' Accreditation Council for Education in Nutrition and Dietetics (ACEND). Coursework typically includes food and nutrition sciences, foodservice systems management, business, economics, computer science, sociology, biochemistry, physiology, microbiology and chemistry.</li> <li>• Completed an accredited, supervised practice program at a health care facility, community agency or foodservice corporation.</li> <li>• Passed a national examination administered by the Commission on Dietetic Registration.</li> <li>• Completes continuing professional educational requirements to maintain registration on an ongoing basis.</li> </ul>
<b>Reinstatement (Participant)</b>	Re-activating a terminated certification before the certification end date.
<b>Reinstatement (Vendor)</b>	Status of a vendor that was removed from participation in the WIC program due to violations(s) of WIC statutes, regulations or policies and was subsequently reauthorized to accept WIC food benefits.
<b>RemoteBenefit Issuance</b>	When benefits are issued to a participant's eWIC account without the participant or participant representative physically present at the local agency.
<b>Request for Applications</b>	A formal request for applications issued by the NYS DOH to solicit grand funded WIC program services.
<b>Request for Proposals</b>	A formal request for proposals issued by the NYS DOH to solicit applications to provide miscellaneous contract goods/services.
<b>Respondent</b>	A WIC food vendor or local agency from which the state agency seeks a monetary penalty.
<b>Retention</b>	Continued participation in the WIC Program until no longer eligible.
<b>Rural Urban Community Area</b>	Codes developed by USDA to measure geography and capture labor and food commodity market differences that contribute to food price differences.
<b>S</b>	
<b>Sales Exception Criteria</b>	Criteria established by NYS DOH allowing vendors to apply for authorization outside their OAP if they meet the sales exception threshold and demonstrate Electronic Benefit Transaction (EBT) readiness.
<b>Sanction</b>	Penalty for violating New York State WIC Program rules, regulations, policies, or procedures.
<b>Self Declaration Form</b>	The form signed by participants, or the Authorized Representatives, to explain why identity, residency, or income documentation does not exist.



Acronyms and Definitions

<b>Signature</b>	The full name (first name, middle initial, last name) of a person written with their own hand. An initial is only allowed for a first name when it is part of the person's legal signature. Those who are unable to write may use an "X" or other mark for signature as long as legal identification has been shown and the marking is witnessed.
<b>Single Audit</b>	An organization-wide audit conducted pursuant to the requirements of in <a href="#">2 CFR § 200</a> , <i>Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule</i> covering federal grant awards and sub awards used as funding for states, local governments, and non-profit organizations.
<b>Site(s)</b>	The location(s) at which WIC program services are provided to participants.
<b>Site Change</b>	An approved change in the demographic information (address, phone number, fax number, contact representative information) of a WIC site.
<b>Site Renovations</b>	Changes to space designated for a WIC clinic or Vendor Management Agency that results in the increase or reduction of space, altering the flow of participants, relocation of staff, permanent or temporary partitions, or a change in data and security systems.
<b>Space</b>	Budget category for work or storage space and related costs of WIC Program activities and services.
<b>Space-Related Costs</b>	Janitorial/cleaning, maintenance, repairs, capital improvements and the cost of utilities that are not included in base rent or space costs.
<b>Sponsoring Agency</b>	A public health or human service agency or a private non-profit health or human service agency that provides health services either directly or through a contract in accordance with federal regulations, <a href="#">7CFR, part 246, 246.5</a> for the WIC program. Generally used to refer to those agencies sponsoring WIC program services through a contract with the NYS DOH.
<b>Sponsoring Agency Priority System</b>	System defined by the WIC federal regulations (7CFR, part 246) governing the selection of new sponsoring agencies.
<b>Stand Beside Device</b>	A payment device separate from the cash register, which includes a bar code scanner, card reader, printer and PIN pad that is used by authorized WIC vendors solely for the use with the WIC Program.
<b>Standard Precautions</b>	The minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.
<b>Standard Voucher</b>	The means by which a contractor requests an advance payment or reimbursement for expenditures (AC3253-S Claim for Payment). All vouchers, with the exception of those submitted for advance payments, must be accompanied by a properly completed "Budget Statement and Report of Expenditures".



**Acronyms and Definitions**

<b>Standing Height</b>	Distance from the crown of the head to the bottom of the heels while the child/adult (two years of age or older) is measured standing; often referred to as “height”.
<b>State Agency</b>	The health department or comparable agency of each state; a Native American tribe, band or group recognized by the Department of the Interior; an intertribal council or group that is the authorized representative of Native American tribes, bands, or groups recognized by the Department of the Interior; or the Indian Health Service of the Department of Health and Human Services. Generally, refers to New York State Department of Health, Division of Nutrition, Bureau of Supplemental Foods Program.
<b>State Contract Manager</b>	State vendor staff designated as contract managers to provide program guidance and technical assistance to vendor management agencies. Each vendor manager agency is assigned a contract manager.
<b>State Plan</b>	A plan of the WIC program that describes the manner in which the state agency intends to implement and operate all aspects of WIC program administration within its jurisdiction in accordance with federal regulations.
<b>Stature</b>	Distance from the crown of the head to the bottom of the heels measured either standing (standing height) or lying down (recumbent length).
<b>Stipulation and Order</b>	An agreement to end an administrative proceeding on certain terms with a directive from the Commissioner of Health to implement those terms.
<b>Stop the Clock</b>	Section 179(f) of State Finance Law requires the State to pay most eligible vendors within 30 days of voucher receipt to avoid the accrual of interest. The STC is written notification to a vendor that the “30-day clock” has been temporarily paused due to outstanding issues that need to be resolved or corrections that need to be made to a voucher.
<b>Student Intern</b>	A student or recent graduate referred to WIC from an accredited university or college, who seeks supervised practical experience in a community setting without pay, to gain the skills and competencies required for public health or community nutrition.
<b>Subcontract</b>	A contract between the local agency and a provider of services.
<b>Supplemental Foods</b>	Those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant breastfeeding, and postpartum women, infants and children, and foods that promote the health of the population served by the program, as indicated by relevant nutrition science, public health concerns and cultural eating patterns, as prescribed by the USDA Secretary.
<b>Supplemental Nursing System</b>	A feeding device that includes a chamber, to hold breast milk or formula, and two thin tubes which are taped to the person’s breast. The cap has a valve that prevents milk from flowing until the baby sucks.



**Acronyms and Definitions**

<b>T</b>	
<b>Target Caseload</b>	Stated in each local agency's fiscal year contract; represents the participants, including exclusively breastfed infants of participating mothers, expected to receive WIC benefits each month. Determined by the number of WIC eligible persons in the service area, existing service levels, the present need, the service capacity of the local agency, and available resources.
<b>Tare (Anthropometry)</b>	To set the weight of a scale to zero when a weight (person) is on the scale.
<b>Temporary Protected Status</b>	Temporary immigration status into the United States, granted to eligible nationals of designated countries.
<b>Termination</b>	(Participant) The act of ending the participation of a WIC participant for reasons including the normal end of a certification period, a participant transfer out of state, a missing proof not provided by the end of a temporary 30-day certification, benefits not claimed for 60 days, a participant chooses to leave the program, or as a punitive action. (Contract) The action taken to discontinue a contract for the remainder of the contract period. (Vendor) The action taken (with 15 days' notice) to discontinue a WIC vendor contract for the remainder of the contract period.
<b>Third Party Processor</b>	A company that interfaces between the vendor and the EBT processor to accept payments on behalf of the vendor and deposit the payments into the vendors bank account.
<b>Transmittal Form</b>	A Board of Elections form to be submitted with completed voter registration forms and on which the NVRA site coordinator summarizes NVRA activity.
<b>Travel</b>	Budget category of expenses for transportation, lodging, meals, and conference registration fees incurred by contractor, employees and volunteers who travel on official business related to the program. Employee travel to and from work is not included.
<b>U</b>	
<b>Ultra-High Temperature Milk</b>	Ultra-high temperature milk is pasteurized using an ultra-high temperature treatment and does not require refrigeration until opened.
<b>Unallocated Line</b>	A budget line used in WIC contracts that is not cash backed. This line serves as an administrative tool to facilitate an increase or decrease in a local agency contract budget without processing a contract amendment. No expenditure can be made against the Unallocated line.
<b>Unmet Need</b>	An estimate of the number of people who are eligible to receive WIC services but are currently not enrolled in WIC. It is the difference between the estimated eligible population and average participation in a given period.
<b>User Identification (User ID)</b>	A unique identifier assigned to authorize access to a MIS; provides the electronic signature for functions completed in the MIS.





**Acronyms and Definitions**

<b>V</b>	
<b>Value Enhanced Nutrition Assessment</b>	USDA initiative to improve nutrition services in the WIC Program. VENA provides guidance to enhance and ensure the collection and interpretation of accurate and relevant nutrition and health information to provide targeted and relevant nutrition services to WIC participants. VENA connects WIC nutrition assessment to effective and appropriate nutrition services that best meet each participant's needs. Participant-centered nutrition counseling/education is a key component of VENA.
<b>Vendor</b>	An authorized, contracted retail food store or pharmacy that supplies WIC acceptable foods and/or infant formula to WIC participants.
<b>Vendor Agreement</b>	An agreement with an authorized vendor not to exceed three years and signed by a representative who has the legal authority to obligate the vendor and the VMA.
<b>Vendor Authorization</b>	The process by which the Vendor Management Agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors.
<b>Vendor Authorization Criteria</b>	Criteria established by the Department of Health to be used when selecting vendors for authorization.
<b>Vendor Bulletin</b>	A notice issued to authorized vendors/stakeholders by the NYS WIC Program that contains important information regarding program requirements or policy changes.
<b>Vendor Conference</b>	A meeting with the New York State Department of Health Commissioner's designee to discuss a vendor's violations of the WIC Program uncovered during compliance buys or inventory audits.
<b>Vendor Inventory Audit</b>	The examination of a vendors physical inventory, in addition to invoices or other proof of purchase documents to determine if a vendor has purchased sufficient quantities of authorized supplemental foods from an authorized supplier to substantiate redemptions by the vendor during a specified period of time.
<b>Vendor Management Agency</b>	A local agency that performs vendor management activities within a defined geographic area.
<b>Vendor Monitoring</b>	Onsite visit conducted prior to authorization and periodically throughout the vendor authorization period to ensure compliance with program requirements.
<b>Vendor Training</b>	Using a standardized training developed by the Department of Health to train vendors during the initial authorization period and at least every twelve months.
<b>Vendor Violation</b>	Any intentional or unintentional action of a vendor's current owners, officers, managers, agents or employees (with or without the knowledge of management) that violates the vendor's agreement or federal or state statutes, regulations, policies or procedures governing the WIC Program.
<b>Verification (Equipment)</b>	Determination of the accuracy of an instrument/equipment by comparing it with a known standard.



**Acronyms and Definitions**

<b>Verification of Certification</b>	The transfer of an active certification, and the resulting documentation, that ensures participants can receive benefits through their current certification period at another state.
<b>Verification of Certification (VOC) Card</b>	A document issued to participants who are or who will be transferring from one WIC local agency to an out of state local agency that serves as proof of active certification in the WIC Program. At a minimum, a VOC transfer card must contain the participant's name, date of certification, and date the certification expires.
<b>Vital Documents</b>	Documents that explain information essential to understanding program eligibility requirements, rights and responsibilities, providing enrollment instructions, or are necessary to apply for services.
<b>W</b>	
<b>WIC-Eligible Nutritionals</b>	Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal, or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.
<b>WIC Medical Referral Form</b>	A form developed by the NYS WIC Program for Health Care Providers to record anthropometric, hematological, and other medical/health data which helps to determine WIC Program eligibility based on risk status and to facilitate certification into the WIC Program.
<b>WIC Coordinator</b>	The local agency's highest WIC management and policy making position. Major functions of this position include policy development, planning, evaluation, fiscal control, management, and supervision. May also, if qualified, function as a Competent Professional Authority or Qualified Nutritionist and have managerial experience in health or human service delivery. Most often referred to as the title of WIC Coordinator who coordinates contract requirements through the Executive Director of the Sponsoring Agency.
<b>WIC2Go Application</b>	The mobile application designed for NYS WIC participants. The application can be used on Android and Apple cellular telephones to check WIC benefits and scheduled appointments, locate WIC clinics and WIC-authorized stores, and to scan bar codes to see whether foods are WIC-approved.
<b>Waiting List</b>	A list of applicants and participants who have met the eligibility requirements but cannot receive WIC benefits because of insufficient funding.
<b>Written Directive</b>	A written request from the New York State Department of Health to a not-for-profit organization authorizing the organization to continue services on a specified date during the negotiation of a renewal contract.

<b>Woman Breastfeeding Fully</b>	Participant who breastfeeds or gives breast milk to infant(s) without supplemental formula from WIC.
<b>Woman Breastfeeding Partially (Mostly)</b>	Infant is breastfed or receives breast milk supplemented with less than 50% of the maximum amount allowed for formula fed infants. Formula amounts provided must be individually tailored based on assessed need. A breastfeeding participant who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for an infant breastfeeding partially, mostly.
<b>Woman Breastfeeding Partially (Some)</b>	Infant is breastfed or receives breast milk supplemented with formula more than 50% of the maximum amount allowed for formula fed infants. Formula amounts provided must be individually tailored based on assessed need. A breastfeeding participant who is up to 6 months postpartum, whose infant receives infant formula from WIC up to the maximum provided for an infant breastfeeding partially, some.
<b>Woman Non-Breastfeeding</b>	Participant is not breastfeeding or giving any breast milk. Formula is infant's primary source of nutrition.
<b>Woman Pregnant</b>	A participant determined to have one or more embryos or fetuses in utero.

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## PROCEDURE

LAVMA Policy Required       Yes    No

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## GUIDANCE


Policy Supplement Available       Yes    No

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## RESOURCES

### WIC Library:

- NYWIC Guidance Packet

	<b>WIC Program Manual</b>	
	<b>Section #1012</b>	
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<b>WIC Program Manual Use and Maintenance</b>		

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## POLICY

1. Federal regulations require State WIC Programs to develop a WIC Program Manual that must contain instructions for WIC local agency operations, regulations, and policies developed by the United States Department of Agriculture and the New York State Department of Health.
2. The United States Department of Agriculture must approve the WIC Program Manual and all updates before distribution.
3. The electronic WIC Program Manual is the official version. WIC local agencies must provide electronic access to the WIC Program Manual to all local agency staff.
4. Each local agency must develop and maintain a Local Agency Policy and Procedure Manual that includes policies and procedures as directed by the state.


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## REGULATIONS

Federal regulation in 7 CFR Subpart B, State and Local Agency Eligibility, §246.4 (a) 11, requires each state agency to provide within its State Plan, "...a copy of the procedure manual developed by the State agency for guidance to local agencies in operating the Program."

The regulations further dictate that the following procedures be included for guidance in this Manual:

1. Certification procedures, including:
  - a list of the specific nutritional risk criteria by priority level which explains how a person's nutritional risk is determined
  - hematological data requirements including timeframes for the collection of such data
  - the procedures for requiring proof of pregnancy, consistent with §246.7(c)(2)(ii), if the state agency chooses to require such proof
  - the state agency's income guidelines for Program eligibility
  - adjustments to the participant priority system (see §246.7(e)(4)) to accommodate high-risk postpartum women or the addition of Priority VII
  - alternate language for the statement of rights and responsibilities which is provided to applicants, parents, or caretakers when applying for benefits as outlined in §246.7(i)(10) and (j)(2)(i) through (j)(2)(iii); this alternate language must be approved by FNS
2. Methods for providing nutrition education, including breastfeeding promotion and support, to participants. Nutrition education will include information on drug abuse and other harmful substances.
3. Instructions concerning all food delivery operations performed at the local level, including the list of acceptable foods and their maximum monthly quantities as required by §246.10(b)(2)(i).
4. Instructions for providing all records and reports which the State agency requires local agencies to maintain and submit; and

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<b>WIC Program Manual Use and Maintenance</b>		

5. Instructions on coordinating operations under the program with drug and other harmful substance abuse counseling and treatment services.

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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. The WIC Program Manual (WPM) must be available as a reference for all WIC staff and in the training of new staff, as it contains the information necessary for WIC operations.
2. Local agencies must contact their Regional Office for clarification of Federal regulations and State policies referenced within the WIC Program Manual.

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## GUIDANCE

Policy Supplement Available  Yes  No

Updates to the WPM are shared via a Local Agency Policy Memorandum (LA Memo) and posted to the WIC library.


Local agency staff may print out and use copies of the WPM for their convenience. However, WIC Coordinators are responsible for ensuring that any paper copies used by staff are current.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1035: WIC Regulations
- #1405: Local Agency Policy and Procedure Manual

	<b>WIC Program Manual</b>	
	<b>Section 1013</b>	
	<b>Date: 11/2016</b>	<b>Page 1 of 2</b>
<b>Use of WIC Acronym and Logos</b>		

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## POLICY

1. WIC local agencies and vendor management agencies must obtain written permission from the Department of Health to use the New York State Brand logo and the Federal WIC logo.
2. Local agencies and vendor management agencies may develop their own logo using the WIC acronym, without obtaining written approval from the Department of Health.

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## BACKGROUND

Authority to regulate the use of the acronym “WIC” and the (federal) WIC logo are provided by 42 U.S.C. 1786, 15 U.S.C. 1051 et seq., and 7 CFR 246. The acronym and logo are registered with the U.S. Patent and Trademark Office.

In 2014 New York State released a set of branding guidelines intended to streamline the representation of New York agencies, authorities and programs through use of a consistent graphic approach.

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## DEFINITIONS

**Federal WIC Logo** – a symbol showing a woman holding an infant in her arms and a child by the hand.

**New York State Brand WIC Program Logo** – a graphic of New York State with the wording, “New York State of Opportunity”, along the right side, followed by a side bar and the wording, “WIC Program”. Developed for use in 2015.

**WIC Acronym** – formed from the full title of the Special Supplemental Nutrition Program for Women, Infants and Children.

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## PROCEDURE


1. No entity may use the NYS or Federal WIC logo without obtaining prior written approval from the Department of Health.
2. The NYS logo must be used in its entirety and the colors may not be changed.
3. Use of the WIC acronym, including use in a logo developed by a local agency or vendor management agency, does not require Department of Health approval.

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## GUIDANCE

Local agencies may use the WIC acronym without seeking prior permission. Local agencies are encouraged to develop their own logo to use without prior approval.


Local agencies, vendor management agencies and any other organization, including sponsor organizations and vendors, must obtain prior written approval from the Department of Health to use either the NYS Brand WIC Program logo or Federal WIC logo.

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<b>Use of WIC Acronym and Logos</b>		

At least six weeks prior to desired date of use, submit requests to use the NYS or Federal WIC logo to the Regional Office Representative or Contract Manager with a copy/sample of the way in which it will be used, including both design and content.

Appropriate use of the WIC logos might include leaflets, brochures, bulletins, posters, billboards, manuals, and educational or outreach materials.

Contact the Regional Office Representative for additional guidance.

	<b>WIC Program Manual</b>	
	<b>Section 1015</b>	
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<b>Applying to Sponsor a WIC Program</b>		

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## POLICY

1. The New York State Department of Health (NYSDOH), Division of Nutrition, Bureau of Supplemental Food Programs will seek applications from organizations to provide services for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
2. Organizations will be selected by means of a competitive procurement, with successful applicants entering into contracts with the New York State Department of Health. After the selection process is complete, no further applications will be considered until the next procurement.
3. Contracts shall ensure that local agencies comply with all fiscal and operational requirements as prescribed in Federal and New York State regulations.
4. An organization applying to sponsor a WIC program must complete all sections of the application form and follow all procedures relevant to the application process.
5. During the term of the contract, the NYS WIC Program may expand or contract an organization's service area based on need.

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## REGULATIONS

Selection of local agencies, [7 CFR §246.5](#) – This federal regulation sets forth the procedures the State agency shall perform in the selection of local agencies and the expansion, reduction, and disqualification of local agencies already in operation.

NYS Economic Development Law, [Article 4C \(140-146\)](#) - Sets forth the requirements and guidelines for publishing procurement contract opportunities.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


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## PROCEDURE

LAVMA Policy Required  Yes  No


1. In accordance with New York State procurement guidelines, the Bureau of Supplemental Food Programs periodically issues a Request for Applications (RFA) to identify and select agencies wishing to sponsor a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to provide WIC services through established contracts. The RFA is usually issued every five years. All prospective contractors must submit an application to be considered for sponsorship of a WIC Program.



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<b>Applying to Sponsor aWIC Program</b>		

The State has identified planning areas or geographic areas in which there are populations eligible for WIC services. In upstate New York, planning areas are typically one or more counties. In the New York metropolitan region, planning areas typically include contiguous neighborhoods.

2. Pursuant to 7 C.F.R. §246.5, the NYS WIC Program shall establish standards for the selection of new local agencies. The following priority system, which is based on the relative availability of health and administrative services, will be used in the selection of local agencies:
  - 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;
  - 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;
  - 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 of participants (women, infants or children);
  - 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; and,
  - 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.
  
3. NYS DOH will upload the new grant opportunity into the Grants Gateway and post a link to the NYS DOH funding opportunity website page. NYS DOH will also advertise the opportunity in the New York State Contract Reporter.
  
4. To apply to operate a WIC program, organizations must first register with the Grants Gateway and then complete all areas of the WIC Local Agency Application. The application must be submitted through the Grants Gateway following the instructions on the NYS Grants Management website.
  
5. All grant applications must be submitted to the State by the advertised due date and time.
  
6. Each application will be evaluated by teams of NYS DOH WIC Program staff. The evaluation teams will review the applicant's qualifications according to the standards and requirements outlined in the RFA. After reviewing information on all applications and supporting documentation, and considering all factors identified above, the applications will be grouped by planning area, and an acceptable group of applicants will be ranked in order of highest score.
  
7. The NYS DOH has the authority to establish new sponsoring agencies. Based on the results of the procurement process, the Department may elect to replace an existing sponsoring agency. Such circumstances might occur if a new sponsoring agency is available that can operate a program more effectively and efficiently, if other agencies rank higher in the sponsoring agency

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priority system as set forth in Federal WIC regulations and have the ability to operate an efficient and effective WIC Program, or if an existing sponsoring agency is found to be operating out of compliance with the terms of its WIC contract.

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## GUIDANCE

Policy Supplement Available       Yes  No


Both current and potential WIC Agencies should make sure that all state and Federal requirements are current at the time of the application submission. Some requirements are specific to particular organizational types while others allow exemptions under some circumstances; please verify which requirements apply to your organization with the appropriate governing body. Requirements include but are not limited to:

- current certified vendor responsibility questionnaires through the NYS VendRep System for the prime contractor and each subcontractor to be paid over \$100,000 for the life of the contract
- an online questionnaire is considered “current” if it has been certified within six months of the agency-defined due date for the questionnaire
- current charitable organization registration and annual financial report filed with NYS Attorney General's Office Charities Bureau
- proof of workers' disability benefits insurance coverage or exemption
- proof of workers' compensation insurance coverage or exemption; and
- current single audit report filed through the Federal Audit Clearinghouse

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## RESOURCES

- [New York State Grants Management](#): Find, Apply for, and Manage New York State Grants
- [The VendRep System](#): A secure application which allows vendors to enter, maintain and certify their Vendor Responsibility Questionnaire
- [The New York State Contract Reporter](#): The official NYS source of contracting opportunities
- [The New York State Attorney General's Charities Bureau](#): An online portal for submitting charities' annual financial filings

	<b>WIC Program Manual</b>	
	<b>Section 1020</b>	
	<b>Date: 01/2021</b>	<b>Page 1 of 3</b>
<b>Participant-Centered WIC Environment</b>		

## POLICY

1. Participant-centered services must be integrated into all program operations.
2. Local agency staff must provide participant-centered services in an environment that communicates respect and is conducive to participants achieving positive health outcomes.

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## REGULATIONS

Provisions of agreement, [7 CFR §246.6 \(b\)](#)  
 Processing standards, [7 CFR §246.7 \(f\)](#)  
 Program referral and access, [7 CFR §246.7\(b\)\(4\)](#)  
 Participant contacts, [7 CFR §246.11 \(e\)\(6\)](#)  
 Confidentiality of applicant and participant information, [7 CFR §246.26 \(d\)](#)

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. The local agency (LA) must be a physical environment that facilitates participant-centered services, which includes, but is not limited to, ensuring:
  - signage which makes it easy to locate the LA
  - participant privacy in all areas where participant information is obtained, including anthropometric, hematological, household composition, and eligibility information
  - appointments are conducted in a manner that allows LA staff to sit face-to-face with participants, without physical barriers, as feasible
  - the entire space is clean, comfortable, inviting, well-maintained, child-friendly, child-safe, and accessible to people with disabilities
  - a spatial layout that enhances clinic flow to minimize wait time
  - a non-smoking environment
  - breastfeeding is supported and encouraged throughout the LA
2. LA must provide customer service that is participant-centered, which includes, but is not limited to, ensuring participants:
  - are treated with respect, and are provided services in a respectful manner
  - feel their time is valued and respected
  - feel engaged and are respected through all delivery methods of appointments
  - are greeted on arrival in a warm and friendly manner
  - are invited to their appointment using their name, as appropriate
  - understand the appointment process, including staff they will speak with, and expected length of the appointment

- have access to age-appropriate activities for children to enhance the opportunity for focused communication between participant/participant representatives and staff
- are aware of the program benefits including nutrition education from a Qualified Nutritionist (QN)/Competent Professional Authority (CPA), and breastfeeding support such as peer counseling services, breast pumps, and referrals to other services
- can easily see signage, posters, and displayed materials that convey positive messages and images, that are culturally diverse, and emotion-based, when appropriate
- can receive information within respective cultural and language preferences
- benefit from a clinic flow system which identifies appropriate staffing, roles and responsibilities to meet the needs of the LA

3. LAs must ensure that procedures for establishing appointments are participant-centered, which includes, but is not limited to:

- providing options for participants whom the clinic LA cannot accommodate at that time
- ensuring that applicants receive certification appointments within the required timeframes
- utilizing an effective system for appointment reminders, and for missed appointments that is effective based on the participant's preferred mode of communication
- offering participant same site/day appointments, which includes offering lunchtime hours
- offering scheduled alternative extended appointment hours based on prior approval from DOH. Lunch time hours are not considered alternative hours. LAs must provide, at a minimum, a total number of alternative hours based upon the LA's current federal fiscal year's caseload target as follows:

Assigned Participant Caseload Target	Minimum Number of Alternative Hours Required Per Month
1,500 or less	8
1,501 – 3,500	12
3,501 – 7,000	16
7,001 or greater	24

4. Designated managers within the LA are responsible for implementing and maintaining effective participant-centered services, which includes:

- modeling the participant-centered approach and providing guidance to all LA staff
- ensuring that LA staff understand their roles, responsibilities, job descriptions, and performance standards to provide quality services
- offering competency-based training, continuing education, and mentoring opportunities for staff, as appropriate, and based on assessed needs
- monitoring customer service throughout the LA by conducting quality assurance activities
- offering participants and staff the opportunity to provide feedback on LA environment and customer service

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## **GUIDANCE**

Policy Supplement Available  Yes  No

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<b>Participant-Centered WIC Environment</b>		

The participant's experience within the LA is influenced by the environment and the way services are delivered. Participant-centered services support positive interactions between staff, participants, and participant representatives which impact their experience.

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## **RESOURCES**

### **WIC Program Manual Sections and Policy Supplements:**


- #1043:Confidentiality, Releasing/DisclosureofInformation
- #1100:WICCertification Overview
- #1135:NutritionAssessmentProcess
- #1200:Participant-Centered NutritionEducationandCounseling
- #1224:WIC Breastfeeding-FriendlyEnvironment
- #1460:Local AgencyNutritionStaff

### **WICLibrary:**

- WICNutritionServices Standards,August2013
- PCNSAssessmentTools

### **Other:**

- [AltarumInstitute Participant-CenteredNutritionEducationResourceGuide](#)


	<b>WIC Program Manual</b>	
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<b>WIC Program Legislation</b>		

## **WIC Program Legislation**

The United States Department of Agriculture regulates New York State WIC Program policy and provides federal grants to states and Indian Tribal Organizations for supplemental foods, nutrition education and referrals to other services.

Federal legislation specific to the WIC Program is under Section 17 of the Child Nutrition Act of 1966 as amended. The Special Supplemental Food Program for Women, Infants and Children (WIC) was established under the authorization of the aforementioned Federal Child Nutrition Act, by Public Law 92-433, and enacted on September 26, 1972. The WIC Program is reauthorized every five years.


The most current version of the Child Nutrition Act of 1966 as amended through Public Law 111-296, Effective December 13, 2010 – Section 17 can be accessed at <https://www.fns.usda.gov/cna-amended-pl-111-296>

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<b>WICRegulations</b>		

## **WIC PROGRAM REGULATIONS**

WIC Regulations are published by the Federal Register in the Code of Federal Regulations, 7 C.F.R. Part 246, and are used to guide and inform New York State WIC Program policies and procedures. The CFR is updated with files with an effective date as of January 1 each year. The CFR, in print or on-line, represents updates as of January and will not include changes which have been subsequently published.

The most current version of the WIC Regulations are available via the USDA website and can be accessed at <https://www.fns.usda.gov/wic/wic-laws-and-regulations>.

	<b>WIC Program Manual</b>	
	<b>Section 1038</b>	
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<b>Program Complaints and Suspected Fraud or Abuse</b>		

---

## POLICY

1. Local agencies and vendor management agencies must properly document and refer all allegations of suspected WIC Program fraud and abuse.
2. Local agencies and vendor management agencies must properly document and resolve all complaints received relating to participants and authorized vendors.
3. Local agencies and vendor management agencies must develop policies and procedures relating to fraud referrals and complaints. These policies and procedures must be included in the agency policy and procedure manual.
4. Local agency and vendor management agency staff must receive annual training to identify, document and report complaints and allegations of fraud and abuse.

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## BACKGROUND

Participant parent/caretaker, proxy, vendor, complaints - [§7 CFR 246.12\(o\)](#) – The state agency must have procedures to document the handling of complaints by participants, parents or caretakers of infant or child participants, proxies, vendors.

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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE


**LA/VMA Policy Required**       Yes  No

### Reporting Suspected Fraud and Abuse

Local agencies and vendor management agencies must report all suspected WIC Program fraud and abuse. This includes any willful violation of WIC program rules, regulations, policies, or procedures committed by WIC participants, authorized vendors or employees, or WIC staff.

1. Use the *Bureau of Special Investigations (BSI) Referral Form* to document all information related to suspected WIC Program fraud and abuse.
2. Anonymous reporters who do not wish to be contacted must be asked to provide as much information as possible so that the allegation can be investigated.



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<b>Program Complaints and Suspected Fraud or Abuse</b>		

3. Transmit allegations of fraud and abuse to BSI by telephone, fax, email, or mail using contact information found on the form.

#### **Program Complaint Procedures**

Program complaints that do not involve suspected cases of fraud or abuse can be referred directly to the appropriate local agency, vendor management agency, or the NYS WIC Program.

1. Document all information related to a complaint on the NYS WIC Program Complaint Form.
2. Submit as much information as possible related to vendor customer service complaints to the appropriate vendor management agencies by telephone, fax, email, or mail. Customer service-related complaints that may be educational in nature and require follow up by the vendor management agency.
3. Submit as much information as possible regarding participant complaints to the appropriate local agency by telephone, fax, email, or mail. Customer service-related complaints may include complaints that may be educational in nature and require follow up by the local agency.
4. Complaints may also be reported to the NYS WIC Program, or directly to USDA.
5. Discrimination or civil rights complaints should be submitted in accordance with procedures outlined in WPM Section 1040 Civil Rights and Nondiscrimination Statement.

#### **Documentation and Training Requirements**

1. Local agencies and vendor management agencies must maintain a confidential file that includes the *BSI Referral Form*, the *NYS WIC Complaint Form* and the Report Log. The Report Log must include the following information: date that the information/allegation was received; name or initials of the staff person who received the allegation; subject of the allegation; and date that the referral or complaint was submitted, by what means, and to whom.
2. Local agency and vendor management agency policy and procedures must include
  - The procedures for collecting, logging, and filing information related to complaints and suspected fraud or abuse, including documenting in the information system.
  - Timeframes and procedures for forwarding suspected cases of fraud or abuse to the BSI and resolution.
  - Timeframes and procedures for resolving complaints.
  - Procedures for following-up with complainants.
3. Local agency and vendor management agency staff must receive annual training that includes identifying fraud and abuse, and the process used to document and report allegations to BSI. Training must also include steps staff will take to differentiate complaints that are customer service/educational and/or training based, and the process used to document and resolve the complaint.

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<b>Program Complaints and Suspected Fraud or Abuse</b>		

## **GUIDANCE**

Policy Supplement Available  Yes  No

Anyone may report suspected fraud or abuse directly to BSI via the NYS WIC Fraud Hotline 1-877-282-6657 or via email to [foodfraud@health.ny.gov](mailto:foodfraud@health.ny.gov) or [bsiwicvendors@health.ny.gov](mailto:bsiwicvendors@health.ny.gov) or mail to: BSI, PO Box 2061, Albany, NY 12220-2061.

Information related to suspected fraud or abuse may also be reported directly to USDA via [usda.gov/org](http://usda.gov/org) or (800) 424-9121 or fax (202) 690-2474 or USDA Office of Inspector General, PO Box 23399, Washington, DC 20026-3399.

Complaints can be submitted directly to the appropriate local agency or vendor management agency, or to the NYS WIC Program at (518) 402-7093 or WIC Program Director, NYSDOH, Room 605, 150 Broadway, Albany NY, 12204 or email to [nyswic@health.ny.gov](mailto:nyswic@health.ny.gov), or directly to USDA.

Local agencies and vendor management agencies should utilize in-service opportunities and staff meetings to incorporate a review of this policy and the agency's policies and procedures during staff training. Examples of BSI referrals and program complaints obtained from the agency's Report Log may provide more meaningful training and assist staff to help clarify the difference between a complaint and an allegation of fraud or abuse.

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## **RESOURCES**

### **WPM Sections:**

- WPM#1467–Competency Based and Mandatory Training
- WPM#1040–Civil Rights and Nondiscrimination Statement

### **Other Resources:**

- *BSI Referral Form*
- *NYSWIC Complaint Form*
- *WIC Vendor Handbook*
- *WIC Participant Rights and Responsibilities*

	<b>WIC Program Manual</b>	
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<b>Civil Rights and Nondiscrimination Statement</b>		

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## WIC POLICY

1. Local agencies and the vendor management agency must ensure that equal treatment is provided to all applicants, vendors, participants, and employees in compliance with all federal and state regulations and policies concerning civil rights and nondiscrimination.
2. Local agency and vendor management agency staff must complete the *WIC Annual Civil Rights Training* that complies with all civil rights requirements, including procedures for handling complaints.
3. Local agencies and the vendor management agency must advise applicants, vendors and participants of their right to file a complaint, how to file a complaint, and the complaint procedures, and process complaints in a timely manner.
4. All local agency and vendor management agency staff must process complaints in accordance with procedures provided by the New York State Department of Health.
5. The nondiscrimination statement must be included on all material produced by local agencies for public information, public education, or public distribution.
6. Local agencies must ensure that the WIC program is accessible to all applicants and participants to ensure equal access to WIC benefits and services.

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## REGULATIONS

*Nondiscrimination*, [7 CFR §246.8](#)

*Records and reports*, [7 CFR §246.25\(a\)](#)

*Collection of demographic information*, [NYS HRL §170-E\\*2](#)

*Unlawful discriminatory practices [employment, licensing]*, [NYS HRL §296.1](#).

*Unlawful discriminatory practices [reasonable accommodation of disability in employment]*, [NYS HRL §296.3](#)

*Unlawful discriminatory practices [age discrimination]* [NYS HRL §296.3\(a\)](#).

*Unlawful discriminatory practices [accommodation of religious practices]*, [NYS HRL §296.10](#)

*Unlawful discriminatory practices [conviction]*, [NYS HRL §296.15](#)

*Unlawful discriminatory practices [arrest]*, [NYS HRL §296.16](#)

*Food and Nutrition Services Civil Rights Compliance and Enforcement – Nutrition Programs and Activities*, [FNS Instruction 113-1](#)


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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.

**Racial Justice** - Racial justice is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.

**Equity** - Equity means fairness and justice and focuses on outcomes that are most appropriate for a given group, recognizing different challenges, needs, and histories. It is distinct from diversity, which can simply

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mean variety (the presence of individuals with various identities). It is also not equality, or “same treatment,” which doesn’t take differing needs or disparate outcomes into account. Equity recognizes that each person/community has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

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## PROCEDURE


**Local Agency/Vendor Management Agency Policy Required**     Yes     No

### Civil Rights and Nondiscrimination

1. Local agencies and the vendor management agency must ensure that no individual(s) be excluded from participation in, be denied benefits of, or be subjected to discrimination at the New York State WIC Program on the grounds of any protected classes under federal or New York State Human Rights Law, or retaliation for prior civil rights activity.
2. Local agencies must implement and demonstrate a commitment to racial justice through policies, procedures, and training.
3. Local agency staff must inform participants of their rights and responsibilities and provide guidance of their right to file a complaint.

### Staff Training

1. All local agency “frontline staff” with a NYWIC account who interact with program applicants or participants, persons who supervise “frontline staff,” and all vendor management agency staff must complete the *WIC Annual Civil Rights Training* upon hire and annually thereafter. This includes all local agency and vendor management agency staff, plus agency Coordinators and vendor management agency Directors. Excluded from this requirement are: vendor management agency Coordinators/Directors' supervisors, agency fiscal staff, and any other sponsor agency staff.
2. The WIC Annual Civil Rights Training includes nine required elements:
  - complaint procedures
  - collection and use of civil rights data
  - effective public notification methods
  - compliance reviews
  - resolution of non-compliance
  - requirements of reasonable accommodations of persons with disabilities
  - requirements for language assistance/access
  - conflict resolution
  - customer service
3. If an agency identifies a staff deficiency in understanding of any of the nine training elements, the agency must provide additional training with a focus on that topic.

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4. All WIC sites, including local agency administrative offices, permanent, temporary, and pop-up sites, must prominently display the most up-to-date *And Justice for All* poster.

### Complaints


1. A civil rights complaint is a discriminatory complaint related to any of the protected classes under federal law. Federally Protected classes are the following:
  - race
  - color
  - national origin
  - sex (including gender identity and sexual orientation)
  - disability
  - age

Federally protected classes are also protected under the New York State Human Rights Law.

2. Other complaints may include complaints that are not related to the federally protected classes. The following classes are also protected under the New York State Human Rights Law and are considered “other non-civil rights” complaints:
  - creed
  - military status
  - predisposing genetic characteristics
  - familial status
  - marital status
  - domestic violence victim status

### Filing and Logging Complaints

1. If a participant/applicant/vendor feels that WIC has discriminated against them, local agency or vendor management agency staff must offer and provide assistance in completing the appropriate complaint form.
2. A participant/applicant/vendor may choose to submit a letter of complaint instead of filling out a complaint form. The letter should contain all information requested in the complaint form to avoid a processing delay; however anonymous, verbal, and partially completed forms will be accepted.
3. The United States Department of Agriculture Civil Rights Complaint Form (or a letter containing the same information as the form) must be submitted directly to the United States Department of Agriculture to the fax, email, or mailing information provided in the United States Department of Agriculture nondiscrimination statement. The local agency/vendor management agency must also submit a copy of the complaint to the New York State Department of Health at: [nyswic@health.ny.gov](mailto:nyswic@health.ny.gov). Documentation of all civil rights complaints must be maintained by the local agency for at least seven years from the date of receipt.

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4. All discrimination complaints must be filed within 180 days of the alleged discriminatory action.
5. Civil rights complaints must be securely and separately maintained from all other program complaints.

Other non-civil rights complaints and fair hearing requests must be sent to the New York State WIC Program Director. If the complaint is deemed to be a protected basis under the United States Department of Agriculture nondiscrimination statement, it will be forwarded to the United States Department of Agriculture for review within five days. Please refer to WIC Program Manual #1038 Program Complaints and Suspected Fraud or Abuse and WIC Program Manual #1047 Fair Hearing Process for Participants for more information.


#### **Nondiscrimination Statement**

1. The full nondiscrimination statement must appear on local agency produced materials for public information, education, and distribution, including but not limited to local agency websites, social media sites, outreach materials and application/certification materials. In addition, any document that includes the full nondiscrimination statement must also include the New York State complaint and Fair Hearing statement and WIC Program Director's contact information.
2. The text of the full nondiscrimination statement can be smaller than the material's text and must be legible. The font and point size must be taken into consideration. However, the format of the statement must not be altered. Refer to the WIC Library for the full English and Spanish nondiscrimination statements.
3. The full nondiscrimination statement reads:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil

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Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

**1. mail:**

WIC Program Director  
NYSDOH, Riverview Center  
150 Broadway, 6th Floor  
Albany, NY 12204

**2. phone:**

(518) 402-7093;

**3. fax:**


(518) 402-7348; or

**4. email:**

[nyswic@health.ny.gov](mailto:nyswic@health.ny.gov)

4. The local agency must request approval from the Department of Health to use the short statement, which must read "This institution is an equal opportunity provider." in text no smaller than the material's text. The local agency may use the short non-discrimination statement if the material is not collecting vital information (i.e.: collecting information for eligibility or providing a notice of change in participation status etc.).
5. Internet, radio, and television public service announcements are generally short in duration, and the nondiscrimination statement does not have to be read in its entirety. Rather, "This institution is an equal opportunity provider." is sufficient to meet this requirement.
6. The nondiscrimination statement is not required for:
  - nutrition education and breastfeeding promotion and support material that provide only nutrition messages, without any mention of the WIC Program
  - WIC items such as buttons, caps, magnets, and pens because of size and/or configuration

**Program Accessibility**

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1. Local agencies must:
  - comply with Americans with Disabilities Act requirements to ensure that all categorically eligible individuals with disabilities have an equal opportunity to apply and participate in the WIC Program by offering facilities and services accessible to persons with disabilities (including participants' representatives and proxies) Notify the applicant/participant that free services or other aids are available upon request for persons with disabilities who require alternative means of communication to obtain program information. Notify the applicant/participant that if they have difficulty understanding English, free language assistance services are available upon request.

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## GUIDANCE

**Policy Supplement Available**  Yes  No

Local agencies and the vendor management agency are encouraged to keep a record of staff's civil rights training completion.

The United States Department of Agriculture nondiscrimination statement is available in other languages located here: <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>. This link does not include the New York State complaint and Fair Hearing statement and WIC Program Director's contact information. This information can be found at the bottom of all translated WIC vital documents.

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## RESOURCES

### WIC Program Manual Sections:


- #1038: Program Complaints and Suspected Fraud or Abuse
- #1041: Language Access
- #1047: Fair Hearing Process for Participants Policy
- #1100: WIC Certification Overview
- #1401: Record Retention Policy
- #1467: Competency Based and Mandatory Training Policy
- #1451: Electronic Communication Use

### WIC Library:


- USDA Nondiscrimination Statement and NYS WIC Complaint Information
- Spanish USDA Nondiscrimination Statement and NYS WIC Complaint Information

### Other:



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- [USDA Civil Rights Website](#)
- [NYS Complaint Form](#)

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## POLICY

1. Local agencies must ensure that Limited English Proficient and Non-English Proficient applicants and participants have equal access to WIC Program information, services, and benefits.
2. Local agencies must adhere to all federal and state regulations and policies concerning nondiscrimination and equal treatment of Limited English Proficient and Non-English Proficient individuals.
3. Local agencies must develop a Language Access Plan and update it annually.
4. Local agencies must designate a Language Access Contact to ensure compliance with this policy.

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## REGULATIONS

*Federal Civil Right Legislation, [Title VI of the Civil Rights Act of 1964](#)*

*Nondiscrimination, Non-English materials [§246.8\(c\)](#)*

*New York State (NYS) Human Rights Law, [Executive Law Article 15.u7u](#)*

*Statewide Language Access Policy, [NY Executive Order No. 26.1](#)*

*Improving Access to Services for Persons with Limited English Proficiency, [Federal Executive Order #13166](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required       Yes  No

### Assessment and Documentation Requirements

1. Local agencies (LAs) must develop policies and procedures that include a Language Access Plan. The Language Access plan must include the required components, as outlined in the Language Access Policy Supplement, and must be updated at least annually.
2. LA staff must provide equal access within the required timeframes for all applicants and participants regardless of whether they speak English as their primary language.
3. Free oral interpretation services must be provided to any individual requesting an interpreter and to an individual identifying a non-English language as their primary language.

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- When a Limited English Proficient (LEP) or Non-English Proficient (NEP) individual chooses not to use free interpretation services, LA staff must obtain a completed Waiver of Right to Free Interpretation Services form to allow a family household member (who is at least 18 years old) to act as an interpreter, except for emergency situations or routine questions. An LEP/NEP individual is not permitted to use an interpreter of their choosing when legal matters are involved.
  - The individual or designee must sign the Waiver of Right to Free Oral Interpretation Services Form annually; however, best practice is to obtain a signature at every appointment to document that free oral interpretation services have been declined. Once the waiver form is signed, LA staff must scan or upload a copy of the form in the participant's record.
4. LA staff must document a participant's primary language and language assistance needs in the participant's record and ensure that all future interactions with the participant include proper delivery of interpretation services.

**Interactions with LEP/NEP Individuals**

1. The "ISpeak" and "Right to File a Complaint" posters, and other local LA materials about the available language assistance services, must be placed in public areas of the WIC clinic.
2. LA staff must use the "ISpeak" poster, or similar resource, to assist in identifying the language of an LEP/NEP individual.
3. LA staff must not discourage, delay, or refuse WIC services to individuals due to LEP/NEP.
4. LA staff must inform LEP/NEP individuals who have a need for language services (in person or by phone) that language assistance services can be provided free of charge, at any point during the visit.
5. LA staff must contact the language interpretation provider if any of the following scenarios occur:
  - the individual requests an interpreter
  - the individual's language cannot be determined using the "ISPEAK" poster
  - the individual appears to not understand the question

**Language Assistance Services**

1. Bilingual staff are the preferred means of meeting the language access needs of LEP/NEP individuals.
2. LA staff must have an account, or access to the sponsor agency's account, for language interpretation services.
3. All LA staff must know how to access the language interpretation services.
4. LAs must have NYS WIC vital documents readily available in languages commonly spoken by the individuals they serve. Refer to the Document Translations Desk Guide, in the Language Access Policy Supplement, for a list of translated WIC vital documents and other documents.

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5. Educational and outreach materials produced by local agencies must be translated, as necessary.

### Complaints

1. LA staff must provide the most recent version of the Access to Services in Your Language: Complaint Form to individuals wishing to file a language access complaint. Staff must ensure the individual's language assistance needs are met during the process.
2. LA must display and make visible the most recent Right to File A Complaint poster in all permanent and temporary sites
3. LA staff must not delay or deny services to individuals who have submitted a complaint regarding language access or language access violations.

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## GUIDANCE

Policy Supplement Available       Yes  No

LAs may use a variety of resources to meet the language assistance needs of applicants or participants, including written translations of a variety of vital documents, bilingual staff and volunteers, interpretation services, and community-based organizations.

LA can partner with community-based organizations in order to meet language assistance needs.

Many publications and forms are available in other languages in the Distribution Center, on the Department of Health website, and in the NYS WIC Library.

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## RESOURCES

### WIC Program Manual Sections:

- #1040 Civil Rights and Nondiscrimination Statement

### WIC Library:


- Waiver of Right to Free Interpretation Services Form
- "I Speak" Poster
- Language Access Right to File a Complaint Poster

### Other:

- TAHIT Video – [Language Access Public Service Announcement](#)
- Access to Services in Your Language Complaint Form

### Language Identification Resources:

- I Speak-NYS Language Identification Tool Chart
- Limited English Proficiency (LEP) – A Federal Interagency Website: <https://www.lep.gov>
- New York State Department of Health Language Access Plan for LEP Individuals: <https://www.dhr.ny.gov/language-access>

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<b>Confidentiality, Releasing/Disclosure of Information</b>		

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## POLICY

1. All information that individually identifies WIC Program applicants and participants is confidential.
2. All information that individually identifies WIC Program vendors is confidential except for vendor name, address, telephone number, website/email address, store type, and current authorization status.
3. Applicant, participant, and vendor information with individual identifiers must not be released without the written consent of the applicant, participant, or vendor, except as required by law.
4. The local agency or vendor management agency is only required to provide applicants, participants, and vendors access to information the applicant, participant, or vendor has provided to the WIC Program.
5. Applicant, participant, and vendor information must not be released without permission of the New York State Department of Health, except as specified in this policy, or as required by law.
6. WIC staff must not share confidential applicant, participant, and vendor information with other staff who do not provide direct services to WIC applicants/participants.

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## REGULATIONS

Federal Regulations [§246.26](#) (d) and (e) indicate that confidential applicant, participant, and vendor information is any information about an applicant, participant, or vendor, whether it is obtained from the applicant, participant, vendor, another source, or generated as a result of WIC application, vendor application, or participation, that individually identifies an applicant, participant, and/or family member(s), or vendors (except vendor: name, address, telephone number, website/email address, store type, and authorization status). Except as otherwise permitted, the State agency must restrict the use and disclosure of confidential applicant, participant, and vendor information to persons directly connected with the administration and enforcement of the WIC Program whom the State agency determines have a need to know the information for WIC Program purposes.

Federal regulations allow the State agency flexibility in determining when confidential applicant or participant information may be disclosed to public organizations for use in the administration of their programs that serve persons eligible for the WIC Program. The New York State Department of Health (NYSDOH) must approve in writing any non-WIC uses of applicant and participant information, and the names of the organizations to which such information may be disclosed.

Federal regulations allow the disclosure of confidential applicant, participant, or vendor information pursuant to a valid subpoena or search warrant in accordance with specific procedures.

The Freedom of Information Law (FOIL) prohibits the release of information if the release would constitute an unwarranted invasion of personal privacy. New York State's Personal Privacy Protection Law is also applicable.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

## PROCEDURE

**LAVMA Policy Required**  Yes  No

### Applicants, Participants, and Vendors

#### Right to Privacy of WIC Program

1. Local agency (LA) and vendor management agency (VMA) staff must protect the right to privacy of WIC Program applicants, participants, and vendors, and keep their information confidential by:
  - taking reasonable measures to ensure that office space is available where private and confidential topics can be discussed with applicants, participants, and vendors in a respectful, dignified manner
  - ensuring there is no confidential applicant, participant, or vendor information sent in unencrypted emails
2. When a LA or VMA receives research and data requests, staff must follow procedures detailed in the WIC Program Manual (WPM) section Guidelines for JPSA, MOU, Research and Data Requests.


#### Confidentiality Statement

1. The confidentiality statement must be signed in the management information system (MIS) upon hire and annually by all LA and VMA staff. Confidentiality requirements must be outlined in the sponsoring agency's personnel policies and included in the staff application and/or hiring package.
2. Students, volunteers, other program staff, and other individuals working under a Joint Program Services Agreement (JPSA) or a Memorandum of Understanding (MOU) present in the LA or VMA, are required to maintain the same standard of confidentiality as LA and VMA staff, and must sign the paper confidentiality statement on their start date and annually (if applicable) thereafter.

#### Disclosure of Information

##### Freedom of Information Law (FOIL) Requests

1. When a FOIL request is received, the LA or VMA must contact their legal counsel.
2. Within five business days of the receipt of a written request, the LA or VMA must:
  - provide written acknowledgment of receipt of such request; or
  - decision in response to the information request:
    - approved disclosure of the information requested
    - deny request because the information is protected by law or would constitute an unwarranted invasion of personal privacy

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- return request to sender for further clarification

#### Subpoenas and Search Warrants

1. ALA or VMA served with a subpoena must immediately contact the LA or VMA legal counsel and NYS DOH.
2. Upon determining the validity of the subpoena or search warrant, the LA or VMA must:
  - comply with the subpoena or search warrant, releasing only the specified information being requested
  - retain a copy of the subpoena or search warrant and the agency's response in its files
  - inform the individual producing the subpoena or search warrant that the information is confidential

Ignoring or failing to reply to a subpoena is not acceptable, and an individual could be found in contempt of court.


#### Applicants and Participants

##### **Releasing Information to Applicants and Participants**

1. An Authorized Representative (AR), adult applicant/participant, and Parent/Spouse/Partner (P/S/P) may have access to information they provide to the WIC Program or to an associated child's record, as well as associated Medical Referral Forms and Medical Documentation Forms. This information can be requested either in person, in writing, or by telephone.
2. Staff notes or information obtained from a third party must not be shared.
3. Staff must verify the identity of the Participant Representative requesting the information by verifying the AR's date of birth and mailing address zip code.
4. When Participant Representatives request information about others in the WIC household, the applicable individuals must give consent and sign a release of information. In the case of an applicant or participant who is an infant or child, the access may be provided to the parent or guardian.
5. In cases involving child custody and guardianship, LA staff must immediately contact their legal counsel and NYS DOH for guidance.

##### **Releasing Applicant and Participant Information to Third Parties**

1. All WIC applicant/participant information is confidential and cannot be shared outside of the WIC program without specific written consent from the applicant/participant. The applicant or participant must sign a release form authorizing the disclosure and specifying the parties to which the information may be disclosed.
2. The LA must not re-release information provided by a third party to another third party.
3. The LA must not release participant information for non-WIC purposes unless an MOU or similar agreement is established and approved by NYS DOH. Staff must follow procedures detailed in the WPM section Guidelines for JPSA, MOU, Research and Data Requests.

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**Vendor**

**Releasing Vendor Information**

1. Vendor name, address, telephone number, website/email address, store type, and current authorization status may be released, without prior approval.
2. Disclosure of confidential vendor information must be limited to:
  - individuals NYS DOH determines to have a need to know of the information for WIC purposes
  - a vendor that is subject to an adverse action, and the confidential information is related to the adverse action
  - at the discretion of NYS DOH, authorized vendors and vendor applicants regarding vendor sanctions. Disclosure of information is limited to vendor name, address, length of disqualification/civil money penalty, and a summary of the reason(s) for the sanction.

**GUIDANCE**

**Policy Supplement Available**                       Yes                       No

Auditors conducting single audits to review WIC LA activities are acting in accordance with the administration of the WIC Program as specified by federal regulations. Therefore, an MOU, or similar agreement, is not required to provide confidential information to these auditors.

A release form (such as the Sample Release Form, Talent Release Form, or comparable form) must be completed and signed before sharing any information, or publishing names or pictures of participants on-line, in newsletters, brochures, or videos.

Release forms are not required when aggregate data, without identifying information, is shared with outside entities upon DOH approval.

The U.S. Department of Health and Human Services has clarified that WIC is not a Health Insurance Portability and Accountability Act (HIPAA) covered entity and that the HIPAA standards do not extend to WIC. Therefore, WIC confidentiality provisions take precedence in protecting applicant and participant information. If WIC is performing activities on behalf of another program that must comply with HIPAA, and it is determined that these activities must be HIPAA compliant, no costs associated with HIPAA compliance may be incurred by the WIC Program. Such costs must be incurred by the program requesting WIC's assistance.


The U.S. Department of Agriculture and the Comptroller General of the United States have access to all WIC Program records, including confidential applicant, participant, and vendor information. Letters from law firms are not legal documents, and information is not allowed to be released upon these requests unless the Authorized Representative, parent/spouse/partner or vendor provides consent.

**RESOURCES**

**WIC Program Manual Sections and Policy Supplements:**

- #1044: Guidelines for JPSA, MOU, Research and Data Requests




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- #1046: Reporting Suspected Child Abuse or Maltreatment
- #1100: WIC Certification Overview
- #1241: Referral to Other Services
- #1255: Food Package III and Medical Documentation
- #1451: Electronic Communications Use

**WIC Library**

- Confidentiality Statement- WIC Applicant, Participant, and Vendor Information
- Sample Release Form
- Talent Release Form

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## **POLICY**

1. The local agency must obtain approval from the New York State Department of Health before allowing other programs to offer services in the office.
2. The local agency must obtain approval from the New York State Department of Health to share data, services, and goods with another program.
3. The local agency must notify the New York State Department of Health within five business days when any Joint Program Service Agreement or Memorandum of Understanding is terminated.
4. WIC local agencies and vendor management agencies are under no obligation to support a research request or participate in a research project.
5. Any person, organization or institution interested in collecting WIC applicant, participant or vendor data or conducting research that involves WIC participants, local agencies, or vendor management agencies, must have written approval from the New York State Department of Health prior to engaging in any research related activities.
6. Participants must be informed that they have the right to decline participation in other programs and research, and that declination has no impact on their WIC participation.
7. All WIC applicant/participant information is confidential and cannot be shared outside of the WIC program without specific written consent from the participant.
8. WIC program data, other than what is available via public domain, is confidential and cannot be used for research purposes without the consent of the New York State Department of Health.
9. Funds intended to support WIC staff salaries and program services cannot be used to conduct research.

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## **REGULATIONS**

Protection of human subjects, [45 CFR §46](#)

New York State law for the protection of human subjects, [NYS Public Health Law Article 24-A](#)

Confidentiality of applicant and participant information, [7 CFR §246.26 \(d\)](#)

Confidentiality of vendor information, [7 CFR §246.26 \(e\)](#) -. Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor's name, address, telephone number, Web site/e-mail address, store type, and authorization status [History of vendor authorization is confidential.]

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Requirements for use and disclosure of confidential applicant and participant information for non-WIC purposes, [7 CFR §246.26 \(h\)](#)

## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

Data Use Agreement (DUA) – a contract that governs the exchange of specific data between two parties. DUA’s establish who is permitted to use and receive a unique data set, along with the allowable uses and disclosures of the data by the recipient.

Key Informant Interview – an interview between WIC staff and a college student inquiring about programmatic experience or challenges in the field of breastfeeding promotion or nutrition education within a government-funded or administered program.


## PROCEDURE

**LA/VMA Policy Required**    Yes  No

### Joint Program Services Agreement (JPSA)

When another program seeks permission to provide services in a local agency (LA) WIC office, the LA must obtain information on the proposed activities and request conceptual approval by NYS DOH and follow procedures below in order. A JPSA allows services to be provided in the LA WIC office, but no sharing of data or goods between WIC and the other program.

1. The LA must submit a draft JPSA to the Regional Office for NYS DOH review.
  - a. A JPSA must include the following:
    - a description of the services provided
    - the terms, conditions, and duration of the agreement
    - the roles and responsibilities of each party
    - the name, contact information, date and signature of each party
    - the full USDA nondiscrimination statement for use on printed and printable publications
    - the Confidentiality Statement WIC Applicant, Participant, and Vendor Information
    - a statement ensuring applicant and participant information is not shared with the other party without proper consent
    - a statement requiring staff who conduct the activity sign the Confidentiality Statement and the signed statements are kept on file with the JPSA
    - a statement requiring applicants and participants are approached at the completion of the WIC appointment

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- a statement to inform the applicant and participants that the other party is not affiliated with WIC, participation with the other party is voluntary and does not affect WIC eligibility, and their information will not be shared without proper consent
- 2. Once the JPSA is approved, the LA and the other program must sign the agreement. A copy of the signed JPSA must be returned to Regional Office.
- 3. The LA must keep a copy of the approved, signed JPSA on file and provide a copy to the other program.
- 4. The other program's staff who will provide services must sign the Confidentiality Statement prior to rendering those services. The signed Confidentiality Statements must be maintained with the JPSA.
- 5. The LA must review the JPSA at least annually to determine if any changes or updates are needed and if the services provided are still appropriate for WIC participants.
- 6. Either party can terminate the agreement at any time with written notification. The LA must notify the Regional Office when an agreement has been terminated or has expired.
- 7. Any request to collect data, conduct surveys or focus groups at the WIC site, for the purposes of research, must follow the research procedures outlined in the "Research" section below.
- 8. If a JPSA is not approved, the LA must notify the other program.

**Data Requests**

1. Aggregate data that does not include participant identifiers, and will not be used for research, can be shared with the sponsor agency without NYS DOH approval.
2. Data that is available via public domain that will not be used for research can be released without NYS DOH approval. Suggestions for obtaining WIC Program data via public domain are available on the WIC Library.
3. All other data sharing requires NYS DOH approval and sharing participant level data also requires a memorandum of understanding.

**Memorandum of Understanding (MOU)**


1. When the LA and another organization seek permission to share data, services or goods to improve program coordination and service delivery to WIC families, the LA must obtain information on the request and receive conceptual approval from the NYS DOH.
2. If applicant and participant information is requested for non-WIC purposes, refer to Federal Regulations [7 CFR §246.26 \(d\) \(2\)](#) and [7 CFR §246.26 \(h\) \(1-3\)](#) for a list of allowable uses

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and for additional requirements for the request. Access to confidential WIC applicant and participant information requires a Data Use Agreement. A Data Use Agreement must be approved and signed by the NYS DOH. LAs must contact NYS DOH for further assistance on these requests.

3. An MOU must include the following:
  - a description of the sharing of data, services or goods between WIC and the other party involved
  - the purpose of the collaboration
  - signed, written consent from the WIC applicant or participant for any WIC information with individual identifiers, prior to the release of this information
  - use and disclosure of applicant or participant information limited to purposes necessary for program implementation contained in the MOU
  - Other entity agrees to sign the WIC Confidentiality Statement and the NYS WIC Information Sharing Statement prior to any data sharing
  - the terms, conditions, and duration of the agreement
  - the roles and responsibilities of both parties
  - names, contact information, dates, and signatures of the parties involved
  - clearly state when no costs are involved when services are shared
  
4. The LAs must submit a draft MOU to the Regional Office for review.
  
5. Once NYS DOH review is complete and the MOU is approved, both the LA and other program must sign the agreement.
  
6. The LA must submit the signed MOU to the Regional Office for the WIC Director's signature.
  
7. The Regional Office will return the MOU with the WIC Director's signature to the LA. The LA must keep a signed copy of the MOU on file and provide a copy to the other organization.
  
8. The LA must review the MOU at minimum yearly to assess the program services provided by WIC and the other program.
  
9. Either party can terminate the MOU by at any time with written notification. The LA must notify the NYS DOH when an agreement has been terminated or has expired.
  
10. The Confidentiality Statement must be signed by the other program's staff prior to rendering services if they provide services in the office. The signed Confidentiality Statements must be maintained with the MOU.
  
11. If the MOU is not approved, the LA must notify the other organization.

**Research**

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1. When the LA or vendor management agency (VMA) is contacted by a researcher to participate in a research study, the LA or VMA must inform the researcher that all research projects require written approval from NYS DOH and refer the researcher to [nyswic@health.ny.gov](mailto:nyswic@health.ny.gov).
2. Requests for research that will be conducted in the LA's office require that the researcher obtain a written letter of support from the LA.
3. It is the responsibility of the researcher to provide all information requested by NYS DOH and to ensure compliance with state and LA requirements, including obtaining and submitting evidence of the researcher's corresponding Institutional Review Board (IRB) approval when necessary. This requirement includes research that may be funded or supported by USDA or other federal agencies.
4. The researcher must submit documents to NYS DOH for review before any dissemination of results can occur in the form of posters, oral presentations, scientific reports or manuscripts.
5. When a research request involving a LA or VMA is approved, the LA or VMA must:
  - a. establish and maintain a file for each research project. At a minimum, the file must contain:
    - the research project and design
    - the IRB approval(s)
    - the project's approved time period for study
    - copies of correspondence with the NYS WIC program, including the concept approval letter and letter of approval for the research project from NYS DOH
    - copies of signed consent forms from participants, if appropriate
    - any agreements or contracts related to the research project
  - b. provide oversight of research activities to ensure that:
    - WIC staff and resources are not used to conduct research suspected breaches in the research protocol are reported to the NYS DOH
    - participant and vendor confidentiality is protected
    - no additional information is collected from WIC participants after the approved time period for data collection has ended
    - the researcher submits a new study approval request if the researcher wishes to continue with data collection activities after the approved study period has ended
6. WIC staff must not engage in activities viewed as contributing to study promotion and/or study recruitment. WIC staff can not advertise a study, recruit WIC applicants or participants for a study, or share study information with WIC applicants or participants. The researcher is allowed to post a flyer on the LA's website or outside the WIC office on a community board. With the LA's permission, the researcher is allowed to recruit participants at the WIC site after the participants' WIC appointments are completed.

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7. For USDA research studies, WIC staff may be asked to engage in certain research activities which are allowable. LA staff must consult with NYS DOH for further guidance on a USDA study conducted in the NYS WIC Program.
8. A key informant interview conducted between WIC staff and a college student conducting research is allowable and does not require NYS DOH IRB approval.

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## GUIDANCE

**Policy Supplement Available**  **Yes**  **No**

To maintain program integrity and ensure participant/vendor confidentiality, it is recommended that the LA or VMA consult with the NYS DOH whenever they are contacted regarding research or sharing of WIC Program information or data.

Optional JPSA and MOU templates are available for parties to complete and sign. If the parties decide to develop their own agreement, the agreement must contain, at a minimum, the information described in the procedures.

A full review of a JPSA may take up to 30 days. A full review of a MOU may take up to 45 days.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1040: Civil Rights and Nondiscrimination Statement Policy
- #1043: Confidentiality and Releasing/Disclosure of Information Policy
- #1043: Confidentiality LA Policy Supplement: Confidentiality of Applicant and Participant Information Policy Supplement
- #1043: Confidentiality of Vendor Information Policy Supplement
- #1451: Electronic and Communications Use Policy

### WIC Library:

- Joint Program Services Agreement template
- Memorandum of Understanding template
- Confidentiality Statement: Confidentiality Statement WIC Applicant, Participant, and Vendor Information
- NYS WIC Information Sharing Statement
- WIC Program Data Available via Public Domain

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<b>Reporting Suspected Child Abuse or Maltreatment</b>		

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## POLICY

1. Staff who are required by state law, title, or license to report known or suspected child abuse or maltreatment must do so.
2. Local agency staff must comply with any local or sponsoring agency requirements in the reporting of suspected child abuse or maltreatment.

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## REGULATIONS

Federal regulations [7 CFR §246.26\(d\)\(3\)](#) provides that staff of the state agency and local agencies required by state law to report known or suspected child abuse or neglect may disclose confidential applicant and participant information without the consent of the participant or applicant to the extent necessary to comply with the law.

[New York State's Social Services Law §413](#) identifies persons and officials required to report cases of suspected child abuse or maltreatment.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required      Yes   No

1. Staff reporting suspected child abuse or maltreatment must call the NYS Office of Children and Family Services (OCFS) Child abuse Hotline at 1-800-342-3720. A trained specialist at NYS OCFS will help to determine if the information provided can be registered as a report.
2. Staff must document and maintain the information that led to the report in a secure location other than in the participant's record.
3. If Child Protective Services requests information on a WIC participant, the local agency must contact NYS DOH immediately for guidance.


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## GUIDANCE

Policy Supplement Available      Yes   No

As per NYS OCFS, "anyone may report any suspected abuse or mistreatment at any time, and is encouraged to do so." WIC program staff in job titles that are not specifically identified as mandated



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reporters by New York State law or by federal regulations should still consider making a report if abuse or maltreatment is suspected.

Staff considering making a report regarding a WIC participant or their authorized representative/proxy should discuss concerns with a supervisor or the WIC Coordinator before reporting.

Section 419 of the NYS Social Services Law provides that any person, official, or institution participating in good faith in the making of a report shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. An individual who makes a report is not required to conduct a complete investigation, just have a reasonable cause for suspecting abuse or maltreatment.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1043: Confidentiality, Release/Disclosure of Information Policy
- #1043: Confidentiality, Release/Disclosure of Information Policy Supplement

### Other:

- NYS OCFS website: <http://OCFS.ny.gov/main/cps/>

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<b>FairHearing Process for Participants</b>		

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## POLICY

1. Applicants, participants, and their representatives have the right to request an appeal, verbally or in writing, of any adverse action or decision that results in the individual's denial of participation or disqualification from the WIC Program, or that requires repayment of program benefits.
2. At the time an applicant or participant is deemed ineligible for program services, the local agency must provide written notification to the applicant, participant, or representative of their right to request a Fair Hearing.
3. When an applicant, participant, or representative requests a Fair Hearing, the local agency must refer the request to the New York State Department of Health.

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## REGULATIONS

Fairhearingprocedures for participants, [7CFR246.9\(a\)](#)

WICProgram—FairHearings forApplicants andParticipants, [10NYCRR Section 60-1.6](#)

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## DEFINITIONS


RefertoAcronyms andDefinitions inSection1011.

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## PROCEDURE

LAVMAPolicy Required      Yes   No

1. Localagency (LA) must notify an applicant, participant, or representative of their right to aFair Hearing in writing in a language they understand when:
  - the individual is determined ineligible to participate in the WIC Program during the initial certification or recertification process, or during the active certification period.
  - the individual has aspecial nutritionalrisk condition and did notreceive a determination of eligibility within 10 days of application.
  - the individual does not have aspecialrisk condition and did notreceive a determination of eligibility within 20 days of application.
  - the individual disagrees with an action that adversely affectstheir program participation or benefits.
2. For individuals who are deemed ineligible before the end of acertification period, notification that the certification is ending must be provided at least 15 days before benefits are ended.

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3. The LA must use the appropriate New York State (NYS) Department of Health (DOH) approved notice of ineligibility letter to notify applicant, participant, or representative of their right to a Fair Hearing,
4. LA staff must also inform the applicant, participant, or representative of the option to have a Pre-Fair Hearing conference with LA staff and the NYS DOH, and that the request must be made within seven days from the date a notice of denial of participation or disqualification is served.


When a Pre-Fair Hearing is requested:

- the LA must notify NYSDOH of the Pre-Fair Hearing conference request.
- the Pre-Fair Hearing conference must be held within 10 business days of receipt of the applicant, participant, or representative request for a Fair Hearing or Pre-Fair Hearing conference.
- the LA must promptly provide the applicant, participant or representative with a notice containing the date, time and place for the conference and inform them that they may bring a representative. The Pre-Fair Hearing conference may be conducted in person or remotely.
- during the Pre-Fair Hearing conference with the applicant, participant, or representative, the LA and NYS DOH must review the adverse action and clarify WIC Program policy.
- if the applicant, participant, or representative does not attend the conference, the LA must contact them to decide if further action should be taken or if the request is being withdrawn.
- at the conclusion of the conference, the applicant, participant, or representative must be informed if the decision to deny or discontinue benefits was appropriate.
- if appropriate, the action will become effective as scheduled, unless the applicant, participant, or representative requests or requested a Fair Hearing.
- if appropriate, the LA must reverse the decision immediately.

A Pre-Fair Hearing conference does not affect the right of an applicant, participant, or representative to request a Fair Hearing.

### **Fair Hearing**

1. When the LA receives a Fair Hearing request within 15 days of notifying participant of their right to request a hearing, the LA must not take adverse action until the Fair Hearing decision is made unless:
  - the participant is determined to be categorically ineligible.
  - an initial certification has not been granted.
  - the certification period has ended.
2. When a Fair Hearing is requested, the LA must forward the *Fair Hearing Request form* and copy of the termination or disqualification letter to the NYS DOH which will be forwarded to the Bureau of Adjudication within one business day.
3. The NYS DOH Bureau of Adjudication will send a written notice of the hearing by certified mail to the applicant, participant, or representative, and the LA at least 10 days before the date of the

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hearing. The Fair Hearing must be scheduled within 21 days from the date NYSDOH receives the request.

4. The notice of the hearing will:
  - provide the date, time and location of the hearing.
  - state briefly the issues which are to be the subject of the hearing.
  - explain the Fair Hearing process.
  - advise the applicant, participant, or representative of their rights.
  - state that failure to appear at the hearing will end the applicant, participant, or representative's right to a hearing.
  
5. The role of the LA is to present evidence to support the agency's decision to deny benefits. The LA must work with the NYS DOH to gather appropriate evidence.

**Notification of Fair Hearing Outcome**

1. The NYS DOH Bureau of Adjudication must send a copy of the Fair Hearing decision to the applicant, participant, or representative, and the LA within 45 days of the date the hearing request was received by NYSDOH, unless the applicant, participant, or representative has been given a postponement.
2. The LA must comply with all Fair Hearing decisions.
3. Records of the Fair Hearing must be kept at the LA for seven years from the date of the decision.

**Referrals to the Bureau of Special Investigations (BSI)**

1. The LA must refer any suspected violations to BSI. An applicant or participant is entitled to a Fair Hearing when charged with a WIC Program violation and is disqualified from the WIC program or required to repay benefits.

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**GUIDANCE**

Policy Supplement Available       Yes    No

Participants whose certification period has ended or who are appealing a denial of initial certification are not eligible to receive benefits during the appeal process.

Notice of the right to a Fair Hearing is not required at the end of each certification period.

BSI will send a copy of disqualification letters to local agencies for their records. Agencies will not be notified if the participant requests a hearing unless there is a specific reason to do so. LA staff should refer to NYWIC when checking if a participant is disqualified, and contact BSI if there are any questions.

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### **Denial or Dismissal of a Fair Hearing Request**

A request for a Fair Hearing will be denied or dismissed by the NYSDOH if the:

- request is not received by the LA within 60 days of the date the LA gives the applicant, participant, or representative the notice of adverse action.
- applicant, participant, or representative fails, without good reason, to appear at the scheduled hearing.
- request is withdrawn in writing by the applicant, participant, or representative or is stated for the record at the hearing.
- applicant, participant, or representative cannot be located at the last known address provided.
- applicant is determined to be categorically ineligible at the initial certification.
- applicant has been denied participation at a previous hearing and cannot provide new evidence that circumstances have changed since the denial of eligibility.

### **Record Keeping**

LAs are required to maintain Fair Hearing Records for seven years per record retention policy. Best practice is to keep a log of all Pre-Fair Hearing Conference and Fair Hearings which includes:

- name(s) of involved persons
- reason(s) for adverse action
- date of request for hearing
- date of fair hearing
- outcome of fair hearing

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### **RESOURCES**

#### **WIC Program Manual Sections:**

- #1038: Program Complaints and Suspected Fraud and Abuse
- #1040: Civil Rights and Nondiscrimination Statement
- #1100: WIC Certification Overview
- #1401: Record Retention

#### **WIC Library:**

- WIC Participant Rights and Responsibilities
- Not Eligible at Certification Letter
- No Longer Eligible Letter
- 5249- WIC Fair Hearing Request Form (also available on DOH/WIC Website)

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<b>WIC Certification Overview</b>		

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## POLICY

1. To qualify to receive WIC Program benefits, applicants must meet categorical, residency, income, and nutrition risk eligibility requirements.
2. Applicants must provide proof of residency, income, and identity eligibility at initial certifications and recertifications.
3. Applicants must not incur expenses for applying or certifying for WIC Program benefits.
4. Authorized Representatives must provide acceptable proof of identity at certification appointments.
5. A participant cannot receive benefits from more than one WIC local agency at the same time.
6. Local agencies must follow mandatory processing guidelines when scheduling certification appointments, determining eligibility status, and notifying applicants of eligibility.
7. At least two local agency staff must participate in the certification of each applicant: one staff member to determine residential and income eligibility, and one qualified nutrition staff to assess nutritional risk and assign a food package.
8. Local agencies must offer a temporary 30-day certification to a participant who provides at least two of the three required proofs of eligibility.

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## REGULATIONS

Definitions, [7 CFR §246.2](#) - Defines certification as the implementation of criteria and procedures to assess and document each applicant's eligibility for the Program. United States citizenship is not required to receive WIC benefits.

Certification of participants, [7 CFR §246.7](#) - For participants to qualify for the program; infants, children, and pregnant, postpartum, and breastfeeding women must:

- reside within the jurisdiction of the State (except for Indian State agencies). However, the State agency may not use length of residency as an eligibility requirement.
- meet the income criteria specified in paragraph (d) of this section.
- meet the nutritional risk criteria specified in paragraph (e) of this section.

Nondiscrimination, [7 CFR §246.8\(a\)\(3\)](#) - Collection and reporting of racial and ethnic participation data is required by title VI of the Civil Rights Act of 1964, which prohibits discrimination in federally assisted programs on the basis of race, color, or national origin. This data is provided to United States Department of Agriculture (USDA) and the Centers for Disease Control and Prevention (CDC).

State plan, [7 CFR §246.4\(a\)\(26\)\(iii\)](#) - WIC local agencies are prohibited from the practice of one employee determining eligibility for all certification criteria and issuing food benefits for the same participant.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

## PROCEDURE

LA/VMA Policy Required       Yes  No

### Processing Timeframes


1. Processing timeframes apply to initial certification appointments for new applicants, and for participants whose previous certification ended more than 30 days before the scheduled appointment.
2. The certification processing timeframe for an applicant begins when the applicant contacts the local agency (LA) during clinic hours to request program benefits orally or in writing.
3. LAs must process applications for special nutrition risk individuals **within 10 calendar days** of applicant contact for the following categories:
  - pregnant women
  - infants up to six months of age
  - migrant farmworkers and their family members
  - applicants with emergency referrals
  - homeless persons

In rare emergency circumstances, LAs may request an extension of the notification period to a maximum of 15 days for special nutrition risk applicants. The request must be a written request to the NYS Department of Health (DOH) that includes a justification of the need for an extension and a specified time period. If the request is approved, staff must enter a note in the participant's record documenting the reason for the extension.

4. LAs must process applications for individuals **within 20 calendar days** of applicant contact for the following categories:
  - breastfeeding and postpartum women
  - infants six months to one year old
  - children one to five years old
5. If an applicant is scheduled outside of the required timeframe, staff must document the reason in the applicant's record.

### Prevention of Dual Participation

1. Local agency staff must use existing participant records for participants who have previously participated in NYS WIC program.
  - LA staff must ask the applicant if they are receiving, or have received in the past, WIC benefits from another clinic.

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- LA staff must perform a statewide search of the applicant and AR prior to prescreening or completing a certification.
- If an existing participant record is identified, staff must use that record. If more than one record is identified, staff must use the record which has the most recent certification.
- If a previous child participant returns as an adult participant, a new record must be created.

### **Scheduling Certification Appointments**

1. LAs must monitor both email and phone messages on a regular basis, especially for times when the agency is busy or closed. LAs must have an email account and a telephone system with a voicemail that functions at all times.
2. LAs must provide access to WIC Program services by offering alternative hours at all permanent clinic sites, and lunch time appointments at all sites for those who need appointment options beyond regular business hours, as directed by the state.
3. The LA must attempt to contact applicants to remind them of initial certification appointments. If an applicant misses the first scheduled appointment, the LA must contact the applicant within 10 days of the missed appointment to reschedule. All attempts to contact the applicant must be documented.
4. In cases where there is difficulty in appointment scheduling for infants or children, the certification period may be shortened or extended by a period not to exceed 30 days. If a certification is extended, staff must document the reason in the participant's record.


### **Identity**

1. LA staff must verify the identity of all adult participants and representatives prior to beginning any appointment. Infants and children are only required to provide proof of identity at certification appointments.
2. LA staff must verify the identity of the individual requesting that WIC food benefits be issued.
3. LA staff must verify identity using an approved document listed in the *What to Bring to Your WIC Appointment* brochure.

### **Notification of Rights and Responsibilities**

1. At certification appointments, the *WIC Participant Rights and Responsibilities* must be read to or by the applicant or Participant Representative before eligibility data is obtained. Staff must answer any questions to ensure understanding. Applicants must be offered a copy of this document.
2. At secondary appointments before issuing benefits, staff must confirm the Participant Representative understands the *WIC Participant Rights and Responsibilities* and answer any questions.



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3. The Participant Representative must sign an attestation statement in the MIS indicating they have read and understand the *WIC Participant Rights and Responsibilities*. Participant Representatives must be informed that by signing, they are stating that the information they provide is true and accurate, with the understanding that the information may be verified by WIC.

### **Determining Eligibility**

1. Appropriate LA staff must:
  - Provide all services in the applicant's preferred language.
  - Provide participant-centered services throughout all aspects of the certification process and inform the applicant that all information shared will be kept confidential.
  - Promote and support breastfeeding, as applicable.
  - Ask applicants to identify their ethnicity and race at the initial certification and must advise applicants that the data is reported without personal identifiers and has no effect on the determination of eligibility. If an applicant refuses to disclose their ethnicity or race, staff must ask probing questions to determine where they are originally from.
  - Determine an applicant's categorical eligibility based on available documentation or a verbal statement.
  - Verify the applicant's identity, residency, and income eligibility and record the type of document or electronic proof used to determine eligibility in the applicant's record. Staff must enter eligibility information exactly as it appears on the acceptable documentation. If using online verification, staff must be sure that online names and addresses match the applicant's information. One current document or electronic proof, providing all necessary information, may be used for all 3 proofs.
  - Explain WIC procedures, certification timeframes, and appointment requirements for the certification period.
  - Ask the AR or Parent/Spouse/Partner (P/S/P) how they prefer to be contacted (mail, phone, e-mail, or text) for appointment reminders, appointment rescheduling, clinic closings, and/or peer counselor contact to ensure confidentiality is maintained. If they choose not to be contacted, the refusal must be documented in the applicant's record.
  - Offer all applicants the opportunity to register to vote.
  - Provide information on the Verification of Certification (VOC) process and a VOC Card if the applicant decides to transfer out-of-state.
  - Complete a nutrition assessment and tailor and assign a food package to each applicant and add food benefits to the household's eWIC account in accordance with the Nutrition Assessment Process and WIC Food Packages and Tailoring Policies.
  - Offer the applicant, AR, or P/S/P to choose a Caretaker to attend recertification, health and nutrition update, and nutrition education appointments; and/or appoint Proxies to participate in health and nutrition update and nutrition education

appointments, if they are able to provide medical and health information. Refer to the *Participant Representatives Desk Guide* in the WIC Library for additional guidance.

- Inform applicants of the length of the certification period according to the following table:

Category	Certification Period
Pregnant woman	Certified for the duration of the pregnancy and up to six weeks postpartum
Postpartum woman	Certified up to six months postpartum
Breastfeeding woman	Certified up to the infant's first birthday
Infant 0 to <6 months	Newborn certified up to the first birthday
Infant ≥6 months to <12 months	Certified for six months
Child ≥12 months	Certified at intervals of 12 months, ending at the child's fifth birthday

2. Documentation of all certification information must be maintained in the applicant's record.
3. LA staff must process a paper certification when the MIS is not available. The Rights and Responsibilities page of the *Household Eligibility Paper Certification Form* must be signed and retained in the applicant's record. Refer to the NYWIC Paper Certification Policy Supplement.

### Issuing Benefits

1. Prior to issuing benefits, a participant must be offered nutrition education and counseling.
2. If the staff person issuing benefits is different than the staff person who marked the participant onsite, the staff person issuing benefits must first verify the identity of the participant or representative by viewing a physical proof of identity or asking for the AR's DOB and mailing address zip code.
3. LA staff must carefully review WIC food benefits at the time of issuance to ensure:
  - the food benefits and issuance period are accurate
  - benefits are added to the household's eWIC account
  - the shopping list is provided
  - the AR is educated on shopping with WIC

### Release of Information Forms

1. Release forms authorizing disclosure of applicant or participant information to physicians or other Health Care Providers (HCP) can be included as part of the certification process. LA staff must indicate that signing the release form is not a condition of eligibility and that refusing to sign the

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form will not affect participation in the WIC Program.

2. Release forms for referrals to other services must occur after the certification process is complete.

### Temporary 30-Day Certification

1. At a certification appointment, the applicant must present documentation of at least two of the three required proofs of eligibility (residency, income, and identity). If an applicant is missing one of the required proofs of eligibility, staff must offer the option to:
  - reschedule the appointment within 7 days, allowing the applicant to return with the missing proof and complete a full certification, or
  - receive a temporary 30-day certification with no more than 30 days worth of benefits
2. If the applicant chooses to receive a temporary 30-day certification, they must self-declare the missing proof by signing a *Temporary 30-Day Benefit Letter*. The *Temporary 30-day Benefit letter* is the documentation of the missing proof and must be signed by the AR and maintained in the applicant's record. Staff must enter a brief note which states the eligibility document that must be verified before additional benefits can be issued. Adjunct program participation cannot be self-declared.
3. The applicant must provide the missing proof to be certified for the full certification period.
4. When the missing documentation is provided and the applicant is found eligible, the applicant must be certified for the full certification period, beginning with the initial date of the certification. Staff may issue up to two additional months of benefits.
5. When the missing documentation is provided and the applicant is found ineligible, staff must document ineligibility in the participant's record and notify the applicant in writing, using the *Not Eligible at Certification Letter*, that they are not eligible and have the right to request a Fair Hearing. In these cases, no additional benefits can be issued because they are initial determinations.
6. The *Temporary 30-day Benefit Letter* suffices as written notification that no further benefits will be issued if the applicant fails to provide the missing documentation within 30 days.

### Self-Declaration

1. When acceptable proof of residency, income or identity does not exist, an applicant may self-declare that this proof does not exist and confirm in writing. Self-declaration must not be used to circumvent documentation requirements, or for administrative ease. Self-declaration statements allowing a full-length certification must only be used in rare situations.
2. There are a variety of applicants who may need to self-declare, including:
  - homeless individuals or families
  - migrant workers

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- military personnel
- refugees or those with Temporary Protected (Immigration) Status (TPS)
- persons newly relocated to New York State
- persons paid in cash


When an applicant self-declares that a proof does not exist, they must complete and sign the *WIC Self Declaration Form* that states the eligibility document the applicant is self-declaring. The signed self-declaration statement must be maintained in the applicant's record. LA staff must document the reason for using the statement in the applicant's record. A new *WIC Self Declaration Form* must be completed for each certification period.

#### **Notice of Certification Ending**

1. At least 15 days before the end of a certification period, LAs must provide written notification to the AR that the certification period is ending and the effective date.
2. If the participant remains categorically eligible at the end of the certification period, the LA must include notification of the need to recertify, and the documents required for the recertification.
3. LA staff must offer a recertification appointment to avoid interruption of benefits.
4. If the participant is no longer categorically eligible at the end of the certification period, the LA must notify the AR of the reason, in writing, by providing the appropriate letter of notification.
5. LAs must obtain the AR's signature on the letters of notification and retain copies in the participant's record.

#### **Notice of Ineligibility**

1. If an applicant is found ineligible to participate in WIC because of information provided at an initial certification, LAs must notify the applicant in writing and include the reason for ineligibility and the right to a Fair Hearing. The notice must provide a description of the procedures to request a Fair Hearing. Benefits cannot be issued.
2. Ineligible applicant information must be documented in the applicant's record and is subject to retention requirements.
3. The AR must be advised that eligibility is based on information provided at the certification appointment and if any of that information changes, the LA must be notified. At subsequent appointments, LA staff must ask if any information has changed.
4. When the LA learns that a participant's income eligibility has changed, either from the participant or another source, a reassessment must be completed to determine if the participant is still eligible, unless there are 90 days or less remaining in the certification period. The 90-day rule is applied only when income eligibility has changed.
5. When a participant is determined to be ineligible mid-certification, the AR must be notified in writing at least 15 days before the certification is terminated of the reason for ineligibility. The AR

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must be advised of the right to a Fair Hearing and the procedures to request a Fair Hearing. When a Fair Hearing request is made within 15 days of the notification of ineligibility, WIC benefits must continue until the results of the Fair Hearing are known, or until the end of the certification period, whichever comes first. For additional information, refer to the Fair Hearing Process for Participants policy.

6. When an LA determines a participant to be ineligible mid-certification or at a recertification, the LA must provide 15 days of WIC food benefits if:
  - written notification was not provided 15 days in advance to inform the Authorized representative that the certification period was ending, or
  - the ineligibility was determined prior to the end of the current certification period and there are less than 15 days of WIC food benefits for the participant in the household's eWIC account
7. LAs must obtain the AR's signature on the letters of notification and retain copies in the participant's record.

#### **Missed Appointments and Unclaimed Benefits**

1. Within 10 days of any missed appointment, LAs must notify participants that they missed an appointment, that they may still be eligible for benefits, and provide information on how to schedule an appointment.
2. At least 15 days prior to terminating a certification, LAs must provide written notification to the AR that WIC benefits are being discontinued and that they are still eligible for services until the certification end date. The notification must include information on how to schedule an appointment.
3. A participant's certification is terminated by the MIS when they fail to claim benefits for at least two consecutive months (60 days).

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## **GUIDANCE**


Policy Supplement Available  Yes  No

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## **RESOURCES**

#### **WIC Program Manual Sections and Policy Supplements:**

- #1038: Program Complaints and Suspected Fraud or Abuse
- #1043: Confidentiality, Releasing/Disclosure of Information
- #1101: Physical Presence Requirements
- #1130: Income Eligibility
- #1135: Nutrition Assessment Process
- #1136: Nutrition Risk Criteria and Priority System
- #1047: Fair Hearing Process for Participants
- #1451: Electronic Communication Use

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- #1460:LocalAgency NutritionStaff
- #1041:LanguageAccess
- #1110:OfferingtheOpportunity to Register to Vote
- #1401:Record Retention
- #1405:LocalAgency Policy andProcedureManual
- #1160:Transfers and Verification of Certification
- #1241:ReferraltoOther Services

**WICLibrary:**

- *WhattoBringto Your WIC Appointment* brochure
- *WIC Participant Rights and Responsibilities* document
- *SelfDeclaration Form*
- *Paper Certification Forms*
- *Participant Representatives Desk Guide*
- *WIC Letters, Reminders, and Forms Table*
- All mandatory letters and appointment reminders

**Other:**

- [NYSDOH WIC Program website](#)
- [USDANondiscrimination Statement](#)

	<b>WIC Program Manual</b>	
	<b>Section 1101</b>	
	<b>Date: 12/2019</b>	<b>Page 1 of 3</b>
<b>Physical Presence</b>		

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## **POLICY**

1. WIC applicants must be physically present at the local agency for all certification and health and nutrition update appointments unless an exemption is granted and documented in the electronic record.
2. Persons with disabilities are not automatically exempt from physical presence requirements unless the disabilities are a barrier to physical presence at WIC clinics.
3. Although an applicant may be exempt from physical presence at a certification appointment, the Authorized Representative must provide the required documents to determine eligibility to participate in the WIC program.
4. The need for an exemption must be evaluated and documented at each certification or upon notification of disability.

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## **BACKGROUND**

Per CFR §246.7(o), the local agency (LA) must require all applicants to be physically present at each WIC certification, although exceptions are allowed.

Physical presence enables the WIC staff to more effectively assess the applicant/participant's nutrition/health status, make the necessary referrals and tailor food packages. In addition, physical presence enables the participant to actively participate in nutrition education and counseling.

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## **DEFINITIONS**


Refer to Acronyms and Definitions.

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## **PROCEDURE**

1. Local agency staff must grant an exception to applicants who meet eligibility requirements and have disabilities resulting in the inability to be physically present. Examples of such disabilities include:
  - A medical condition that necessitates the use of medical equipment that is not easily transportable
  - A medical condition that requires confinement to bed rest
  - A serious illness that may be exacerbated by coming into the WIC clinic
  - An impairment which limits major life activities and creates a barrier to travel to the WIC clinic such as medically fragile individuals

An exception can also be granted for Authorized Representatives (AR) and Parent/Spouse/Partners (PSP) who are individuals with disabilities that meet the above

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	<b>Date: 12/2019</b>	<b>Page 2 of 3</b>
<b>Physical Presence</b>		

standards. In rare instances the AR or PSP can provide a signed letter to designate a caretaker to represent the applicant for initial certification.

2. Local agency staff may exempt from the physical presence requirement an infant under eight weeks of age who cannot be present at certification for an appropriate reason, and for whom all necessary certification information is provided. An example of an appropriate reason may include but is not limited to an infant who remains in the hospital and whose mother is certified. No benefits are issued for the infant.
3. An infant or child, who was present at his/her initial WIC certification appointment and is receiving ongoing health care, may be exempt from physical presence requirements if being physically present would pose an unreasonable barrier.
4. Local agency staff may exempt from the physical presence requirement a child who is under the care of one or more working parents or caretakers whose working status presents a barrier to bringing the child into the WIC clinic and who meets all of the following conditions:
  - Was present at his/her initial WIC certification appointment
  - Was present at a health and nutrition update within the one-year certification period ending on the date of the most recent certification
5. Local agency staff must obtain prior approval from the NYS DOH to allow for a temporary exemption to physical presence due to an outbreak of a communicable disease in the service area(s). The approvals will be provided on a month-to-month basis.
6. When a participant's certification is the result of a VOC transfer from another state, the participant must be physically present upon recertification in New York.

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## **GUIDANCE**

Although an infant under eight weeks of age may be granted an exemption as noted above, it is expected that the infant will be brought to the WIC clinic at the earliest opportunity.

The local agency staff should use professional judgment when determining whether physical presence is exempt due to disasters or extreme weather. Best practice is to reschedule the appointment or refer to another WIC local agency capable of servicing the applicant or participant.

The working parent/caregiver exemption is limited to:

- Two-parent/caretaker families when both are working, or
- Single parent/caretaker families when the single parent is working.



For the working parents/caregiver exemption (procedure #4), refer to the examples in the tables below:

Age	Appointment type/Certification Period	Physical Presence
1 week	Initial Certification/One Year Certification	Required
6 months	HNU	Required
1 year old	Recertification/One Year Certification	Exempt-must provide required documents
18 months	HNU	Required
2 year old	Recertification/One Year Certification	Exempt-must provide required documents
30 months	HNU	Required

Age	Appointment type/Certification Period	Physical Presence
2 months	Initial Certification/One Year Certification	Required
8 months	HNU	Required
1 year old	Recertification/One Year Certification	Exempt-must provide required documents
18 months	HNU	Required
2 year old	Recertification/One Year Certification	Exempt-must provide required documents
30 months	HNU	Required


Age	Appointment Type/Certification Period	Physical Presence
8 months	Initial Certification/Six Month Certification	Required
14 months	Recertification/One Year Certification	Required
20 months	HNU	Required
26 months	Recertification/One Year Certification	Exempt-must provide required documents
32 months	HNU	Required
38 months	Recertification/One Year Certification	Exempt-must provide required documents

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## RESOURCES

Refer to WPM Sections on:

- WPM1100 WIC Certification Overview

	<b>WIC Program Manual</b>	
	<b>Section 1102</b>	
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<b>WIC Services Documentation</b>		

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## POLICY

1. Local agencies must maintain complete and accurate documentation in each applicant and participant's record, which gives a clear description of the participant's health and nutrition status, and the WIC services offered and provided.

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## REGULATIONS

*Nutritional risk, [7 CFR §246.7\(e\)](#)*

*Certification forms, [7 CFR §246.7\(i\)](#)*

*Medical documentation, [7 CFR §246.10\(d\)](#)*

*Participant contacts, [7 CFR 246.11\(e\)](#)*

*Recordkeeping requirement, [7 CFR §246.25\(a\)](#)*

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## DEFINITIONS


Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. All documentation must be:
  - consistent and organized
  - clear and easily understood
  - complete and accurate, illustrating participant's continued care and follow-up plans
  - concise to exclude extraneous or duplicative information
2. Local agency (LA) staff must use appropriate questions and fields, notes, individual care plans (as needed), and scanning functionalities of the management information system to document all eligibility and assessment information, services offered and provided, follow-up plans, appointments, and communications.
3. LA staff must use the notes fields in the management information system (MIS) to document additional pertinent information that is not captured elsewhere.
4. Any occurrences outside normal procedure, including the justification, must be documented in a note.

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<b>WIC Services Documentation</b>		

5. LA staff must use NYS DOH approved acronyms, abbreviations, and terminology when writing notes to ensure other staff can easily understand what is being communicated.
  
6. All participant records must contain the following:
  - eligibility information
  - nutrition assessment information, including all pertinent risks/needs identified
  - food package prescribed
  - attempts to contact health care providers for missing information from medical documentation or referral forms, as appropriate
  - details of a food package change, including number of unopened containers of formula returned as applicable
  - nutrition education (provided or refused)
  - breastfeeding assessment, support and education provided, as appropriate
  - referrals made and follow-up on previous referrals, as appropriate
  - an individual care plan, as appropriate
  - all kept or missed past and future appointments
  - any applicable documents including, but not limited to:
    - i. Self-declaration forms
    - ii. Medical Referral forms
    - iii. Medical Documentation forms
    - iv. Mandatory letters
    - v. Custody documents
  - other pertinent information needed for continuity of care
  
7. LA staff must use a participant centered approach to engage participants in an open dialog; using an appropriate mix of mandatory and non-mandatory questions within the management information system to obtain and document the required and pertinent information needed to tailor WIC services appropriately.
  
8. Any errors made in a participant's record must be corrected if possible or documented in a note in the participant's record.


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## **GUIDANCE**

Policy Supplement Available  Yes  No

Accurate, complete, and consistent documentation serves as the primary communication means by which vital information is relayed about nutrition services and benefits a participant receives and their specific needs. It is imperative that documentation be consistent, well organized, professional, contain appropriate acronyms and abbreviations, and include relevant information in order to promote the continuity of care of WIC participants.

LA staff should refer to each WIC Program Manual section to determine more detailed information that must be maintained in the participant's record according to policy.

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	<b>Section 1102</b>	
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<b>WIC Services Documentation</b>		

The Documentation Types in NYWIC section of the NYWIC Guidance Packet serves as a guide for local agencies to determine the most appropriate place to enter information in the participant's record based on the topic of the note.

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## RESOURCES

### WIC Program Manual Sections:


- #1011: Acronyms and Definitions
- #1100: WIC Certification Overview
- #1135: Nutrition Assessment Process
- #1183: Immunization Screening
- #1185: Hematological Testing and Lead Screening
- #1200: Nutrition Education Contacts and Materials
- #1216: High Risk Care
- #1220: Breastfeeding Assessment and Tailoring Services
- #1225: Breast Pump Program
- #1241: Referral to Other Services
- #1255: Food Package III and Medical Documentation

### WIC Library:

- WIC Nutrition Services Standards
- WIC Letters, Reminders, and Forms Table

### Other:

- NYWIC Guidance Packet, available on the Miscellaneous tab in NYWIC:
  - Documentation Types in NYWIC
  - Acronyms & Abbreviations for NYWIC Documentation Quick Reference Guide

	<b>WIC Program Manual</b>	
	<b>Section 1115</b>	
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<b>Duplicate Record Prevention and Resolution Policy</b>		

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## POLICY

1. Local agency staff must ensure participants are enrolled and receiving benefits from only one WIC local agency at a time.
2. Local agency staff must first determine if there is an existing participant record in the Management Information System prior to performing a prescreening or certification.
3. Local agency staff must review and resolve dual enrollment.

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## REGULATIONS

Certification of Participants, 7 CFR §246.7 (j)(1), (l)

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


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## PROCEDURE

LAVMA Policy Required       Yes    No

Local agency (LA) staff are responsible for the prevention and resolution of dual participation within the WIC Program.

1. LA staff must use existing participant records for individuals who have previously participated in the NYS WIC Program. To prevent duplicate records, staff must:
  - Ask the applicant if they are receiving, or have received in the past, WIC benefits from another WIC LA in New York State.
  - Perform a statewide search for the applicant(s) and Authorized Representative (AR) prior to performing a prescreening or certification.
    - If an existing record is identified, use that record. If more than one record is identified, use the record that has the most recent certification.
    - If a previous child participant returns as an adult applicant, a new record must be created
  
2. WIC Coordinators or their trained designee(s) must:
  - Review and resolve possible duplicate records using the Resolve Dual Enrollment screen in the Management Information System (MIS).
  - Complete a review of the WIC Dual Enrollment report located in the MIS at a minimum on a quarterly basis.
    - Best practice is to complete this process on a monthly basis

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<b>Duplicate Record Prevention and Resolution Policy</b>		

3. LA policies and procedures for referrals to the NYS Bureau of Special Investigations (BSI) must be followed for complaints and suspected program fraud or abuse.

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## GUIDANCE

Policy Supplement Available       Yes  No

The following information is compared within the MIS for dual participation:

- The first 4 letters of the participant's first name
- The first 4 letters of the participant's last name
- Sex
- Date of birth

WIC Coordinators should work with their staff and Regional Office (RO) Representative, as needed, to resolve duplicate records. Staff may need to submit a Help Desk ticket for additional assistance when an RO representative determines further review from Central Office staff is needed.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1020: Participant-Centered WIC Environment
- #1038: Complaints and Suspected Program Fraud or Abuse
- #1100: WIC Certification Overview
- #1452: User Account Security and Guidelines

### WIC Library:

- NYWIC Guidance Packet (Resolving Duplicate Records QRG)
- Managing Duplicate Records Training Video



WaitingLists

POLICY

- 1. TheNew York StateDepartmentofHealthwill notifylocal agencieswhenwaitinglists mustbe established.
2. The local agency must implement the waiting list plan for applicants and participants as directed by the New York State Department of Health and maintain the list in accordance with the Department of Health's Waiting List Implementation plan.
3. Thelocal agency'swaitinglistmustbecreatedfortheentireagency, notby site.
4. Thelocal agencymustinform allapplicantsandparticipantswhenastatewidewaitinglistisineffect.
5. When wait-listed applicants can be served, certification appointments must be scheduled based upon Verification of Certification status, priority level, and date placed on the waiting list.

REGULATIONS

Nutritionalriskprioritysystem,7CFR§246.7(e)(4)
WaitingLists,7CFR§246.7(f)(1)
Transferofcertification,7CFR§246.7(k)(3)

DEFINITIONS

RefertoAcronymsandDefinitions locatedinWPMSSection#1011.

PROCEDURE

LAVMA Policy Required [ ]Yes [x]No

- 1. The New York State (NYS) Department of Health (DOH) will issue an Administrative Directive to announce a waiting list is in effect and provide the DOH Waiting List Implementation Plan. Local agency staff must implement the plan as directed by the DOH.
2. Staff must include the applicant or participant's contact information, including their name, address and phone number, priority level determined by the priority system, status (e.g. pregnant, breastfeeding, age of applicant), date of birth and date of the request on the waiting list.
3. Staff must inform all applicants and participants that a waiting list is in effect. If the priority system indicates a level that is not being served, the applicant or participant must be offered to be placed on the waiting list.
4. Staff must place participants with a valid Verification of Certification (VOC), in a priority level not being served, ahead of all others on the waiting list.
5. Staff must notify individuals of their placement on a waiting list within 20 days after the individuals have visited the local agency during the site office hours or contacted the local agency by phone.

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	<b>Section 11/2020</b>	
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<b>WaitingLists</b>		

6. Applicants or participants who are determined outside of the priority levels being served at initial and mid-point certification will receive a written notification of ineligibility, a written notice of their right to a fair hearing, and referrals to other food assistance programs.

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## **GUIDANCE**

Policy Supplement Available  Yes  No

Waiting lists are established to ensure that when resources are limited, WIC benefits are delivered to those with the greatest need. USDA works with the New York State Department of Health to determine when establishing a waiting list is appropriate. This usually occurs when food funding is insufficient to cover food costs.

USDA encourages states to pursue a number of strategies prior to determining that a waiting list situation is necessary. States must maximize cost savings through rebate management and other cost containment activities. States may also make appropriate and allowable food package administrative adjustments.


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## **RESOURCES**

### **WIC Program Manual Sections:**

- #1100: WIC Certification Overview
- #1136: Nutrition Risk Criteria and Priority System
- #1160: Transfers and Verification of Certification



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<b>Offering the Opportunity to Register to Vote</b>		

## POLICY

1. Local agencies must offer all WIC applicants and participants the opportunity to register to vote during certification or recertification, and when notified of a name or address change.
2. Local agencies must designate a National Voter Registration Act (NVRA) coordinator for each site.
3. Voter Registration Forms and Transmittal Forms must be submitted to the Local Board of Elections on a weekly basis.

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## REGULATIONS

The National Voter Registration Act (NVRA) of 1993 - Enacted into [Public Law 103-31](#) on May 20, 1993 and became effective January 1, 1995. Section 7 of the Act requires states to offer voter registration opportunities at all offices that provide public assistance. Chapter 659 of the Laws of 1994, as amended, codified the NVRA into New York State Election Law.

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAMMA Policy Required  Yes  No

1. All staff involved in voter registration activities must:
  - offer every applicant and participant that will be 18 years old or older by the end of the year the opportunity to register to vote
  - offer individuals that are 16-17 years of age the opportunity to **pre-register** to vote with the understanding that the registration will be marked as "pending" and they will not be able to cast a ballot until they turn 18
  - provide the voter registration form to all applicants and participants at all certification appointments, upon notification of name or address change, or when notified of a request to change enrollment in a political party
  - provide the same level of assistance in completing the Voter Registration Forms to every applicant and participant including those individuals whose primary language is not English, unless the applicant or participant declines such assistance
  - provide applicants and participants wishing to register to vote with basic voter registration information including how to access the State Board of Elections (SBOE) website
  - review the Voter Registration forms for completeness and notify the individual if information is missing
  - inform applicants and participants that notification of registration will be mailed to them from their respective local Board of Elections

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<b>Offering the Opportunity to Register to Vote</b>		

- display SBOE information and promotional materials including the National Voter Registration Act (NVRA) poster in every location where certification and recertification services are provided
- inform applicants and participants that applying to register or declining to register to vote will not affect their WIC benefits
- provide a mail-in Voter Registration Form to any applicant or participant who wishes to register to vote but prefers not to do so at the WIC local agency
- ask applicants and participants declining to register to vote to complete and sign the declination section of the voter registration form

2. All staff involved in voter registration activities must not:

- attempt to influence an applicant's or participant's political preference or party affiliation
- display any information or literature on political preference or party allegiance
- attempt to discourage an applicant or participant from registering to vote
- presume to know an individual's citizenship status or criminal history

**NVRA Site Coordinator Duties**


1. On a weekly basis, the NVRA site coordinator must complete the Voter Registration Transmittal Form summarizing NVRA activity and submit it with all signed Voter Registration Forms to the appropriate Board of Elections. However, forms received by the local agency between the 25<sup>th</sup> and 30<sup>th</sup> day before an election must be transmitted to the appropriate Board of Elections by whatever means to assure their receipt by such Board not later than the 20<sup>th</sup> day before such election.
2. The NVRA site coordinator must:
  - attend mandatory annual training provided by the SBOE or its designated state agency NVRA trainers
  - maintain current proficiency in NVRA procedures
  - retain paper copies of all signed declinations and Voter Registration Transmittal Forms for 22 months (do not retain blank forms)
3. The NVRA site coordinator is responsible for:
  - training all WIC staff involved in voter registration activities
  - ensuring that WIC staff are informed of any changes to NVRA policy and procedures
  - ascertaining that all NVRA materials are kept in stock and up-to-date, and that they are prominently displayed
4. The NVRA coordinator must submit any changes to a site coordinator's contact information such as name, address, email address and/or telephone number to the NYSDOH contract manager.

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**GUIDANCE**

Policy Supplement Available       Yes     No

NVRA site coordinators receive newsletters as well as notifications on voter registration deadlines and of periodic training from the SBOE.

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<b>Offering the Opportunity to Register to Vote</b>		

NYS DOH receives reports on WIC local agency submissions of voter registration forms from the SBOE. NYS DOH contract managers monitor these monthly NVRA data reports and contact local agencies when the reports indicate missing submissions.

Local agencies must provide individuals with basic voter registration information and assistance in completing the voter registration form completely. For example, if a participant checks “not a U.S. Citizen”, but then proceeds to complete and sign the registration form, local agency staff may provide assistance to the individual to correct the form.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1041: Language Access
- #1460: Local Agency Staff
- #1467: Competency Based and Mandated Training

### WIC Library:

- NVRASiteCoordinatorTraining Manual
- NVRASiteCoordinatorTrainingPowerPointPresentation

### Other:

- <https://www.elections.ny.gov>

	<b>WIC Program Manual</b>	
	<b>Section 1130</b>	
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<b>Income Eligibility</b>		

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## **POLICY**

1. Local agency staff must determine who is included in the economic unit of a WIC Program applicant before proceeding with the income eligibility determination process.
2. Applicants must provide proof of current participation in any adjunct program that makes them income eligible for the WIC Program, and local agency staff must verify the proof. Self-declaration of adjunctive eligibility is not acceptable.
3. For applicants who are not adjunctively eligible, local agency staff must verify the income of the economic unit and apply Federal income guidelines to determine eligibility.
4. The method of verifying an adjunct program or income must be documented in the participant's record.
5. Income eligibility must be reassessed when the local agency receives information from the participant or another source indicating a change in economic unit size, income, or adjunct program participation.
6. At least two local agency staff must participate in the certification of each applicant: one staff member to assess nutritional risk and assign food package, and another member to determine residential and income eligibility.
7. Staff documenting income or conducting income reassessment must not issue food benefits.

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## **REGULATIONS**

*Income criteria and income eligibility determinations*, [7 CFR §246.7 \(d\)](#) – The State agency shall establish, and provide the local agencies with, income guidelines, definitions, and procedures to be used in determining an applicant's income eligibility for the Program.

*Definition of "Income"*, [7 CFR §246.7\(d\)\(2\)\(ii\)](#) – gross cash income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc. Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources which are readily available to the family.

USDA WIC Policy Memorandum #2013-3, Income Eligibility Guidance, provides clarification regarding income eligibility determination and documentation requirements necessary for participation in the WIC Program.

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## **DEFINITIONS**

Refer to *Acronyms and Definitions* located in Section 1011.

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<b>Income Eligibility</b>	

## PROCEDURE

LA/VMA Policy Required     Yes  No

### Economic Unit

The WIC Program begins the process of determining income eligibility by identifying who is included in the economic unit. For WIC Program purposes, an economic unit is one individual or a group of related or unrelated individuals who live together and share income and living expenses.

1. Before assessing income eligibility, all members of the economic unit must be identified, including non-WIC members.
2. A child can be a member of only one economic unit; in cases of joint or shared custody, the child is counted in the economic unit of whichever parent/guardian first comes to WIC to apply on behalf of the child.
3. Each foster child must be considered an economic unit of one.

### Adjunctive Eligibility

Using adjunct programs is the preferred method to document income eligibility.

1. To confirm eligibility for the WIC Program, local agency staff must verify the applicant is currently participating in Medicaid, Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), or is a member of an economic unit:
  - which includes a SNAP recipient
  - which includes a TANF recipient
  - in which a pregnant woman is certified fully or presumptively eligible to receive Medicaid
  - in which an infant is certified eligible to receive Medicaid
2. The actual documentation is preferred on the day of the certification appointment; however, if an applicant does not bring it, agency staff may verify that the applicant is actively enrolled and receiving benefits electronically.
3. Local agency staff must record enrollment in all adjunct programs in which economic unit members participate, even when it is not used as the income qualifier.
4. Estimated income must be documented when an applicant or participant is adjunctively eligible and must be entered for each household member contributing income and resources to the economic unit. Proof of estimated income is not required. Staff should explain that the applicant's response will have no bearing on present or future eligibility. However, if the applicant refuses to provide this information, staff must document the refusal in a note in the participant's record.



**Income Eligibility**


**Medicaid**

1. The Common Benefits Identification Card (CBIC) or Managed Care Plan card with the Medicaid Client Identification Number (CIN) is the preferred proof of Medicaid participation. When either card is presented, staff must verify the recipient's Medicaid is active. Acceptable methods of verification include:
  - Electronic Provider Assisted Claim Entry System (ePACES)
  - Telephone Verification Process
2. If the applicant or participant does not have the CBIC card, but knows their Medicaid CIN number, or if the CIN is available in the participant's WIC record, staff can use this to verify Medicaid is active using either ePACES or the Telephone Verification Process.
3. The Medicaid Statement of Eligibility, issued by the New York State of Health, is acceptable for an initial certification or when a current WIC participant is using Medicaid as an adjunctive qualifier for the first time.
4. Infants born to mothers receiving Medicaid are automatically eligible for Medicaid for one year from their date of birth. The mother must apply for Medicaid benefits for the infant while she is pregnant to ensure immediate Medicaid coverage of the infant after birth.
5. Within the first 30 days after birth, an infant can be certified for WIC benefits using the mother's Medicaid, if it is active on the date of certification. After that period, the infant must have their own Medicaid card to be adjunctively eligible.
6. The Medicaid Excess Income program (also referred to as the "Spend Down program" or the "Surplus Income program") is an adjunctive qualifier for WIC when the participant's Medicaid is active on the date of certification.
7. When recertifying due to a category change, an infant or pregnant woman no longer qualifies the other WIC members of the economic unit for adjunctive eligibility. Staff must re-verify all income or adjunct programs for all economic unit members to determine further eligibility.

**Medicaid Presumptive Eligibility**

The pregnant woman must provide a Medicaid Presumptive Eligibility Screening form (DOH-5224) signed and dated by a presumptive eligibility (PE) provider/screener. PE begins on the date the provider/screener determines PE and continues until a finding of Medicaid eligibility is made. If the woman does not follow up to complete a Medicaid application, eligibility ends the last day of the month following the month when the PE was determined. Local agency staff should review this form and ensure the dates on the form are within the eligibility period. The form does not need to be scanned into the participant's record.

The PE is an acceptable proof of income eligibility for the length of the WIC certification unless local agency staff learn there is a change.

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## Income Eligibility

### SNAP


1. The WIC applicant must provide proof of current participation in SNAP using an official document from the local department of social services (DSS) or online verification using the applicant's account. The documentation must include the approved period of eligibility and a list of all members of the household who are included in the benefits. At least one member of the SNAP household must be a member of the WIC economic unit.
2. The WIC applicant must provide proof that he/she resides with the individual named in the SNAP household. The address listed on SNAP documentation must match the WIC applicant's proof of residency.

### TANF

1. The WIC applicant must provide proof of current participation in TANF using an official document from the local DSS or online verification using the applicant's account. The documentation must include the approved period of eligibility and a list of all members of the household who are included in the benefits. At least one member of the TANF household must be a member of the WIC economic unit.
2. The WIC applicant must provide proof that he/she resides with the individual named in the TANF household. The address listed on TANF documentation must match the WIC applicant's proof of residency.

### Income Eligibility

1. Staff must review and document all sources of income for all economic unit members.
2. Acceptable documentation or electronic verification of gross income must be provided for current income, the 30 days prior to the appointment date, unless annual income is being used, and include:
  - the name of the person to whom payment was issued;
  - the time period the payment covered; and
  - the name and address of the employer.
3. If an income assessment is being done prospectively for an applicant who has been authorized to receive unemployment benefits or disability, then "current" refers to income that will be available to the economic unit in the next 30 days.
4. Staff must use the economic unit's current or prospective income or income during the past twelve months, whichever most accurately reflects the economic unit's financial situation. For example, applicants with seasonal employment or overtime might have an annual income that qualifies them for WIC.
5. Each income source is annualized, then the sum and economic unit size must be compared to the Federal WIC Income Eligibility Guidelines to determine eligibility.

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<b>Income Eligibility</b>		

- A pregnant woman is counted as one member of the economic unit; however, if she is ineligible for participation in the Program because she does not meet income guidelines, the size of the economic unit may be increased by the number of embryos or fetuses in utero.
  - When the size of the economic unit has been increased for the pregnant woman, the same increased size is used for any of her categorically eligible economic unit members.
  - When increasing the size of a pregnant woman's economic unit conflicts with her cultural, personal, or religious beliefs, the agency must not count the unborn child.
6. Applicants who have income, but cannot document it, must use the Self-Declaration Statement to explain why no documentation of income exists.
  7. Applicants with no income must be prompted to describe, in detail, their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, and clothing. Staff must make appropriate referrals to community resources.
  8. Self-declaration must:
    - be used when an applicant cannot provide written documentation of income and requiring documents would present an unreasonable barrier to participation. These instances might include persons who are homeless, migrant workers, or those who work on a "cash only" basis. The local agency must require the applicant to sign a statement specifying why he/she cannot provide documentation of income. A signed statement is not required when there is no income.
    - not be used to circumvent income documentation requirements or for administrative ease.
    - not be used to determine adjunct program participation.

#### **Temporary 30-Day Certification**

At a certification appointment, if applicants forget their adjunct program documentation or the adjunct program cannot be verified by an acceptable method, the applicants must be asked for income documentation, and an income assessment must be completed. If no income documentation is available, the local agency must offer the applicant the opportunity to self-declare income. When the self-declared income appears to be within Federal WIC Income Eligibility Guidelines, and the applicant meets all other eligibility criteria, a temporary 30-day certification may be issued. Self-declaration of participation in an adjunct program for income eligibility is never allowed.

For details, refer to Section #1100: *WIC Certification Overview Policy*.

#### **Income Inclusions and Exclusions**


Use the following table of inclusions and exclusions when determining income. Refer to *WPM 1130–Income Eligibility Policy Supplement* for a complete list.





**Income Eligibility**

INCLUSIONS	EXCLUSIONS
Monetary compensation for service, including wages (including overtime), salary, commissions, tips and fees	In-kind housing and other in-kind compensation, including food or housing in lieu of wages
Net income from farm and non-farm self-employment	Loans, not including amounts to which the applicant has constant or unlimited access
Social Security benefits including disability (SSD) and Supplemental Security Income (SSI)	Value of assistance from SNAP and the National School Lunch Act Program
Dividends or interest on savings or bonds, income from estates or trusts, or net rental income	Payments from federal volunteer programs
Public assistance or welfare payments	Payments under the Low-income Home Energy Assistance Act
Unemployment compensation	Payments from federal job training programs
Government civilian employee or military retirement or pensions or veterans' payments	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
Private pensions or annuities	Imputed income
Alimony or child support payments	Payments from federal child care programs
Regular contributions from persons not living in the household	Federal compensation for disaster and emergency
Net royalties	Federal compensation to Native Americans
Other cash income. Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources which are readily available to the family	Reimbursement or compensatory lump sum payments - for lost personal property or medical expenses, including amounts received from insurance companies or other sources (automobile, life, personal, medical) for loss or damage of personal property or payment for medical bills resulting from an accident or injury
Grants and scholarships used for: <ul style="list-style-type: none"> <li>• Room and board</li> <li>• Dependent care expenses</li> <li>• Living expenses</li> </ul>	Grants and scholarships for costs to attend an educational institution which include: <ul style="list-style-type: none"> <li>• Tuition and fees</li> <li>• Costs for rental or purchase of equipment, material or supplies required in the same course of study</li> <li>• Allowance for books, supplies, transportation and miscellaneous personal expenses for a student attending on at least a half-time basis</li> </ul>

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## Income Eligibility

### Income Reassessment

1. Income reassessment is only necessary during a certification period when a change in income eligibility status is reported to WIC staff.
2. Staff must notify participants to bring all income documentation for each economic unit member to the next scheduled appointment.
3. When staff are notified by a third party of a change in a participant's economic unit, income, or adjunct program participation, or when fraud is suspected, an income reassessment must be scheduled as soon as possible.

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## GUIDANCE

Policy Supplement Available  Yes  No

When applicants contact the local agency, staff should provide information about the eligibility documents needed for a certification appointment.

The WIC household may not be the same as the SNAP/TANF household. If it is different, staff must ask probing questions to confirm that the household member with verified SNAP/TANF benefits physically resides in the WIC household and that all members of the WIC household physically live together and share resources.

The only income documentation that should be maintained in the participant's record is the Self-Declaration Statement, if applicable. A sample Self-Declaration Statement in 15 languages is available in the WIC Library under the Enrollment folder.

If there is any reason to suspect fraud by applicants, participants, or staff, make a referral to the Bureau of Special Investigations (BSI) via phone (1-877-282-6657), fax (518-402-1637), email ([foodfraud@health.ny.gov](mailto:foodfraud@health.ny.gov)), or mail the completed referral to BSI, PO Box 2061, Albany NY 12220-2061. *Bureau of Special Investigations Referral Form* is available in the WIC Library.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1038: WIC Program Integrity—Reporting Fraud and Abuse Policy
- #1100: WIC Certification Overview Policy
- #1100: WIC Certification Overview Policy Supplement
- #1133: Income Eligibility for Military Families Policy
- #1133: Income Eligibility for Military Families Policy Supplement

### WIC Library:

- Self-Declaration Statement
- Bureau of Special Investigations Referral Form

	<b>WIC Program Manual</b>	
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<b>Income Eligibility for Military Families</b>		

## POLICY

1. Local agency staff must determine who is included in the economic unit of a military WIC applicant before proceeding with the income eligibility determination process.
2. Military applicants must provide proof of current eligibility for participation in any adjunct program that makes them income eligible for the WIC Program. Self-declaration of adjunctive eligibility is not acceptable.
3. For military applicants who are not adjunctively eligible, local agency staff must determine the income of the economic unit and apply Federal income guidelines to determine eligibility.
4. Local agency staff must be aware of various types of military income and specific exclusions.
5. The method of verifying an adjunct program or income must be documented in the participant's electronic record.

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## REGULATIONS

Federal WIC Program regulation [7 CFR §246.7](#) – Certification of Participants, establishes the guidelines for the WIC certification process including income eligibility determination in accordance with WIC's authorizing legislation, the Child Nutrition Act of 1966 (42 USC 1771), as amended.

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## DEFINITIONS

Refer to *Acronyms and Definitions* located in Section 1011.


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## PROCEDURE

**LA/VMA Policy Required**     Yes  No

### Determining Household Size

1. Servicemembers deployed overseas or stationed in a location separate from their families count as part of the household.
2. Children in the **temporary care of** friends or relatives as a result of deployment must be counted in one of the following ways:
  - If the deployed parent(s) provide(s) adequate financial support for the children, count the children and parent(s) as a household separate from the temporary one.
  - If the deployed parent(s) does/do not provide adequate financial support for the children, count the children as part of the household of the person(s) they are residing with. Eligibility is determined by the income of the temporary household.

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## Income Eligibility for Military Families

### Determining Income

1. The monthly Leave and Earnings Statement (LES) is the preferred document to use when determining WIC eligibility.
2. All income received by household members serving in the military, unless specifically excluded, must be included in the household's total income.
3. The following pays and allowances must be **included**:
  - Basic Pay
  - Basic Allowance for Subsistence (BAS) or Subsistence Allowance (ALWS)
  - Contiguous United States Cost of Living Allowance (CONUS COLA)
  - Selective Retention Bonus (SRB): If given in a lump sum, 1/12 of total allowance only is used to calculate current income
  - Clothing Allowance: Given in a lump sum annually; may be divided out to a monthly amount
  - Refund Social Security and Refund Medicare are adjustments to taxes taken out. This happens at the beginning of the year, and counts as income. (Usually a small amount)
  - Survivor Benefit Plan (SBP): Life insurance plan
  - Bonuses: Paid either in a lump sum, annual installments, or a combination of the two; may be divided out to a monthly amount
  - Special pays and benefits are considered income unless otherwise excluded
  - Payments for room and board from Veteran's Educational Assistance Act/GI Bill
  - Payments for dependent care services from Veteran's Educational Assistance Act/GI Bill
  - Rural Benefit Payment
4. The following pays and allowances must be **excluded**:
  - Mandatory salary reduction amount for military service personnel used to fund the Veteran's Educational Assistance Act/GI Bill
  - Tuition and fees paid to an educational institution from Veteran's Educational Assistance Act/GI Bill
  - Annual books and supplies stipend up to \$1000
  - Educational payment assistance through Yellow Ribbon Program
  - Family Supplemental Subsistence Allowance (FSSA)
  - The Overseas and Non-Contiguous United States Cost of Living Allowance (OCONUS COLA). (This includes COLA for Alaska and Hawaii)
  - Basic Allowance for Housing for US military personnel residing in military installations or in privatized housing, whether off or on base, including:
    - Basic Allowance for Housing in the United States (BAH)
    - Overseas Housing Allowance provided to military personnel living overseas (OHA)
    - Family Separation Housing provided to military personnel for overseas housing (FSH)
  - Temporary Lodging Expense (TLE)

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<b>Income Eligibility for Military Families</b>		

- Refund Debt: It is the service members' group life insurance (SGLI) payment. It is added to their check, and then taken back out as an SGLI payment
  - Advance Debt: This is put into the service member's pay as "a reminder of an upcoming payment due." This is not income-it is taken out of pay, either in the same check or in the following paycheck
  - Advance Pay: A loan, usually to help pay for relocation. Must be paid back and is not income
5. The following pays and allowances **must be excluded** if the service member is deployed to a combat zone and the income has not been received before deployment:
- Combat Pay (normally shown in the entitlement column of LES)
  - Foreign Duty Pay (FDP)
  - Foreign Language Proficiency Pay (FLPP)
  - Family Separation Allowance (FSA)
  - Hostile Fire/Imminent Danger Pay (HFP/IDP)
  - Other special and incentive pays and benefits:
    - Special or Hazardous Duty Pay
    - Incentive pays-DEMO, FLY, JUMP, SAVE, ESD, etc.
6. There may be other inclusions or exclusions to income not listed here. LA staff must use critical thinking skills or consult with the WIC Coordinator or Regional Office for guidance if a specific source should be included or excluded as military income.

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## GUIDANCE

Policy Supplement Available  Yes  No

Military families with family members who are temporarily absent or serving overseas may have difficulty producing the LES or other documentation of the gross military income. In some cases, the only documentation available may be a bank statement confirming the amount of a deposit. In circumstances where requiring an applicant to provide documentation would present an unreasonable barrier to participation, the applicant may self-declare income, accompanied by the applicant's signature on the self-declaration statement indicating why he/she cannot provide documentation of income.

WIC Programs are available in a limited number of other countries. Military families who have been transferred overseas may be able to continue participation in WIC without having to recertify.

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## RESOURCES

Refer to WIC Program Manual Sections and Policy Supplements:

- #1130: Income Eligibility Policy
- #1130: Income Eligibility Policy Supplement
- #1134: Federal Income Eligibility Guidelines Policy
- #1160: Transfers and Verification of Certification Policy
- #1160: Transfers and Verification of Certification Policy Supplement

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**Income Eligibility for Military Families**

**WIC Library**

- Self Declaration Statement

**Other Resources:**

- WIC Overseas Program Office at 1-877-267-3728 or at [www.tricare.mil/wic](http://www.tricare.mil/wic)
- [www.military.com](http://www.military.com)
- [www.militaryonesource.mil](http://www.militaryonesource.mil)
- [www.milspouse.com](http://www.milspouse.com)

	<b>WIC Program Manual</b>	
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<b>Federal Income Eligibility Guidelines</b>		

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## POLICY

1. Staff are required to use the federal income guidelines for determining income eligibility. The maximum income eligibility allowed is 185% of poverty as established by the United States Department of Agriculture.
2. Refer to the United States Department of Agriculture/New York State WIC Income Eligibility Guidelines in this section to determine Annual, Monthly, Twice-Monthly, Bi-Weekly, and Weekly income levels of eligibility.

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## REGULATIONS

*Income Eligibility Guidelines, 7 CFR §246.7(d)(1)* – The State agency may prescribe income guidelines either equaling the income guidelines established under section 9 of the National School Lunch Act for reduced-price school meals or identical to State or local guidelines for free or reduced-price health care.

If the State agency uses State or local free or reduced-price health care income guidelines, it will ensure that the definitions of income (see [paragraph \(d\)\(2\)\(ii\)](#) of this section), family (see [§ 246.2](#)) and allowable exclusions from income (see [paragraph \(d\)\(2\)\(iv\)](#) of this section) are used uniformly to determine an applicant's income eligibility. This ensures that households with a gross income in excess of 185 percent of the Federal income guidelines (see [paragraph \(d\)\(1\)](#) of this section) are not eligible for Program benefits. The exception to this requirement is persons who are also income eligible under other programs (see [paragraph \(d\)\(2\)\(vi\)](#) of this section).

United States Department of Agriculture (USDA) WIC Policy Memorandum #2023-4, Publication of the 2023-2024 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Income Eligibility Guidelines – This memorandum transmits the 2023-2024 Income Eligibility Guidelines (IEGs) for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that were published in the Federal Register on February 21, 2023, at 88 FR 10495. The income limit is 185% of the Federal poverty guidelines, as adjusted. Section 9(b) also requires that these guidelines be revised annually to reflect changes in the Consumer Price Index.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required     Yes     No

1. All local agencies must use the following income eligibility guidelines issued by the USDA annually and based on 185% poverty levels:

**FEDERAL WIC INCOME ELIGIBILITY GUIDELINES**

Effective through June 30, 2024

*Gross Income*

<i>Household Size</i>	<i>Annual</i>	<i>Monthly</i>	<i>Twice-Monthly</i>	<i>Bi-Weekly</i>	<i>Weekly</i>
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
<i>For each additional member, add:</i>	+\$9,509	+\$793	+\$397	+\$366	+\$183

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**GUIDANCE**

Policy Supplement available  Yes  No


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**RESOURCES**

**WIC Program Manual Sections and Policy Supplements**

- #1130: Income Eligibility
- #1133: Income Eligibility for Military Families



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<b>Nutrition Assessment Process</b>		

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## POLICY

1. The Qualified Nutritionist/Competent Professional Authority must conduct a complete nutrition assessment for each participant at every certification.
2. The Qualified Nutritionist/Competent Professional Authority must conduct one Health and Nutrition Update for all infants, children, and breastfeeding women for each certification period that is longer than six months.
3. Local agency staff must use consistent screening tools and procedures in conjunction with a participant-centered approach to determine the most appropriate services for each participant.
4. All relevant information collected during the nutrition assessment process must be documented in the participant's record and used to determine nutrition risk eligibility, tailor services, and facilitate continuity of care throughout the certification.
5. The Qualified Nutritionist/Competent Professional Authority must complete the nutrition assessment before providing nutrition education and counseling.
6. At subsequent nutrition education visits, including Health and Nutrition Updates, staff must review and assess nutrition and health status, goals and interventions, and current services. All nutrition risk criteria, education, services, goals, and interventions must be updated and documented in the participant's record as appropriate.

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## REGULATIONS

*Nutritional risk, [7CFR §246.7\(e\)](#) - A competent professional authority of the local agency shall determine if a person is at nutritional risk through a medical and/or nutritional assessment.*

*USDA Policy Guidance Memo, Guidance for Providing Quality WIC Nutrition Services during Extended Certification Periods, 8/29/2011 - One nutrition assessment during the certification period (in addition to the nutrition assessment performed at certification) is required for participants with certification periods of longer than six months.*

*USDA WIC Policy Memo 2006-5: VENA WIC Nutrition Assessment Policy – The Value Enhanced Nutrition Assessment (VENA) initiative was developed to improve nutrition services in the WIC Program by establishing standards for the assessment process used to determine WIC eligibility and personalize nutrition education, referrals, and food package tailoring. VENA is the foundation for targeted and relevant nutrition education and other WIC nutrition services that guide and support families in making healthy eating and lifestyle choices.*

*USDA WIC Policy Memo 2008-4: WIC Nutrition Services Documentation – Quality documentation facilitates the delivery of meaningful nutrition services and ensures continuity of care for WIC participants.*

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<b>Nutrition Assessment Process</b>		

## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

## PROCEDURE

LA/VMA Policy Required       Yes  No

### Nutrition Assessment Process


1. The Qualified Nutritionist (QN)/Competent Professional Authority (CPA) must conduct a complete nutrition assessment at each certification by following these steps (refer to the Nutrition Assessment Policy Supplement for detailed requirements of each step):
  - setting the agenda
  - collecting relevant information
  - clarifying and synthesizing information
  - guiding nutrition services
  - documenting the assessment
  - conducting follow-up
  
2. The QN/CPA must actively involve the participant in the assessment process through dialogue, information exchange, listening, and feedback by explaining the assessment process.
  
3. The QN/CPA must identify and collect relevant information from appropriate data sources to ensure a complete nutrition assessment and generation or assignment of applicable nutrition risk criteria. This includes, but is not limited to, the following data:
  - anthropometric
  - biochemical/hematological
  - clinical/health/medical
  - dietary; breastfeeding/infant feeding
  - immunization screening
  - lifestyle, including drug and other harmful substance use, environmental, and family factors
  - visual observation
  - review of previous nutrition assessments, nutrition education, goals, interventions, and services
  - other pertinent information, such as notes, individual care plans, referrals, NYS WIC Medical Referral Forms, NYS WIC Medical Documentation Forms, etc.
  
4. Referral medical/health data may be accepted from a health care provider (HCP). When referral data is received on the NYS WIC Medical Referral Form, the NYS WIC Medical Documentation Form, a comparable form, or a letter on official letterhead, it must be signed and dated by the HCP and scanned into the participant's record. LA staff may not use the NYS WIC Medical Referral Form (or equivalent) to record medical/health data obtained on-site or verbally.
  
5. The QN/CPA must conduct breastfeeding assessments, as needed, to provide breastfeeding support and anticipatory guidance to the breastfeeding dyad. Any urgent or complex situations must be referred to the Breastfeeding Coordinator or Designated Breastfeeding Expert.

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6. The QN/CPA must ask probing questions and use critical thinking skills to clarify and process the information to draw appropriate conclusions throughout the assessment. The QN/CPA must organize, evaluate, and prioritize the information they have collected prior to documenting the data in the participant's record.
7. LA staff must document collected relevant information in the participant's record to facilitate continuity of care. Notes must be objective, concise, pertinent, and include information not captured elsewhere in the record, to reflect the outcome of the contact.
8. The QN/CPA must summarize the assessment, conveying pertinent nutrition/health risks and concerns to the participant/participant representative(s) in a sensitive manner that promotes positive health outcomes.
9. The QN/CPA must work with the participant to identify and prioritize the participant's needs and concerns so they can be addressed through the appropriate nutrition services (including nutrition and breastfeeding education/counseling, food package tailoring, and appropriate referrals).
10. At subsequent appointments throughout the certification period, including HNU appointments, QN/CPA staff must follow up with the participant to assess previous and new nutrition/health risks and participant concerns, evaluate the effectiveness of the current nutrition interventions toward behavior change, reinforce educational messages, elicit feedback from the participant and update or revise nutrition interventions, as necessary.
11. When scheduling appointments, participants/participant representative(s) must be informed when:
  - Anthropometric data is required, and hematological data may be needed; and
  - The physical presence of the participant is required unless an exemption has been granted and documented.

#### **Health and Nutrition Update (HNU)**

1. The QN/CPA must conduct an HNU for infants, children, and breastfeeding women whose certification is longer than 6 months to ensure that the required health and nutrition assessments occur.
2. During an HNU, the QN/CPA must conduct a brief, tailored nutrition assessment using the steps of the nutrition assessment process to assess changes in the participant's nutrition/health status, evaluate the effectiveness of current intervention(s), and provide appropriate participant-centered care. The HNU appointment includes, but is not limited to:
  - a brief assessment of nutrition and health status;
  - obtaining and reviewing anthropometric measurements and hematological data, as warranted;
  - immunization screening, as appropriate;
  - assigning any new nutrition risk criteria identified;
  - breastfeeding promotion and support, as needed;
  - initiating and/or updating relevant individual care plans;
  - nutrition education or counseling to meet the needs of the participant;
  - providing and/or following-up on appropriate referrals;
  - tailoring food packages; and
  - documenting all relevant information and services provided in the participant record

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## GUIDANCE

**Policy Supplement Available**  Yes  No

The nutrition assessment process supports a positive approach based on health outcomes rather than deficiencies. The process may need to be adjusted when a participant has urgent needs to address (such as recent eviction, domestic violence, substance use, etc.). If urgent questions arise during the assessment, LA staff should use professional judgment to adjust the assessment process as needed.

Best practice is to schedule an HNU appointment at the approximate mid-point of the certification period. Use professional judgment when scheduling this appointment in a way that works best for the participant and allows for physical presence.

LA staff may accept data from referral sources. The QN/CPA may use professional judgment to request and obtain up-to-date nutrition and health data for participants if more current information would enhance the participant's nutrition assessment.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:


- WPM1136 Nutritional Risk Criteria and Priority System
- WPM1406 Compliance and Self-Assessment
- WPM1460 Local Agency Staff
- WPM1467 Staff Training

### WIC Library

- LACASA Guidance Manual
- NYSWIC Medical Referral Form (DOH-799)
- NYSWIC Medical Documentation Form (DOH-4456)
- Participant-Centered Nutrition Assessment and Education Quality Assurance Form

### Other

- [USDA Value Enhanced Nutrition Assessment \(VENA\) Guidance](#)
- USDA, Food and Nutrition Service Nutrition Services Standards, August 2013, Standard 6: Nutrition Assessment

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<b>Nutrition Risk Criteria and Priority System</b>		

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## POLICY

1. As part of the nutrition assessment process, the Qualified Nutritionist/Competent Professional Authority must determine nutrition risk eligibility using the New York State WIC Nutrition Risk Criteria and Priority System, including the defined New York State WIC High Risk Criteria for identifying participants at high risk.
2. Each participant must have at least one nutrition risk criteria identified for each certification.
3. The Qualified Nutritionist/Competent Professional Authority must document applicable nutrition risk criteria in the participant's record, as well as the supporting nutrition and health information that corresponds with the qualifying nutrition risk criteria identified.
4. The Qualified Nutritionist/Competent Professional Authority must ensure that the highest possible priority level is assigned for each participant based on identified nutrition risk criteria.

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## REGULATIONS

*Nutritional Risk*, [7CFR§246.7\(e\)](#)  
WIC Policy Memo #2011-5: [WIC Nutrition Risk Criteria](#)

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAWMA Policy Required       Yes  No

1. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must determine nutrition risk eligibility after performing a complete nutrition assessment, including a thorough review of all information available.
2. Based on the complete nutrition assessment, the QN/CPA must identify all applicable nutrition risk criteria and system-generate or manually assign the appropriate risk(s) in the participant's record. Refer to the NYS Nutrition Risk Criteria and Priority System policy supplement for a full list of allowable nutrition risk criteria, including detailed definitions, interpretations, and parameters.
3. The QN/CPA must document all nutrition risk criteria from an out-of-state Verification of Certification card in the participant's record.
4. For all nutrition risk criteria, including manually assigned risks, the supporting health and nutrition information must be apparent upon review of the participant's record.

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5. The QN/CPA must address identified nutrition risk criteria in a participant-centered manner and work with the participant to determine appropriate nutrition services, including nutrition and breastfeeding education/counseling, food package tailoring, and appropriate referrals, as warranted.
6. The QN/CPA must ensure that the highest possible priority level is established in the participant's record based on the participant's qualifying nutrition risk criteria. All nutrition risk criteria have an assigned priority level from the United States Department of Agriculture (USDA). Priority levels are assigned based on the following:

Priority I: Pregnant women, breastfeeding women, and infants at nutrition risk as demonstrated by hematological or anthropometric measurements or other documented nutritionally-related medical conditions which demonstrate the need for supplemental foods.

Priority II: Infants up to six months of age born to mothers who either participated in the WIC Program during pregnancy or whose medical record documents that they were at nutrition risk during pregnancy due to nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutritionally-related medical conditions which demonstrate the need for supplemental foods. Priority II infants have no documentable risk conditions that would otherwise qualify them under Priority I.

Priority III: Children at nutrition risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods; high risk postpartum women at nutrition risk as demonstrated by hematological or anthropometric measurements or documented nutritionally-related conditions that are indicative of the woman's increased need for supplemental foods.

Priority IV: Pregnant women, breastfeeding women, and infants at nutrition risk due to an inadequate dietary pattern.

Priority V: Children at nutrition risk due to an inadequate dietary pattern.

Priority VI: All at-risk postpartum women who do not otherwise qualify under Priority III.


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## **GUIDANCE**

Policy Supplement Available  Yes  No

Participants who have transferred into the local agency from another state will be system-assigned the Transfer of Certification risk. If the participant presents a VOC card, the QN/CPA must document any risks identified on the VOC card. This can be done by writing a note in the participant's record to indicate the pertinent risk information or by completing an assessment to system-assign any risks identified on an out-of-state VOC card.

Self-reporting of a diagnosis by a health care provider should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. For nutrition risk criteria that are self-reported by the participant, best practice is for the

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QN/CPA to validate the nutrition risk by asking probing questions. The QN/CPA may also verify a medical diagnosis with the participant's health care provider with the permission and written consent of the participant. The establishment of a relationship with health care providers will help WIC staff provide better nutrition/health education and reinforcement of care, as well as a better understanding of WIC's role in health promotion, screening, and counseling.

The New York State WIC Medical Referral Form should be used to document nutrition risk eligibility from a referral source whenever possible.

The USDA Nutrition Risk Write-Ups provide detailed information for all nutrition risks used by the NYS WIC Program, including the risk definition and cut-off values; participant category and priority level; the risk justification; implications for WIC nutrition services, and references.

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## RESOURCES

### WIC Program Manual Sections and Supplements:


- #1120: Waiting Lists
- #1135: Nutrition Assessment Process
- #1160: Transfers and Verification of Certification
- #1216: High Risk Care

### WIC Library:

- USDA Nutrition Risk Write-Ups
- USDA, Food and Nutrition Service Nutrition Services Standards, August 2013

### Other:

- USDA WIC Policy Memorandum 2011-5: WIC Nutrition Risk Criteria

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## POLICY

1. At all certification appointments, local agencies must inform participants of their right to receive uninterrupted benefits if they choose to transfer to another WIC agency.
2. Participants transferring within New York State are not required to have a Verification of Certification card because staff can verify certification using the NYS management information system.
3. For a participant who is moving out of New York state, the outbound (sending) local agency must issue a Verification of Certification card immediately upon request to prevent disruption of WIC benefits.
4. For a participant who is moving into New York State, the inbound (receiving) local agency must complete the transfer immediately upon request, with consideration to participant needs.
5. For all types of transfers, local agency staff must verify the identity and residency of all members of the household that are transferring into the local agency.

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## REGULATIONS

Section 17 (f)(8B) and (9) of the [Child Nutrition Act of 1966](#), as amended, requires that transferring WIC participants receive continuous benefits during their certification periods, within the funding limitations of the inbound local agency.


Federal Regulation [§7 CFR 246.7\(k\)\(1\)](#): Each state agency shall ensure issuance of a Verification of Certification card to every participant who is a member of a family in which there is a migrant farmworker or any other participant who is likely to be relocating during the certification period.

Federal Regulation [§7 CFR 246.7\(k\)\(2\)](#): The state agency shall require the receiving local agency to accept Verification of Certification cards from participants, including participants who are migrant farmworkers or members of their families, who have been participating in the Program in another local agency within or outside of the jurisdiction of the state agency. A person with a valid Verification of Certification card shall not be denied participation in the receiving state because the person does not meet that state's particular eligibility criteria.

Federal Regulation [§7 CFR 246.7\(k\)\(3\)](#): The Verification of Certification card is valid until the certification period expires and shall be accepted as proof of eligibility for WIC benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all waiting applicants.

[USDA WIC Policy Memorandum 2016-04](#): State or local agencies must not require participants to sign a release of information to share Verification of Certification information with other state or local agencies. Information collected by WIC is considered confidential and may be disclosed to persons directly connected with the administration or enforcement of the WIC Program. This policy memo dictates Verification of Certification information must be provided to the receiving agency no later than the next business day.



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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011

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## PROCEDURE

LAVMA Policy Required       Yes  No

1. Staff must determine if a transfer request is for an individual participant or a household.
2. Statewide Search
  - A statewide search for the Authorized Representative (AR) and participant(s) must be completed before transferring or adding the household or participant(s) to avoid creating duplicate records. To avoid transferring the wrong individual, staff must verify the both the AR and participant's name, date of birth and mailing address zip code.
3. Processing Timeframes
  - For an in-state transfer (between NYS local agencies), staff should complete the transfer upon request; however, regulations allow one business day for processing.
  - For an out-of-state Verification of Certification (VOC), the sending agency must complete the transfer within one business day. If the sending agency does not meet this time frame, the receiving agency must contact the state-agency point-of-contact to process the VOC transaction.
  - For an inbound VOC, the receiving local agency (LA) must enter the VOC data into the management information system, verify identity and proof of residency, assign an eWIC card, issue benefits, and schedule the next appointment within one business day, as feasible. If the receiving agency has a wait list, transferring participants with a valid VOC must be placed on the waiting list ahead of all other applicants, regardless of their priority status, and enrolled as soon as possible. If more than one transferring participant with a VOC is on the waiting list, they will be seen in the order in which were received by the agency.
4. Transfer Requests
  - For both inbound and outbound transfers, LA staff can only accept requests from the AR, Participant, or Parent/Spouse/Partner (P/S/P).
  - Transfer requests cannot be accepted from caretakers or proxies.
5. VOC Cards
  - Staff should anticipate a VOC card to include:
    - the name of the participant
    - participant's certification start date
    - date income eligibility was last determined
    - nutritional risk condition
    - certification end date
    - signature and printed/typed name of local agency staff (sending agency)
    - local agency name and address
    - identification numbers
  - The transferring participant must not be penalized, nor services delayed for the failure of a sending agency to properly include the required components; therefore, at

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minimum, a VOC card is considered valid if it contains the participant's name and the certification start and end date. The receiving agency must contact the sending agency to obtain any additional missing information.

- A VOC card is not required for in-state transfers (between New York State local agencies)

6. Refer to the Transfers and Verification of Certification policy supplement for detailed procedures for each type of transfer.

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## GUIDANCE

Policy Supplement       Yes    No

If a transferring participant's certification has the same NYS certification length and is expired, no VOC is needed. Recertify the participant per usual certification procedures following processing standards based on participant category. If the VOC card presented displays a certification length less than NYS certifications, then staff must calculate the NYS Cert End Date based on the NYS certification length.

There are no special procedures for processing a VOC for participants moving to Puerto Rico. These should be handled like any other out-of-state VOC. A WIC overseas VOC is handled in the same manner as any other VOC. Military families with current WIC certification who are transferring overseas should be issued a VOC card. If the families need additional information, staff may provide the toll-free number for the WIC Overseas Program office: 1-877-267-3728 or the website address: [www.tricare.mil/wic](http://www.tricare.mil/wic).

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1100: WIC Certification Overview
- #1120: Waiting Lists
- #1130: Income Eligibility
- #1260: Food Benefit Issuance

### Other:

- NYWIC Guidance Packet (Transfers and Changes of ID)
- National WIC State Agency Directory - a list of state agency VOC points of contact is available at <http://www.fns.usda.gov/wic/wic-contacts>

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<b>Immunization Screening</b>		

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## POLICY

1. Local agency staff must screen infants and children for immunizations at each certification and Health and Nutrition Update appointment until all marker immunizations are met.
2. The Qualified Nutritionist or Competent Professional Authority must provide appropriate referrals for infants and children to obtain immunizations when they are not up-to-date, or they lack documented proof of immunization.
3. The Qualified Nutritionist or Competent Professional Authority must document immunization status, referrals, exemptions, and refusals in the participant's record.
4. Local agencies must have access to the New York State Immunization Information System and/or Citywide Immunization Registry.
5. Local agency staff cannot deny the provision of benefits for failure to show proof of immunization status.

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## REGULATIONS

WIC Policy Memorandum #2001-7, Immunization Screening and Referral in WIC - outlines WIC's role as an adjunct to health care and standardizes minimum procedures for immunization screening and referral in WIC. USDA requires Diphtheria, Tetanus and acellular Pertussis (DTaP) screening. The NYS WIC Program screens for additional immunizations, Hepatitis B (HepB), Polio, Measles, Mumps and Rubella (MMR).

[NYS Public Health Law §2164](#) – Immunizations for Polio, Measles, Mumps and Rubella, Diphtheria, Haemophilus influenza type b, Hepatitis B and Varicella are mandatory for all children in any public, private or parochial child care center, day nursery, day care agency, nursery school, or kindergarten. Those who cannot pay for immunizations can obtain them at no cost.

[NYS Public Health Law §2168](#) - Mandatory creation of a statewide immunization registry for New York State healthcare providers, outside of the five boroughs of New York City, for the purposes of collecting and storing mandated information on immunizations administered to all persons less than 19 years of age.

[NYS Assembly Bill A2371A](#) – exemptions for school immunization requirements based on religious beliefs are no longer allowed as of June 2019. This applies to children between the ages of 2 months and 18 years who are attending day care, prekindergarten, and kindergarten through 12<sup>th</sup> grade. This does not apply to children who are homeschooled.

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

## PROCEDURE


LAVMA Policy Required  Yes  No

- At each certification and Health and Nutrition Update (HNU) appointment, local agency (LA) staff must screen infants and children for marker immunizations against Polio, Hepatitis B, Diphtheria, Tetanus and acellular Pertussis and Measles, Mumps and Rubella until the total number of doses are met, based on the Marker Immunizations Table below which is adapted from the [CDC immunizations schedule](#). The number of doses counted for each immunization is dependent on the age of the participant at the time of screening.

**Marker Immunizations Table**

Age at Time of Screening	Marker Immunizations	Total Number of Doses
Birth–2 Months	Hepatitis B (HepB)	2
2 – 12 Months	Diphtheria, Tetanus and acellular Pertussis (DTaP)	3
	Polio (IPV)	2
12–18 Months	Hepatitis B (HepB)	3
	Diphtheria, Tetanus and acellular Pertussis (DTaP)	3
	Measles, Mumps and Rubella (MMR)	1
	Polio (IPV)	3
18 Months–2 Years	Hepatitis B (HepB)	3
	Diphtheria, Tetanus and acellular Pertussis (DTaP)	4
	Measles, Mumps and Rubella (MMR)	1
	Polio (IPV)	3

- To screen participants for immunizations, LA staff must:
  - review and verify the immunization status;
  - count the total number of doses and compare to the number of doses required for the participant's age at time of screening; and
  - document the immunization status in the participant's record, including refusals, medical exemptions, or extenuating circumstances.
- Each LA is required to have access to the New York State Immunization Information System (NYSIIS), New York Citywide Immunization Registry (CIR), or both, depending on physical location of the LA. All Qualified Nutritionists (QNs) and/or Competent Professional Authority (CPAs) must have this access. The WIC Coordinator or designee may determine additional staff for which access is appropriate.

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<b>Immunization Screening</b>		


4. LA staff must review an acceptable type of documentation to verify immunization status, such as:
  - New York State Immunization Information System (NYSIIS)
  - New York Citywide Immunization Registry (CIR)
  - NYS WIC Medical Referral Form or comparable form
  - immunization records signed or stamped by the healthcare provider (HCP)
  - documentation of disease or serological evidence of immunity by HCP
  - other official immunization registry record or one from another state
  - electronic medical record
  - school immunization record
  - electronic patient portals shared by the participant via cell phone, tablet, etc.
  
5. Immunization records documented on the NYS WIC Medical Referral Form or comparable form must be scanned into the participant's record, under WIC Medical Referral. All other forms of immunization records should be viewed and verified by LA staff for documentation purposes and returned to the participant or shredded.
  
6. Children who have received the appropriate number of doses of all marker immunizations by age 2 do not require further screening. The participant record should indicate "markers met" to avoid duplication of screening efforts.
  
7. If the participant does not present immunization records at the appointment, or the number of immunizations presented does not match the minimum required dose, LA staff must:
  - use NYSIIS and/or CIR or similar immunization registry to look for immunization records;
  - provide information about the recommended immunizations for the participant's age;
  - refer the infant or child for immunization services;
  - document referrals in the participant's record; and
  - encourage the participant representative to bring the immunization record to the next appointment.
  
8. LA staff must provide appropriate referrals for infant and children participants when immunizations are not up-to-date. Referral sources for immunizations may include a HCP, health care clinic, pharmacies, and on-site services.
  
9. QN/CPA staff must provide participant-centered education about the recommended immunizations for the participant's age when the participant representative refuses immunizations.

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## **GUIDANCE**

LA staff are encouraged to:

- verify immunizations via NYSIIS and/or CIR in advance of the scheduled appointment;
- encourage the participant representative to bring the infant or child's updated immunization record to each appointment until all the marker immunizations are met

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LA staff may recommend that the HCP document medical exemptions by completing the Immunization Requirements for School Attendance, Medical Exemption Statement for Children 0-18 Years of Age form (DOH Form 5077).

Electronic immunization registries vary by physical location. The CIR includes participants who live within the five boroughs of New York City, and NYSIIS includes participants who live throughout New York State, excluding the five boroughs of New York City. Best practice is for LAs to obtain access to both registries to ensure access to records for participants who move locations.

Verbal recall of immunizations from the participant representative is not acceptable proof of immunization status.

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## RESOURCES

### WIC Program Manual Sections:


- #1135: Nutrition Assessment Process
- #1241: Referral to Other Services

### WIC Library:

- WIC Medical Referral Form (DOH-799)
- USDA Food and Nutrition Service WIC Nutrition Services Standards

### Other:

- [New York State Law, Title 10, Subchapter G](#): AID Testing, Communicable Diseases and Poisoning
- New York State Immunization Information System (NYSIIS):  
NYSDOH Bureau of Immunization  
Phone: (518) 473-4437  
Email: [immunize@health.ny.gov](mailto:immunize@health.ny.gov)  
[http://www.health.ny.gov/prevention/immunization/information\\_system/](http://www.health.ny.gov/prevention/immunization/information_system/)
- New York Citywide Immunization Registry (CIR):  
Citywide Immunization Registry  
Phone: (347) 396-2400  
Fax: (347) 396-2559  
Email: [cir@health.nyc.gov](mailto:cir@health.nyc.gov)  
<http://nyc.gov/health/cir>
- [USDA Food and Nutrition Service WIC Policy Memorandum #2001-7: Immunization Screening and Referral in WIC](#)
- [DOH Form 5077: Immunization Requirements for School Attendance, Medical Exemption Statement for Children 0-18 Years of Age](#)
- [CDC Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020](#)
- [Vaccinate Your Family: The Next Generation of Every Child By Two](#)

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<b>Anthropometry</b>		

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## POLICY

1. Anthropometric measurements (weight, standing height or recumbent length) must be performed on-site or obtained from an allowable referral source and documented in each participant's record at the time of initial certification, recertification, and Health and Nutrition Update.
2. Weight and height or length shall be measured not more than 60 days prior to certification or Health and Nutrition Update.
3. Local agencies must ensure all staff who take and record anthropometric measurements are trained and exhibit competency.
4. The Qualified Nutritionist or Competent Professional Authority must review measurements for accuracy and assess for anthropometric nutrition risk criteria. Appropriate nutrition counseling and education must be based on nutritional risk assessment and the participant's needs and interests.
5. Local agencies must purchase, calibrate, and maintain equipment based on the specifications required by the New York State WIC Program.

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## REGULATIONS

*Determination of nutritional risk, [7CRF §246.7\(e\)\(1\)\(i\)](#) - At a minimum, weight and height/length measurements shall be performed or documented in the applicant's file at the time of certification.*

*Timing of nutritional risk data, [7CRF §246.7\(e\)\(1\)\(ii\)](#) - Weight and height/length shall be measured not more than 60 days prior to certification for program participation.*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


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## PROCEDURE

LAWMA Policy Required  Yes  No

### Staff Training

1. Local agency (LA) staff who take and record measurements must complete competency-based training prior to taking participant measurements. Staff are expected to:
  - demonstrate appropriate anthropometric measurement techniques
  - read and record measurements accurately
2. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must complete competency-based training to ensure measurements are plotted correctly on the appropriate growth chart and that growth and prenatal weight gain are interpreted correctly.

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## Anthropometry

### Anthropometric Measurement Requirements

1. At a minimum, LA staff must obtain category-specific height/length and weight measurements at each certification and Health and Nutrition Update (HNU) by performing on-site measurements or via referral source.
2. If a participant's referral data is outdated (older than 60 days) or appears to be inaccurate, LA staff must offer to complete measurements on-site.
3. Allowable referral sources include the following:
  - NYS WIC Medical Referral Form, or comparable form
  - medical or clinical record via physical or electronic format
  - viewing electronic patient portals shared by the participant via cell phone, tablet, etc.
  - verbal result provided by a health care provider (HCP). When a verbal result is used, document the result in the participant's record and collaborate with the HCP to obtain written confirmation.
4. Prior to requesting participant information from an HCP or other organization, LA staff must ensure that there is assigned consent for release of information on file for the participant.
5. Local agencies must not deny or withhold benefits based on a lack of anthropometric measurements at HNU appointments. In the rare circumstance that current measurements cannot be obtained during an HNU for the participant on-site (e.g., a child participant is not present for the HNU) staff should attempt to acquire the data from an allowable referral source. If this is not possible, staff must work with the participant to determine the best method to obtain current measurements (e.g. provide 1 month of benefits and reschedule the HNU for the following month or reschedule the appointment to another day that week, etc.).
6. The QN or CPA must assess anthropometric data to determine nutrition risk, and provide nutrition education, referrals, and an individual care plan, as warranted.
7. LA staff must excuse a participant or applicant with a disability from anthropometric assessment if obtaining the data would present an unreasonable barrier under circumstances defined by the Americans with Disabilities Act. Staff must document the circumstance in the participant's record and make reasonable efforts to obtain the data from a referral source.

### Documentation

1. LA staff must document the following information in the participant's record:
  - length/height and weight measurements (converted appropriately, as needed)
  - date the measurements were taken
  - if the measurements were received from a referral source (indicate Non-WIC)
  - any factors that may affect accuracy (e.g. uncooperative participant)
  - anthropometric risk(s) identified throughout the certification period
  - nutrition education/referrals
  - an Individual Care Plan, as needed



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<b>Anthropometry</b>		

- When anthropometric data is received on a NYS WIC Medical Referral Form or comparable form, staff must scan it into the participant's record, under WIC Medical Referral Form. All other forms of anthropometric data received from a referral source must be reviewed and returned to the participant or shredded after the data is entered into the participant's record.

#### **Anthropometric Equipment**

- The LA must have convenient access to appropriate weighing and measuring equipment on-site for all participant categories (scales and stadiometers for adults, infant scales and recumbent measuring boards for infants.)
- The LA must purchase medical grade equipment in accordance with purchasing requirements outlined in WPM 1421 Purchasing, and that meets the specifications outlined in the WPM 1184 Anthropometry Policy Supplement.
- LA staff must appropriately use, calibrate, and maintain equipment as directed by the manufacturer and as outlined in the WPM 1184 Anthropometry Policy Supplement.
- The NYS WIC Program Anthropometry Equipment Maintenance Form, or comparable form, must be used to document equipment maintenance and be kept on file at the LA and available for NYS DOH review.

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## **GUIDANCE**

Policy Supplement Available     Yes     No

LA staff may use professional judgment to obtain and document more frequent measurements based on the nutrition assessment and the participant's needs and interests.

- For pregnant women and participants with anthropometric risks, staff are encouraged to obtain and assess measurements at every visit to closely monitor growth and provide appropriate follow up.
- Infant growth patterns are important to monitor frequently. Data more than 30 days old, for example, may not reflect the infant's current growth pattern. LA staff are encouraged to obtain current measurements (in addition to birth measurements) during initial certifications for infants even if under 60 days old.

Measurements reported verbally by the participant or participant representative may be accepted in the following circumstances:

- Birth weight and length for infants and children:
  - Infants under 8 weeks old who are not present at certification:  
LA staff may accept verbal birth measurements but must obtain measurements on-site or from a referral source at the next appointment.
  - All other infants and children (including infants under 8 weeks old) who are present at certification:  
LA staff may accept verbal birth measurements only if current measurements are taken on-site or are available from a referral source.

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## Anthropometry

- Pre-pregnancy Weight, Weight Gained During Pregnancy, and Weight at Delivery:
  - LA staff may accept verbal pre-pregnancy weight, weight gained during pregnancy, and weight at delivery from the applicant if no other documentation (e.g., medical record) is available.

Growth charts consist of a series of percentile curves that illustrate the distribution of selected body measurements in children. In NYSWIC, the CDC, WHO, Fenton, and Down Syndrome Growth charts are used to assess growth of participants. The Fenton and Down Syndrome growth charts are not used to assign anthropometric nutrition risk criteria. Staff are encouraged to use these charts as a tool to track and monitor growth of infants until 40 weeks' gestational age and/or infants and children with Down Syndrome. Refer to *Growth Chart Guidance* and *Guidance for Anthropometric Data & Conversions* for more information.

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## RESOURCES

### WIC Program Manual Sections and Supplements:


- #1184: Anthropometry Policy Supplement
- #1135: Nutrition Assessment Process
- #1136: Nutrition Risk Criteria & Priority System
- #1043: Confidentiality, Releasing/Disclosure of Information
- #1421: Purchasing

### WIC Library:

- Anthropometry Quality Assurance Forms
- NYSWIC Medical Referral Form (DOH-799)
- NYSWIC Program Anthropometry Equipment Maintenance Form

### Other:

- [WIC Works Growth Chart Training Modules](#)
- USDA Food and Nutrition Service Nutrition Services Standards, August 2013
- Refer to *Growth Chart Guidance* and *Guidance for Anthropometric Data & Conversions* within the NYWIC Guidance Packet, available on the Miscellaneous tab in NYWIC
- [WHOGrowthCharts](#)
- [CDCGrowthCharts](#)
- [FentonGrowthChart](#)
- [CDCDownSyndrome GrowthCharts](#)
- [CDCPrenatalWeightGain](#)

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<b>Hematological Testing and Lead Screening</b>		

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## **POLICY**

1. A hematological test for anemia such as a hemoglobin or hematocrit test must be performed on-site or obtained from a referral source and documented for all participants at the time of certification when appropriate.
2. Local agency staff must screen children at 6 months of age and older for a blood lead test at each certification by asking if a blood lead test has been performed, documenting available results and providing referrals as appropriate.
3. Local agency staff must refer participants to obtain hematological testing free of charge and within the required timeframe when on-site hematological testing is not available.
4. Local agencies must not deny or withhold benefits based on lack of hematological test or blood lead test results.
5. Local agencies must purchase all appropriate hematological testing equipment and monitor inventory, per New York State WIC Program purchasing and inventory policies.

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## **REGULATIONS**

*Nutritional Risk, [7 CFR 246.7\(e\)\(1\)\(i\)\(B\)](#) - hematological tests shall be obtained for all participants, including those who are determined at nutritional risk based solely on the established nutritional risk status of another person.*

*USDA WIC Policy Memo #2001-2 WIC Bloodwork Requirements*

*USDA WIC Policy Memo 2001-1 Clarification of WIC's FY 2001 Appropriations Act Provisions Regarding Blood Lead Screening*

*Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard 29 CFR Part 1910.1030*

*Public Law 106-387 WIC nutrition services and administration (NSA) funds cannot be used to conduct blood lead tests.*

*New York State (NYS) Public Health Law, Article 5, Title V, designates the NYS Department of Health (DOH) Wadsworth Center to regulate all facilities providing clinical laboratory testing. In addition to fee collection, application process and regulation, the NYS DOH Wadsworth Center provides periodic site inspections.*

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

## PROCEDURE


LA/VMA Policy Required  Yes  No

### Hematological Testing Requirements

- Local agency (LA) staff must obtain and monitor hemoglobin or hematocrit data according to the requirements for the participant category, as outlined in the following table:

**HEMATOLOGICAL TESTING REQUIREMENTS TABLE**


Category	Requirement	Required timeframes	Other guidance specific to category and/or age
<b>Pregnant Women</b>	One test	At earliest opportunity during the current pregnancy.	N/A
<b>Breastfeeding and Postpartum Women</b>	One test	After delivery or termination of the pregnancy.	Best practice is to collect 4 – 6 weeks after delivery or termination of pregnancy.  No additional test is required for breastfeeding women 6 – 12 months postpartum if a test was taken after delivery and documented by WIC staff.
<b>Infants</b>	One test	Between 9 – 12 months of age, before the first birthday.	A blood test result between 6 – 12 months of age can be used to meet this requirement.  Testing is appropriate for infants prior to 9 months in the following circumstances: <ul style="list-style-type: none"> <li>• born prematurely</li> <li>• low birth weight</li> <li>• fed formula without iron</li> </ul>
<b>Children 1 – 2 years</b>	One test	Between 12 – 24 months of age.	Best practice is to test at 15 to 18 months of age.  Test taken at or before the first birthday does not satisfy the requirement for both the infant (6-12 months) and the children’s 12-24 months requirement.
<b>Children 2 – 5 years</b>	One test	Once every 12 months (starting from the date of last bloodwork), if test results are within normal limits.	If test results are outside of normal range, all infants and children must have a test at 6 months intervals until within normal limits.

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2. The collection of hematological data can be deferred for up to 90 days after the date of certification, or recertification when appropriate, and if at least one qualifying nutritional risk factor is identified at the time of certification.
3. LA staff must obtain hematological data by performing on-site hematological testing via invasive (fingerstick) and/or non-invasive (bloodless) methods, from a referral source, or both.
4. Hematological data must be recorded in the participant's record and reflect the date of measurement. Any data obtained from a referral source must be documented as "Non-WIC" in the participant's record.
5. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must document refusal or any exceptions to obtaining bloodwork in the participants record. Exemptions include the following:
  - participants whose religious beliefs prohibit hematological testing
  - participants diagnosed with certain medical conditions in which hematological testing could cause harm may be exempt from testing. The medical condition must be documented in the participant's record and a written confirmation must be obtained from a health care provider (HCP).
    - If the condition is considered to be treatable, a new statement from the HCP is required for each subsequent certification.
    - If the condition is considered "lifelong", a new statement from the HCP would not be necessary for subsequent certifications.
6. The QN or CPA must assess hematological data to determine nutrition risk and the need for an individual care plan, and provide nutrition education, and referrals, as warranted.
7. LA staff must determine and inform participants when further bloodwork is required and schedule appointments, appropriately.

### **On-Site Hematological Testing**

1. On-site hematological testing may include the use of:
  - invasive hematological testing equipment for all participants, including those less than two years of age
  - non-invasive hematological testing equipment for participants age two years and older
  - a combination of both methods
2. LAs conducting hematological testing using the invasive method must:
  - obtain and maintain a current Clinical Laboratory Improvement Amendment (CLIA) certificate on file with the NYS DOH Wadsworth Center's Clinical Laboratory Evaluation Program
  - display their CLIA certificate at all sites where invasive hematological testing is performed
  - have an Exposure Control Plan (ECP) that is reviewed annually and updated whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure
  - maintain a Hematological Testing Log documenting all participant hemoglobin or hematocrit test results performed

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- keep a Sharps Injury Log of all percutaneous injuries to participants or staff from contaminated sharps that occur within the LA. Any related injuries must also be reported to NYS DOH Regional Office within 24 hours, or the next business day, whichever occurs first.
  - offer the Hepatitis B vaccination at no cost to LA staff performing hematological testing
  - maintain documentation that staff have been offered the Hepatitis B vaccination
  - retain signed Hepatitis B Vaccination Declination Form in the employee's personnel record if the vaccine is declined
3. LA staff must be trained appropriately to ensure the accuracy of hematological testing and the safety of participants and staff while performing either method of on-site testing. Each LA must ensure that all staff performing hematological testing meet the following criteria:
    - have a high school diploma or equivalent
    - complete training for hematological testing procedures used by the LA, including equipment handling, and maintenance
    - complete an annual training on standard precautions and maintain documentation in the staff's personnel record
  4. LA staff must follow the operating instructions provided by the manufacturer for specific information on use, cleaning, calibrating, and maintenance of hematological testing equipment.

**Hematological Data from Referral Sources**

1. Prior to requesting participant information from a HCP or other organization, LA staff must ensure that there is a signed consent for release of information on file for the participant.
2. Allowable sources of referral data include:
  - the NYS WIC Medical Referral Form or comparable form
  - medical or clinical records via physical or electronic format
  - electronic patient portals shared by the participant via cell phone, tablet, etc.
  - verbal result provided by the HCP. When a verbal result is used, staff must document the result in the participant's record and collaborate with the HCP to obtain written confirmation.
3. LA staff must document all attempts made to obtain hematological data in the participant's record. In cases in which a participant fails to provide hematological data, despite efforts by the LA to assist the participant in obtaining it, the participant cannot be denied certification or benefits, or be terminated from the WIC Program.
4. While hematological data is pending, staff must issue the appropriate number of months of benefits, based on the participant's risk factors, needs, and concerns.

**Lead Screening**

1. The QN or CPA must document if a blood lead test has been performed for children at 6 months of age and older at each certification.
  - For infants under 1 year of age who have not yet been screened for lead, staff must use professional judgment to determine if a referral is warranted.

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- For children 1 year of age and older who have not yet been screened for lead, staff must offer a referral to programs where they can obtain a blood lead test.
2. The QN or CPA must assess and document blood lead values, when available, as part of the nutrition assessment to determine appropriate nutrition risk, nutrition education, referrals, and the need for an individual care plan.

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## GUIDANCE

Policy Supplement Available  Yes  No

The QN or CPA may use professional judgment to request and obtain hematological data for participants if more current hematological data would enhance the participant's nutrition assessment.

For LAs with access to an electronic registry that provides lead values, staff may use this resource to review a participant's lead status.

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## RESOURCES

### WIC Program Manual sections and Policy Supplements:


- #1043: – Confidentiality, Releasing/Disclosure of Information
- #1135: – Nutrition Assessment Process
- #1136: – Nutrition Risk Criteria and Priority System
- #1405: – Local Agency Policy and Procedure Manual
- #1421: – Purchasing
- #1422: – Asset Inventory

### WIC Library:

- Hematology Quality Assurance Form
- NYS WIC Medical Referral Form (DOH-799)

### Other:

- [CDC's Recommendations to Prevent and Control Iron Deficiency in the United States](#)
- [CDC Childhood Lead Poisoning Prevention](#)
- USDA WIC Revised/Reissued Policy Memorandum #93-3 A
- USDA Food and Nutrition Service WIC Nutrition Services Standards, August 2013

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<b>Substance Use Screening, Education, and Referral</b>		

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## POLICY

1. The Qualified Nutritionist or Competent Professional Authority must screen all women, infant and child participants for substance use or exposure at certification appointments.
2. The Qualified Nutritionist or Competent Professional Authority must provide and document education about the dangers of drug and other substance use to all women and participant representatives of infants and children.
3. Local agency staff must provide and document appropriate referrals for all women and participant representatives of infants and children participants to substance use services, as needed.
4. Local agencies must maintain an up-to-date referral list of current resources for substance use counseling and treatment programs.

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## REGULATIONS

*Drug and other harmful substance abuse screening, [7 CFR §246.7\(n\)\(1-2\)](#) – screening for drugs and other harmful substances must be integrated in the certification process as part of the medical or nutritional assessment.*

*Nutrition education, [7 CFR §246.11\(a\)\(3\)](#) – ensure local agencies provide drug and other harmful substance use information to all pregnant, postpartum and breastfeeding woman and to parents or caretakers of infant and children participating in the program.*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


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## PROCEDURE

LAVMAPolicy Required  Yes  No

1. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must screen all women participants for alcohol, tobacco, exposure to secondhand smoke, drugs and other harmful substances that may cause harm to a developing fetus or child. This screening is completed as part of the nutrition assessment via the substance use questions in the management information system. Staff must complete the screening at certification appointments and at other appointments, as applicable, based on the professional judgment of staff and participant needs and concerns.
2. The QN/CPA must verbally provide education about the dangers of drug and other harmful substance use to all women and participant representatives of infants and children during certification appointments.



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3. The LA must document in each participant record that substance use education was provided to all women and participant representatives during the certification appointment.
4. The LA must maintain and make available for distribution a referral list of providers related to substance use including counseling providers, treatment programs, and local resources for drug and other harmful substance use. This list must be updated as needed, and at a minimum annually. The LA is encouraged to collaborate with listed programs to determine guidelines for receiving referrals.
5. The QN/CPA must provide drug and other harmful substance use referrals, as needed, to all women and participant representatives of infants and children, based on nutrition and health needs and concerns, individual situation, and stage of change.
6. LA staff must document all substance use referrals in the participants' record, including any follow-up at subsequent appointments
7. The QN/CPA must use current information on substance use and professional judgment to determine the recommended frequency of contacts necessary depending upon the participant's needs and concerns.
8. LA staff must receive role-based training and keep current on the health implications of drug and other harmful substance use, screening for substance use, providing education, and making appropriate referrals to relevant programs, resources, and providers.
9. LA staff must follow confidentiality procedures to ensure that substance use information for all participants and participant representatives is kept private and confidential.

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## GUIDANCE

Policy Supplement Available       Yes  No

WIC's role in preventing substance use is to provide participants with education, referrals, and coordination of services. Although basic screening is necessary to assist in fulfilling the referral mandate, it is not within the scope of WIC to diagnose substance use disorders or to provide in-depth counseling. Through established linkages and coordination with local resources, LA staff make and facilitate referrals to local substance use services.

Education requirements are achieved by providing information regarding the dangers of drug and harmful substance use verbally or during a conversation and by providing a referral, if appropriate. Written education materials or handouts may be used to reinforce information provided during a discussion; at time of referral; or if accompanied with further education. These materials, when used alone, do not meet the requirements for providing education.

Documentation of all substance use education in each participant record allows for continuity of nutrition education.

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Screening and interventions conducted by LA staff provide a mechanism to raise awareness about the hazards of substance use, motivate participants to think about their risk behavior, promote or maintain cessation, and support dynamics of making healthy lifestyle changes.

The USDA Substance Use Prevention, Screening, Education, and Referral Resource Guide for Local WIC Agencies, located on the WIC Library, assists LA staff with integrating substance use information and referral elements into their activities. It contains available resources and links to access a variety of appropriate educational materials for WIC participants and training materials for LA staff.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:


- #1043: Confidentiality, Releasing/Disclosure of Information
- #1135: Nutrition Assessment Process
- #1136: Nutritional Risk Criteria and Priority System
- #1200: Nutrition Education Contacts and Materials
- #1241: Referral to Other Services

### WIC Library:

- USDA Substance Use Prevention, Screening, Education, and Referral Resource Guide for Local WIC Agencies
- What You Need to Know About Marijuana Use and Pregnancy
- LACA SA Guidance Manual
- USDA Food and Nutrition Service WIC Nutrition Services Standards, August 2013

### Other:

- [New York State Office of Addiction Services and Supports \(OASAS\)](#)
- [NY Tobacco Control Program](#)
- [NYS Smoker's Quitline](#) : 1-866-NY-QUITS (1-866-697-8487)
- [NYSHOPEline Services: 1-877-8-HOPENY\(467369\) or Text HOPENY\(467369\)](#)

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<b>Nutrition Education Contacts and Materials</b>		

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## POLICY

1. Nutrition education contacts must be made available to each participant at least once every three months at no cost to the participant.
2. Nutrition education contacts and education materials must be based on the nutrition assessment and tailored to meet the participant's needs, goals and cultural preferences, and aim to improve health status and achieve positive change.
3. Each local agency must designate a Nutrition Coordinator.
4. The local agency must develop and implement policies and procedures to ensure an effective, ongoing process for compliance and annual review of education materials.
5. Exit counseling must be offered to all women participants.
6. Information on the dangers of substance use must be provided to all women participants and participant representatives of infants and children.
7. The local agency must develop an annual Nutrition Education Plan that aligns with the state's nutrition and breastfeeding priorities.

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## REGULATIONS

Nutrition education, [§246.11](#)

Substance Use, [7CFR §246.11\(a\)\(3\)](#)


WIC Policy Memorandum: #94-9 WIC Exit Counseling Brochure

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## DEFINITIONS

Exit Counseling – Counseling for women participants graduating from WIC to reinforce the important health messages received through the WIC Program such as intake of folic acid, continued breastfeeding, up to date immunizations, health risks of using alcohol, tobacco, and other drugs, and the need for a well-balanced diet.

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

**LA/VMA Policy Required**       Yes  No

### Nutrition Education Contacts


The first nutrition education contact is the counseling and education provided at the Certification appointment. Follow-up nutrition education contacts occur at Nutrition Education and Health and Nutrition Update (HNU) appointments to continue the counseling and education initiated at certification and follow-up on nutrition needs and interventions.

1. Local Agency (LA) staff must explain the positive, long-term benefits of nutrition education and encourage participants to attend and participate in these activities. Participants must not be denied benefits for failure to attend or participate in nutrition education activities.
2. LA staff must inform participants of the available delivery methods for nutrition education and work collaboratively to best meet the needs of the participant.
3. Nutrition education contacts must be offered at least once every three months during the certification period and scheduled in coordination with the participant.
4. The nutrition education that is offered, provided, or refused must be documented in the participant record at each nutrition education contact to ensure continuity of care.
5. Nutrition education must be provided and documented by a Qualified Nutritionist (QN) or Competent Professional Authority (CPA).
6. QNs and CPAs must attend competency-based trainings that are relevant and appropriate to their job functions to ensure quality nutrition services are provided to participants.
7. Nutrition education contacts provided by a third-party provider, in accordance with an established Memorandum of Understanding or Joint Program Services Agreement, must be documented in the participant's record as a note and/or within an individual care plan.

### Counseling and Delivery Methods

Effective nutrition education consists of counseling methods that consider the multiple learning aptitudes identified during the nutrition assessment process and subsequent follow-up. Nutrition education and counseling can be conducted through a variety of delivery methods.

1. LA staff must use participant-centered counseling approaches that:
  - help participants set simple and attainable goals
  - engage the participant in meaningful dialogue without passing judgement
  - tailor nutrition education and referrals based on the nutrition assessment and address the participant's needs, including those specific to migrant farm workers, homeless individuals, substance using individuals, high-risk participants, and/or breastfeeding women

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2. LA staff must offer a variety of effective delivery methods for appointments, this may include but not limited to:
  - individual or household contacts
  - facilitated groups
  - contacts using technology that include, but are not limited to phone, online platform, or video conferencing that have no cost or barriers to the participant
  
3. Providing education materials alone, without counseling, is not considered effective and must not be used as the sole means of nutrition education. Reinforcement of nutrition education may include, but not limited to publications, paper handouts, take-home activities, newsletters, videos/DVDs, bulletin boards, displays, health fairs, and public service announcements such as radio, TV advertisements, social media, and text messaging.

**Nutrition Education Content**

1. The QN or CPA must review the nutrition assessment to identify the participant’s nutrition risk factors, needs and concerns before offering nutrition education.
  
2. LA staff must ensure nutrition education contacts deliver accurate, relevant, and consistent messages to participants to help achieve optimal health outcomes
  
3. LA staff must consider many factors when determining the content of nutrition education contacts and education materials provided to participants, including, but not limited to:
  - nutrition risks, needs and concerns, household situation, cultural practices, gender identity, geographic locations, environmental influences and educational abilities of the participant identified through the nutrition assessment process
  - participant’s literacy level and primary language spoken
  - participants with disabilities
  - the relationship between nutrition, physical activity, and health
  - a participant’s motivation to change
  - current science, evidence-based and/or effective strategies, methodologies, techniques, and nationally recognized sources
  - a life course perspective approach to improve maternal and child health that emphasizes not only risk reduction during pregnancy, but also health promotion and optimization across the life course
  - breastfeeding-friendly messages while also meeting participant needs by providing information on bottle feeding and/or formula feeding, as appropriate.
  
4. Nutrition education and counseling must be participant-centered, focusing on the topics and issues that are relevant to the participant. Additionally, federal regulations have specific requirements for two education topics: exit counseling and the dangers of substance use. These topics must be presented to participants, in addition to any needs and concerns identified.

**Substance Use:**

- The QN or CPA must provide and document information and education about the dangers of substance use to all women participants and participant representatives of infants and children.


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**Exit Counseling:**

- The QN or CPA must offer exit counseling to all women participants graduating from WIC at or near their final nutrition education contact. The education offered during exit counseling establishes a solid foundation to promote positive health outcomes after a women’s eligibility with WIC. This counseling reinforces the important health messages received through the WIC Program. Exit counseling should not replace nutrition education when more risk-specific counseling is needed, and should be offered in addition to the nutrition risk-specific counseling. The key messages include, but are not limited to:
  - importance of adequate folic acid intake during childbearing years
  - breastfeeding as the preferred method of infant feeding
  - importance of immunizations
  - health risks associated with intake of alcohol, tobacco and other drugs
  - the need of a well-balanced diet
- The QN or CPA must offer an exit counseling brochure in conjunction with providing exit counseling to women participants. The NYS WIC Program offers “You are an Amazing Mom” as the exit counseling brochure for women participants. If the LA chooses to create their own exit counseling brochure it must include, at a minimum, information about all of the exit counseling key messages.
- The QN or CPA must document that exit counseling was offered and indicate if the brochure was accepted or refused in the participant record. Best practice is to document the specific key messages discussed.

**Nutrition Education Materials**

1. LA staff must perform an annual review of education materials which are created, purchased, or obtained from other sources, including websites, which are provided directly to participants to ensure information is current and accurate.
2. The LA must maintain an effective system to discard or replace outdated education materials.
3. LA staff must evaluate the need for the current nondiscrimination statement and WIC acronym and logos to be included on agency-developed education materials.
4. Education materials must include an effective combination of styles and visual images that represent the participant population and foster inclusivity.
5. Education materials must not endorse brand specific products, and any recommendations must be free of sponsor and product bias. Free of sponsor and product bias means free of the following:
  - brand name, company, or logo is not promoted or advertised directly to participants, unless discreetly listed as credit on a resource
  - brand names and all product promotion which could send a double message
  - excessive or misleading claim as to the benefits of a product

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**Nutrition Coordinator**

Each LA must designate a Nutrition Coordinator (NC) to oversee all aspects of nutrition services and education, in coordination with the WIC Coordinator, to ensure quality nutrition services are provided to participants.

**Nutrition Education Plan**

The LA's Nutrition Education Plan establishes nutrition priorities, including breastfeeding promotion and support, and describes action steps planned for the year to improve participant health and nutrition outcomes. Through the Local Agency Compliance and Self-Assessment (LACASA) LAs must evaluate these priorities and develop measurable goals outlining the LA's plan to deliver quality nutrition services.

**GUIDANCE**

**Policy Supplement Available  Yes  No**

Any participant representative may attend a Nutrition Education appointment; however, the optimal interaction is with the authorized representative/parent, and when possible, the child participant.

The Nutrition Coordinator and Breastfeeding Coordinator are encouraged to manage the review of education materials to ensure LA compliance. However, all nutrition staff may assist in the review of education materials on an ongoing basis.

Maintenance of a tracking log by the LA for the review of education materials is encouraged.

LA staff may use the NYS Division of Nutrition Recipe Guidelines to assess and determine if a recipe is appropriate for distribution to participants.


**RESOURCES**

**WIC Program Manual and Policy Supplements:**

- #1013: Use of WIC Acronym and Logos
- #1040: Civil Rights and Nondiscrimination Statement
- #1044: Guidelines for JPSA, MOU, Research and Data Requests
- #1102: WIC Services Documentation
- #1135: Nutrition Assessment Process
- #1186 Substance Use Screening, Education, and Referral
- #1405: Local Agency Policy and Procedure Manual
- #1451: Electronic Communications Use
- #1460: Local Agency Staff
- #1467: Competency Based and Mandatory Training


**WIC Library:**

- NYS Division of Nutrition Recipe Guidelines
- LACASA Guidance Manual

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<b>Nutrition Education Contacts and Materials</b>		

- You are an Amazing Mom- Exit Counseling Brochure
- Value Enhanced Nutrition Assessment in WIC
- USDA Food and Nutrition Service, WIC Nutrition Education Guidance, January 2006
- USDA Food and Nutrition Service, Nutrition Services Standards, August 2013



	<b>WIC Program Manual</b>	
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<b>Food Safety</b>		

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## POLICY

1. Local agency staff conducting food demonstrations must adhere to food safety practices.
2. Anyone exhibiting symptoms of illness must not work in any component of food preparation or distribution.
3. Participants must not engage in any component of the preparation or distribution of foods, unless closely supervised by a trained local agency staff member.
4. Local agencies must develop and maintain policies and procedures to address food safety practices when conducting food demonstrations, per the Local Agency Policy and Procedure Manual.
5. WIC Local Agency Coordinators and Nutrition Coordinators must monitor food recall and outbreak announcements on the [NYS WIC Vendors website](#), as well as subscribe to email alerts from the [Food and Drug Administration](#).
6. Local agency staff must provide food recall information and education to participants and advise on the importance of monitoring the recalls and what to do if a recall matches a product they have recently purchased or consumed.

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## REGULATIONS

[Food and Drug Administration Food Code \(2022\)](#)

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required      Yes   No

1. Staff conducting food demonstrations must regularly review and adhere to their local agency policies regarding food safety.
2. Each local agency must maintain documentation of food demonstration activities, and respective monitoring and safety procedures for at least 90 days after the event.
3. Staff must maintain receipts of purchases as per record retention requirements.
4. WIC allowable foods must be used when conducting food demonstrations.

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<b>Food Safety</b>		

5. Prepared food from demonstrations must be consumed within two hours if left at room temperature. After two hours, any prepared food must be discarded and cannot be reused or reserved.
6. Staff must ask participants if they have any food allergies at the start of food demonstrations and ensure that participants with food allergies are not served food(s) that contain or are in contact with the allergen(s). In the case of a severe food allergy that is triggered by exposure, staff must ensure that the food(s) that contain the allergen(s) not be prepared or served during the food demonstration
7. To control for the risks of foodborne illness and cross-contamination in a food demonstration:
  - staff conducting the demonstration must be free from illness including sore throat, fever, jaundice, diarrhea, or foodborne illness
  - participating staff members must wash their hands using the proper hand washing technique
  - the food demonstration must be conducted in an area where there is adequate space to clean, prepare, cook, and serve the food
  - staff must not leave food or equipment unattended
  - food must be protected from biological, chemical, and physical contamination
  - food that is contaminated must be discarded immediately
  - staff must prepare, hold, and store food at proper temperatures as designated by the USDA Safe Minimum Internal Temperatures, located in the [Food and Drug Administration Food Code \(2022\)](#)

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## GUIDANCE

Policy Supplement Available       Yes    No

Supplies for food demonstrations are an allowable component of program operations and education materials. Staff should consider the cultural and demographic backgrounds of their participants when choosing appropriate ingredients and recipes to present.

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## RESOURCES

WIC Program Manual Sections:

- #1405: Local Agency Policy and Procedures Manual and Supplement
- #1401: Record Retention

Other:

- [Food and Drug Administration Food Code \(2022\)](#)
- [Foodsafety.gov](#)
- FDA Food Information Line 1-888-SAFEFOOD (1-888-723-3366)
- [WIC Works Food Safety Education Materials and Information Resources](#)
- [WIC Works Food Safety for Children and Pregnant and Breastfeeding Women Resources](#)
- [USDA Dietary Guidelines for Americans, Food Safety Principles and Guidance for Consumers](#)
- [USDA Allergies and Food Safety Information](#)

	<b>WIC Program Manual</b>	
	<b>Section 1216</b>	
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<b>High Risk Care</b>		

## **POLICY**

1. All participants who meet high risk criteria must be assessed by a Qualified Nutritionist to determine the need for high risk care, at the appointment at which the high risk criteria was identified or at their next scheduled appointment.
2. When high risk care is warranted, the Qualified Nutritionist must initiate, implement, and document an individual care plan based on the nutrition assessment, and the needs and concerns of the participant.
3. When high risk care is no longer warranted, the Qualified Nutritionist or Competent Professional Authority must end the individual care plan.
4. All high risk participants must be seen by a Qualified Nutritionist at least once during each certification period.

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## **REGULATIONS**

*Participant Contacts, 7 CFR §246.11(e)(5) - an individual care plan shall be provided for a participant based on the need for such plan as determined by the competent professional authority, except that any participant, parent, or caretaker shall receive such plan upon request.*

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

**Individual Care Plan** – The plan of care developed for high risk participants that will assist the participant in improving identified nutrition and health-related behaviors. The individual care plan includes relevant nutrition assessment information, plans that include goals and desired health outcomes, and follow-up documentation.

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## **PROCEDURE**

LAWMA Policy Required       Yes  No

1. The local agency (LA) must use New York State's designated high risk criteria, per WIC Program Manual 1136 Nutrition Risk Criteria and Priority System.
2. The Qualified Nutritionist (QN) may manually assign high risk status to participants that do not have any designated high risk criteria, but have several significant risks, or concerns that the QN and participant agree should be followed closely and warrant an Individual Care Plan (ICP), or as referred by a Competent Professional Authority (CPA).
3. The LA must have a procedure for the QN to assess participants identified as high risk, or referred for a higher level of care by the CPA, preferably at the appointment at which the high risk is identified, but no later than the next appointment.

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4. The QN and CPA must use participant-centered skills to inform participants about the benefits of high risk care and meeting with the QN or CPA individually. Staff must collaborate with participants to determine the types and frequency of follow up appointments that meet the participant's needs.
5. When the QN determines that high risk care is warranted, or upon participant request, the QN must initiate and develop an ICP based on the participant's nutrition risk and priority level, professional judgment, and the needs and concerns of the participant/participant representative.
6. At a minimum, the ICP must include:
  - subjective information
  - nutrition assessment information, including identification of nutrition-related concerns
  - an action plan that includes goals, desired health outcomes, and nutrition and breastfeeding support provided
  - a plan for follow-up care
7. The ICP must be updated at each individual or household appointment to indicate progress toward goals, and to follow-up on referrals and interventions. Follow-up notes in the ICP must reflect the content of the visit, maintain a clear picture of the participant's status, and ensure continuity of care. When participants opt to attend nutrition education appointments other than individual or household appointments, staff are not required to update the ICP unless pertinent high risk related information was obtained about the participant during that appointment.
8. An ICP must be ended by the QN or CPA in the following circumstances with a documented reason when:
  - high risk care is no longer needed based on improved health outcomes
  - a participant declines or no longer wishes to receive high risk care, or is not interested in setting goals
  - a participant's certification period ends
9. Recertification appointments for high risk participants must be scheduled with a QN for reassessment. If the participant no longer needs or desires high risk care, the QN must end the ICP from the previous certification.
10. For participants who have high risks that carry over to a new certification, a new individual care plan(s) must be initiated, to allow for new subjective information, and an updated assessment/plan of care to be documented.

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## **GUIDANCE**

Policy Supplement Available     Yes  No

All WIC participants are at nutritional risk, but some health conditions put participants at greater risk for poor health outcomes. Some of the goals of WIC high risk care and follow-up are to:

- reduce fetal deaths and infant mortality
- reduce the incidence of infants born at low birthweight
- increase the duration of pregnancy

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### High Risk Care

- improve growth of nutritionally at-risk infants and children
- reduce the incidence of iron-deficiency anemia
- assure regular medical care and follow-up
- make referrals for health care or for other resources as needed

Best practice is for high risk participants to see a QN at each visit for an individual appointment. However, once the ICP has been established by the QN, the participant may be scheduled with CPA staff for future nutrition education and Health and Nutrition Update (HNU) appointments.

LAs are encouraged to promote follow-up by the same QN that completes the certification and ICP. When a CPA is carrying out the ICP established by the QN, the CPA and QN should work together to ensure continuity of care and to decide when the ICP can be closed.

Obtaining anthropometry and bloodwork values more often than is required per policy may enhance the care provided to high risk participants. However, this is not required and should be discussed with the participant/parent in a participant-centered manner and be mutually agreed upon.

A QN or CPA may choose to initiate an ICP for non-high risk participants, when warranted. Protocols may be determined by the LA, as it is not required to follow standard high risk care procedures in this instance.

Participants should only have one ICP for the certification period. The QN/CPA uses professional judgment to end the ICP during the certification period, and/or initiate a new ICP, based on the number of risk criteria, and the participant's needs and concerns.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:


- #1102-WIC Services Documentation
- #1135-Nutrition Assessment Process
- #1136-Nutrition Risk Criteria and Priority System
- #1405-Local Agency Policy and Procedure Manual
- #1460-Local Agency Staff

### WIC Library:

- USDA, Food and Nutrition Service Nutrition Services Standards, August 2013

### Other:

- Refer to *Guidance for Documenting Individual Care Plans in NYWIC* within the NYWIC Guidance Packet, available on the Miscellaneous tab in NYWIC

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<b>Breastfeeding Assessment and Tailoring Services</b>		

## POLICY

1. The Qualified Nutritionist or Competent Professional Authority must be trained and competent in conducting a breastfeeding assessment and supporting breastfeeding through the prenatal and postpartum periods.
2. The Qualified Nutritionist or Competent Professional Authority must conduct a breastfeeding assessment at the certification of a breastfeeding dyad, when a breastfeeding dyad encounters a situation that may impact milk supply, and when a breastfeeding participant requests WIC formula.
3. The Qualified Nutritionist or Competent Professional Authority must tailor WIC services based upon the breastfeeding assessment, professional judgement, and the participant's breastfeeding goals to support a successful breastfeeding experience.
4. The Qualified Nutritionist or Competent Professional Authority must tailor food packages to meet the needs of the dyad, while minimizing adverse impacts on the participant's breastfeeding goals.
5. The Qualified Nutritionist or Competent Professional Authority must be familiar with the medical contraindications to breastfeeding and provide appropriate counseling and referrals.

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## REGULATIONS

Food packages and breastfeeding assessments, [CFR 246.10\(e\)](#)

Nutrition education including breastfeeding promotion and support, [CFR 246.11\(d\)](#)

Encouraging breastfeeding to all participants unless contraindicated for health reasons, [CFR 246.11\(e\)\(1\)](#)

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## DEFINITIONS


**Case Conferencing** – As part of the implementation of the Breastfeeding Attrition Prediction Tool (BAPT), these conferences are held among key WIC staff to discuss issues, barriers, concerns and progress of a participant's case. The goal of the conference is for WIC staff to communicate frequently and collaborate on a participant's case, to ensure consistent and coordinated care and support is provided to participants at highest risk for breastfeeding attrition.

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## PROCEDURE

**LA/VMA Policy Required**  Yes  No

1. The Breastfeeding Coordinator (BFC) must ensure that Qualified Nutritionist (QN) or Competent Professional Authority (CPA) staff are trained and competent in conducting breastfeeding assessments, providing appropriate breastfeeding services, and tailoring food packages to assist participants in meeting their needs and reaching their breastfeeding goals.
2. The QN or CPA must review identified contraindications to breastfeeding and provide counseling and referrals, as appropriate. Participants who disclose that they are HIV-

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positivemust be advised not to breastfeed and referred to their healthcare provider. WIC staff must maintain participant confidentiality and ensure privacy during discussions regarding a participant's HIV status.

3. Staff must inform pregnant participants of the food packages available to breastfeeding participants and the length of the certification period.
4. The QN or CPA must respect a participant's informed decision as to the infant feeding method choice and provide appropriate support, education, and tailored services, as needed.
5. The QN or CPA must encourage exclusive, continued breastfeeding and educate participants on how supplemental feedings of formula interfere with breast milk production and breastfeeding success.
6. The QN or CPA must tailor the appointment schedule and frequency of contacts based on the assessment, professional judgement, and the participant's needs/breastfeeding goals.
7. The QN or CPA must refer situations that are outside their scope of practice to the BFC or Designated Breastfeeding Expert (DBE).

#### **Conducting the Breastfeeding Assessment**

1. Duringassessmentand counseling,the QN orCPA mustprovide participant-centered counseling, education, and anticipatory guidance, using positive words of encouragement,supporting breastfeeding as thestandardmethod ofinfantfeeding, and with sensitivity to the participant's individual breastfeeding experience.
2. The QN or CPA must evaluate a participant's breastfeeding knowledge, support, and confidence to ensure barriers are identified and discussed prior to or during the breastfeeding assessment.
3. Trained staffmay observe afeeding to assess breastfeeding questions, concerns or complications the dyad is experiencing. The DBE and other trained and credentialed breastfeeding staff may provide hands-on assistance with permission from the participant, and if allowed by sponsor agency protocol and any professional scope of practice.
4. Based on the breastfeeding assessment, the QN or CPA must tailor food packages to support exclusive breastfeeding. When a breastfeeding participant requests WIC formula, the QN or CPA must issue the minimum amount, based on the assessed need and provide support and education.
5. The QN or CPA must discuss the option of using a breast pump to provide expressed breast milk to the infant and to maintain milk supply when a participant requests WIC formula or when the breastfeeding dyad is separated.
6. TheQN orCPAmustnot routinelyissue any quantity of WIC formula to breastfed infants less than onemonth ofage.Aftera complete breastfeeding assessment,theremay be

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### **Breastfeeding Assessment and Tailoring Services**

instances when a dyad needs minimal supplementation. A maximum of one can (or equivalent) of formula may be issued when one of the following conditions is present:

- a Separation of mother and infant for medical reasons
- b Mother with previous breast surgery/trauma
- c Cleft palate/lip or other congenital abnormalities
- d Multiple birth
- e Delayed lactation
- f Medications affecting breast milk supply
- g Insufficient glandular tissue
- h Hormonal/endocrine abnormalities (PCOS, DM, Thyroid issues)
- i QN/CPA professional judgement

If one can (or equivalent) of formula is issued within the first month of life, staff must clearly document the rationale in the infant's record.

7. At any time, a participant may change breastfeeding status. Any request for formula or additional formula must be assessed by a QN or CPA. If a breastfeeding infant is receiving formula, the amount of formula must be tailored to support breastfeeding goals. Any amount of formula issued must be the minimum amount needed, based on the new breastfeeding status.
8. The QN or CPA must continue to reassess the breastfeeding experience at all subsequent individual and household appointments and provide on-going support, guidance, participant-centered counseling and referrals, as needed.

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## **GUIDANCE**

The WIC breastfeeding assessment is the review and evaluation of a breastfeeding dyad's experience and collected/objective data which is used as a basis for providing participant-centered counseling with the breastfeeding participant. Assessment of breastfeeding practices must be documented in the participant's record; however, the use of the breastfeeding assessment tool should be used as a guide for new staff as they acquire the skills necessary to gather data in a participant-centered manner within the management information system.

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## **RESOURCES**

### **WIC Program Manual Sections and Policy Supplements:**

- #1221: Breastfeeding Peer Counselor Program
- #1225: Breast Pump Program
- #1135: Nutrition Assessment Process
- #1460: Local Agency Staff
- #1250: WIC Food Packages and Tailoring

### **WIC Library:**

- U.S. Department of Agriculture VENA Guidance
- NYS Breastfeeding Assessment Tool and Guidance
- USDA Peer Counselor Training Curriculum
- CPA and BFCC Competencies




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**Breastfeeding Assessment and Tailoring Services**

**Other:**

- [U.S.DepartmentofAgriculture, Food andNutritionServiceBreastfeedingPolicy and Guidance, July2016](#)
- [U.S.DepartmentofAgriculture, FoodandNutritionServiceNutritionServicesStandards, August 2013](#)
- [NYSDOHPolicyStatement:SituationsWhereBreastfeedingisContraindicated](#)
- AmericanAcademy ofPediatrics PolicyStatement:[Breastfeedingand theUseofHuman Milk](#)

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<b>Breastfeeding Peer Counselor Program</b>		

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## POLICY

1. Local agencies must establish and maintain a Breastfeeding Peer Counselor Program in accordance with the USDA WIC Breastfeeding Model Components for Peer Counseling and the USDA WIC Breastfeeding Curriculum.
2. The LA Breastfeeding Coordinator is responsible for developing, implementing and monitoring the Breastfeeding Peer Counselor Program, including supervision of the Peer Counselor Coordinator and Peer Counselors.
3. Peer Counselors must provide a minimum number of participant contacts based on the LA's established protocols and document all contacts and attempted contacts in the management information system.
4. Peer Counselors must work within their scope of practice and yield appropriately to the WIC-Designated Breastfeeding Expert or other qualified staff.
5. Peer Counselor time and activity must be exclusively for the provision of breastfeeding promotion and support activities. Peer Counselors do not replace WIC staff or perform their duties.
6. Peer Counselor funding must be used in accordance with the Allowable Costs for Breastfeeding Peer Counseling Programs.

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## REGULATIONS

[USDA Breastfeeding Policy and Guidance Document 2016](#) – *Breastfeeding Peer Counselors add a critical dimension to WIC's efforts to help women initiate and continue breastfeeding. Evidence from randomized controlled trials evaluating breastfeeding peer counseling indicates that Peer Counselors effectively improve rates of initiation, duration, and exclusivity. FNS' goal is to integrate peer counseling as a core WIC service and assure that Peer Counselors are available in as many local agencies as possible.*


[USDA WIC Breastfeeding Model Components for Peer Counseling](#) – *Outlines the specific components required for a WIC Breastfeeding Peer Counselor Program.*

[The 2011 Surgeon General's Call to Action to Support Breastfeeding](#) - *Recommends that peer counseling be available to all women in WIC.*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


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<b>Breastfeeding Peer Counselor Program</b>		

## PROCEDURE

LAVMAPolicy Required     Yes     No

### PeerCounselors

1. Peer Counselors(PCs) mustmeetthefollowingqualifications:
  - be a paraprofessional, in which they perform specific tasks within a defined scope of practice and assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals
  - be recruited and hired from WIC's target population, and, to the extent possible, represent the same racial/ethnic background as the participants they support
  - havebreastfed at least one baby
  - be available to WIC clients outside usual local agency (LA) hours and outside the WIC LA environment
2. The Breastfeeding Coordinator (BFC) or Peer Counselor Coordinator, (PCC) must train PCs using the USDA WIC Breastfeeding Curriculum.
3. PCs must follow a defined scope of practice, limited to thesupport of normal breastfeeding as outlined in the USDA WIC Breastfeeding Curriculum.
4. The BFC must train allstaff on the Breastfeeding Peer Counselor Program and the Peer Counselor's scope of practice and establish an efficient referral system to PC services.
5. LAs must use theFrequency of Peer Counselor Contacts Guidance to establish protocols for peer counselor contacts, especially focusing on those time periods critical to breastfeeding. (Refer to the Breastfeeding Peer Counselor Policy Supplement.)
6. PCs must manage their caseloads and document all contacts and attempted contacts with WIC participants in a timely manner, using the Peer Counselor Module in the management information system (MIS).
7. PCs must haveregular, systematic,supervision and monitoring by the LABFC or PCC.
8. LAs must establish procedures for PCs to complete and submit the NYS WIC Peer Counselor Productivity Record to adequately track all time worked. The BFC or PCC must review these records upon submission. The NYS WIC PC productivity records must be available for NYS DOH review for monitoring purposes.
9. The BFC must review PC Program data utilizing the reports found in the PC Module on aroutine basis as a method of monitoring and oversight.
10. The BFC or PCC must observe various types of PC counseling, involving both prenatal and postpartum participants, when conducting quality assurance activities.

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11. PCs must receive payment based on a fair wage within the region and must be paid for time spent training.
12. LAs must monitor PC Program spending and work to maximize funds to provide optimal PC services.
13. The BFC must assess the PC program annually using the Peer Counseling Program Assessment Form.
14. LAs must establish community partnerships to enhance the effectiveness of the WIC peer counseling program.
15. Peer Counselors must only provide WIC PC services to WIC participants.
16. PCs that provide support in the hospital:
  - must comply with hospital visitation policies and yield to the hospital's lactation consultant
  - must only provide WIC PC services to WIC participants
  - may provide WIC outreach to non-WIC participants

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## GUIDANCE

Policy Supplement Available     Yes     No

BFCs are encouraged to provide PCs mentorship opportunities with more experienced PCs.

PCs should have regular internet access and the equipment that they need to be able to document immediately after the contacts are made. Breastfeeding peer counseling funds may be used to purchase cellphones, laptops, tablets, and other technology to help PCs carry out their role. Refer to the Allowable Costs for Breastfeeding Peer Counseling Programs document for a full list of allowable expenses.

LAs that provide PC services in the hospital and/or in-home settings should designate PCs with additional PC training and experience, who work well independently, and demonstrate exemplary counseling skills for the needs of these participants during critical breastfeeding time periods.


To provide models and motivate other LAs to strengthen their breastfeeding promotion and support activities and ultimately increase breastfeeding initiation and duration rates among WIC participants, LAs should consider applying for a WIC Breastfeeding Award of Excellence when eligibility requirements are met for each award level.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1224: Breastfeeding Education, Promotion and Support
- #1460: Local Agency Staff

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**WICLibrary:**

- AllowableCosts for Breastfeeding Peer Counseling
- TheNYSWICPeer Counselor Productivity Record
- NYSWICPeer Counseling ProgramAssessmentForm
- LAAdministrativeDirective 07/21- #49NYS WIC Peer Counselor Productivity Record

**OtherResources:**

- [USDAFoodandNutrition ServiceNutrition Services Standards, August 2013](#)
- [USDAWIC Breastfeeding Support Website](#)
- [USDAWICBreastfeeding Awards ofExcellence](#)
- [USDABreastfeeding Policy andGuidance,July 2016](#)

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<b>Breastfeeding Education, Promotion and Support</b>	

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## **POLICY**

1. Local agencies must include breastfeeding education, promotion and support goals and activities in their annual Nutrition Services Plan.
2. Each local agency must designate a Breastfeeding Coordinator.
3. Local agency staff must provide education on the benefits of breastfeeding, inform participants of WIC breastfeeding services, and offer all prenatal and breastfeeding participants a referral to a peer counselor.
4. Local agencies must incorporate role-specific breastfeeding education, promotion and support training into orientation programs for new staff, and ongoing training for all staff who have direct contact with participants.
5. Local agencies must provide a breastfeeding-supportive environment that promotes positive breastfeeding messages and encourages breastfeeding anywhere in the clinic.
6. Local agencies must foster positive relationships with community breastfeeding partners and other entities that interface with participants to form referral networks and establish a continuum of care.
7. Local agencies must receive approval from New York State Department of Health prior to implementation or involvement with an external mother support group.

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## **REGULATIONS**

*Breastfeeding Promotion and Support, [7CFR §246.11\(c\)\(7\)](#) - Establish standards for breastfeeding promotion and support which include, at a minimum, the following: a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding; a requirement that each local agency designate a staff person to coordinate breastfeeding promotion and support activities; a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients; and a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.*

*Breastfeeding Promotion and Support, [7CFR 246.11\(d\)\(2\)](#) - Develop an annual local agency nutrition education plan, including breastfeeding promotion and support, consistent with the State agency's nutrition education component of Program operations.*

*[USDA Breastfeeding Policy and Guidance Document 2016](#) – A major goal of WIC is to improve the nutrition status of infants; therefore, unless medically contraindicated, WIC staff must provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding and encourage women to breastfeed for as long as possible.*

*Right to breastfeed, [NY CLS Civ R §79-e](#) - a mother may breast feed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breastfeeding.*

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<b>Breastfeeding Education, Promotion and Support</b>	

## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LA Policy Required       Yes  No

1. Local agencies (LAs) must develop policies and procedures that define all staff roles and responsibilities in breastfeeding education, promotion and support.
2. Local agencies must designate a Breastfeeding Coordinator (BFC) to manage breastfeeding promotion, education, and support activities. Adequate time must be allotted to the BFC to perform the duties and responsibilities of the position. Refer to WPM 1460 Local Agency Staff.
3. All staff must have a basic knowledge of breastfeeding and understand their unique role in order to effectively promote and support breastfeeding as the standard method of infant feeding.
4. Staff must inform participants of the breastfeeding services that WIC provides, including breastfeeding food packages and the length of the certification period available to breastfeeding women, breastfeeding assessments and education from qualified staff, breast pumps and peer counseling services.
5. The BFC must provide relevant breastfeeding training to all new WIC employees, and at a minimum of once per year, to all staff in the direct contact with WIC participants. This training must be relevant to the various staff roles, knowledge and needs. Documentation of training content and staff attendance must be maintained.
6. Ongoing staff training on breastfeeding promotion and support includes but is not limited to the following:
  - WIC program goals, philosophy, policies and procedures on breastfeeding education, promotion and support
  - staff roles and responsibilities related to promoting and supporting breastfeeding
  - breastfeeding assessment strategies
  - appropriate food package assignment and tailoring to ensure minimal amounts of formula are provided to breastfeeding infants
  - culturally appropriate breastfeeding promotion and support strategies
  - current breastfeeding management techniques
  - breastfeeding counseling and education strategies
  - breast pump assessment, issuance and inventory
  - referral procedures when a breastfeeding issue arises outside of a staff person's scope of practice
7. Unless contraindicated for health reasons, LA staff must provide culturally appropriate breastfeeding education and support, starting in the prenatal period, to encourage parents to exclusively breastfeed their infant for the first six months and to continue breastfeeding, with the addition of complementary foods, for the first year of life and thereafter for as long as mutually desired by the breastfeeding dyad.

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### Breastfeeding Education, Promotion and Support

8. All staff must respect a mother's informed decision as to her infant feeding method of choice.
9. Local agencies must not display images of teats and breastmilk substitute materials. This includes, and is not limited to, any materials that feature bottles or bottle feeding.
10. Local agencies must provide educational and promotional materials that portray breastfeeding as the standard method of infant feeding.
11. A space must be provided for breastfeeding participants wishing to breastfeed and/or express milk in private and be easily located through clear signage.
12. Local agencies must receive approval from New York State Department of Health (DOH) prior to implementation or involvement with an external mother support group that includes non-WIC attendees, such as a baby cafe.
13. Local agencies that provide breastfeeding education, promotion and support services through an external mother support group must ensure all materials are consistent with USDA's Peer Counselor Training Curriculum, Federal Regulations, policies, and guidance.

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## GUIDANCE

Policy Supplement Available     Yes    No

When appropriate, the participant's family and friends should be included in breastfeeding education and support sessions.

Local Agencies are encouraged to support breastfeeding-friendly workplace policies for all WIC staff.

Professional staff should attend advanced lactation training on a continual basis and keep up-to-date on the most current evidenced-based lactation information and research.

As part of the LAs breastfeeding education, promotion and support activities, LAs are encouraged to plan and participate in World Breastfeeding Week and National Breastfeeding Month.

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## RESOURCES


### WIC Program Manual Sections and Policy Supplements:

- #1020: Participant-Centered WIC Environment
- #1220: Assessing the Breastfeeding Dyad
- #1221: Breastfeeding Peer Counselor Program
- #1200 Nutrition Education Contacts and Materials


### Other:

- [U.S. Department of Agriculture Loving Support to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff](#)



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<b>Breastfeeding Education, Promotion and Support</b>		

- [U.S.Department ofAgriculture,FoodandNutritionServiceNutritionServices Standards, August 2013](#)
- [USDAWIC BreastfeedingSupportWebsite](#)
- [NationalWIC AssociationSixSteps toAchieveBreastfeedingGoalsChecklist](#)
- [NYSWICBreastfeedingPartners Website](#)
- [NYSBreastfeedingCoalition-Laws and Legislation](#)
- [NYSDepartmentofHealth- BreastfeedingPromotion,ProtectionandSupport](#)

	<b>WIC Program Manual</b>	
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<b>Breast Pump Program</b>		

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## POLICY


1. Prior to issuing a breast pump, staff must conduct a breast pump assessment to identify the participant's need and determine the most appropriate type of pump. Breast pump assessments must only be conducted by trained Qualified Nutritionist or Competent Professional Authority staff.
2. A breast pump must only be provided to a participant with an active certification, after the birth of the infant, when a need is identified.
3. Local agencies must have readily available, hospital grade electric, personal grade electric and manual breast pumps that meet New York State WIC technical specifications. Staff must maintain an ongoing breast pump inventory in the management information system and conduct a monthly physical inventory of all breast pumps and collection kits.
4. The Qualified Nutritionist or Competent Professional Authority must provide education to each participant issued a breast pump on how to use and maintain the breast pump and ensure that the participant understands and signs a breast pump agreement.
5. The Qualified Nutritionist or Competent Professional Authority must provide education on hand expression of breast milk to all participants interested in breastfeeding.
6. Local agencies must provide breast pumps, collection kits, and breastfeeding aids at no charge to participants.
7. Local agencies must not deny participants' benefits, terminate certifications, or suspend participants for unreturned, damaged, or lost breast pumps. Local agencies must not charge participants replacement fees or costs of the breast pumps.

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## REGULATIONS

[USDA Food and Nutrition Services Standards, Breastfeeding Education, Promotion and Support, Standard 8 \(C\)\(4\)\(d\)\(g\)](#) - specifies provision of breastfeeding support and assistance throughout the postpartum period. This includes support for breastfeeding parents separated from their infants because of hospitalization or illness; breastfeeding parents of multiples or infants with special needs, and breastfeeding parents returning to work or school. The standard states that distribution of breast pumps is to be based on assessment, appropriateness, and what is to be most supportive for the participant's needs and situation.

[USDA Breastfeeding Policy and Guidance Document 2016](#) – A major goal of WIC is to improve the nutrition status of infants; therefore, unless medically contraindicated, WIC staff must provide education and anticipatory guidance to pregnant and postpartum women about breastfeeding and encourage women to breastfeed for as long as possible.

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<b>Breast Pump Program</b>			

## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required       Yes  No

The WIC Coordinator must ensure that a system is established to meet participants' breast pump needs. The Breastfeeding Coordinator (BFC) is responsible for managing the breast pump program and ensuring that Qualified Nutritionist (QN) and Competent Professional Authority (CPA) staff are trained and competent in the following duties when issuing breast pumps to breastfeeding participants:

- breast pump assessment
- participant education and follow-up
- issuance/return/participant liability
- breast pumps and breastfeeding aids
- inventory management


Documentation of training must be maintained by the local agency (LA) and made available upon request by the New York State Department of Health (NYS DOH).

### Breast Pump Assessment

1. The QN or CPA must conduct breast pump assessments prior to issuing breast pumps. These assessments include a review of the breastfeeding dyad's medical conditions and pumping needs.
2. The QN or CPA must follow the NYS WIC Program Breast Pump Issuance Guidelines, to determine the appropriate breast pump for each participant.
3. The QN or CPA must document the breast pump and collection kit issuance, and issuance reason in the participant's record, as appropriate.
4. When a participant has a breast pump that does not meet the needs of the breastfeeding dyad (i.e. from Medicaid, private insurance, or gift, etc.), a breast pump assessment must be conducted and, if necessary, an appropriate breast pump issued.

### Participant Education and Follow-Up

1. A breast pump does not replace breastfeeding and if issued unnecessarily, may interfere with or undermine breastfeeding. The QN or CPA must ensure that the participant is educated on the importance of feeding the infant at the breast.
2. The QN or CPA must ensure that the participant is educated on the importance of hand expression. Hand expression of breast milk is important for all breastfeeding persons, especially during emergencies when electric breast pumps may not be available.

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<b>Breast Pump Program</b>			


3. The QN or CPA must work with the participant to develop a pumping schedule and provide education on breast pump maintenance and proper breast milk storage.
4. For any participant who is issued an electric breast pump, the QN or CPA must:
  - make an initial follow-up contact within 24-72 hours to ensure that the breast pump is operating correctly and that the participant is using it properly
  - ensure baby's weight is checked routinely at WIC or by the healthcare provider, and documented in the participant's record
  - follow-up at the next WIC appointment, or by phone, as needed
  - ensure a referral to a peer counselor is offered for continued support
5. For any participant who is issued a manual breast pump, the QN or CPA must:
  - make an initial contact within 72 hours
  - follow-up at the next WIC appointment, or by phone, as needed
  - ensure a referral to a peer counselor is offered for continued support
6. When a participant has a non-WIC issued breast pump, the QN or CPA must provide education on the use and maintenance of the breast pump by referring to manufacturer instructions.

#### **Issuance/Return/Participant Liability**

1. Participants who are issued a breast pump must read and sign the appropriate Breast Pump Agreement form. The signed form must be scanned into the participant's record, and the physical copy given to the participant.
2. Participants must be advised that they are responsible for returning loaned multi-user breast pumps to the WIC LA.
3. When a WIC-owned multi-user breast pump is not returned or is damaged, the LA must attempt to contact the participant and take their statement describing the events related to the breast pump loss or damage. All contact attempts and any information obtained must be recorded in the participant's record.
4. The LA must not fine a participant or withhold benefits for a lost, stolen, or damaged breast pump.
5. When fraud or abuse is suspected, such as in the case of a stolen breast pump, the LA must notify the NYS DOH, document the circumstances, and refer the matter to the Bureau of Special Investigations (BSI).

#### **Breast Pumps and Breastfeeding Aids**

1. Local agencies must only purchase or lease breast pumps that are identified on the NYS WIC Breast Pumps List.

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### Breast Pump Program

2. Local agencies have the option to purchase or lease hospital grade electric multi-user pumps. The LA must weigh the benefits and risks of owning or leasing, and consider the cost of insurance, maintenance, liability, and storage.
3. Local agencies must follow the Breast Pump Review Process described in the WPM 1225 Breast Pump Program Policy Supplement when considering the addition of a new breast pump.
4. Local agencies must adhere to WPM 1412 Annual WIC Program Budget Policy when purchasing breast pumps and breastfeeding aids.

#### Inventory Management

1. Two types of breast pump inventory must be maintained, including an ongoing inventory in the management information system and a monthly physical inventory. Inventory records must be retained, per WPM 1401 Record Retention, and available to NYS DOH upon request.
2. At least two WIC staff must participate in the breast pump physical inventory management process. The staff person who conducts the monthly physical inventory cannot order breast pumps or issue breast pumps to participants.
3. When a participant transfers to another LA, staff must ensure that the participant's pumping needs are met and that the management information system inventory is updated. The receiving LA must not fill out the "Actual Date Returned" in the 'BF Pumps and Kits' tab until the breast pump is physically received by the issuing LA.
4. Returned breast pumps must be thoroughly inspected to ensure safety (e.g., checking pressure with a pressure gauge, ensuring no broken parts, etc.), and cleaned according to the manufacturer's instructions.
5. Breast pumps must always be safely secured in an area within the LA, that will reduce the risk of theft. Storing breast pumps in a location under lock and key is strongly recommended and preferred.

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## GUIDANCE

Policy Supplement Available     Yes    No

Breast pumps support the initiation and continuation of breastfeeding in situations where the infant cannot nurse at the breast and/or the breastfeeding dyad is separated. The QN or CPA should communicate with health care providers when electric pumps are issued to high-risk breastfeeding dyads and if there are ongoing medical concerns related to breastfeeding management or infant growth and development. Appropriate release forms must be completed before discussing participant health information with a health care provider.

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### **Breast Pump Program**

The QN or CPA should be aware of breast pumps manufacturers that local hospitals use, as well as the pumps available through Medicaid and private insurance. This is to ensure that proper support can be provided to participants with a non-WIC issued pump including troubleshooting issues that may occur.

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## **RESOURCES**

### **WIC Program Manual Sections and Policy Supplements:**


- #1220:BreastfeedingAssessmentandTailoringServices Policy
- #1401:RecordRetentionPolicy
- #1412:BreastPumpFiscal Policy

### **WIC Library:**

- BreastfeedingAssessmentTool& Guidance
- BreastPumpAssessmentandJustification Form
- BreastPumpDecision Model
- NYSWICBreastPumps List
- NYSWICProgramBreastPumpIssuanceGuidelines
- NYSWICBreastPumpProgramTechnicalSpecificationsandRequirements Form
- BreastPumpAgreement Forms

### **Other Resources:**

- [USDAWICBreastfeedingSupportCampaignwebsite](#)
- [www.BreastfeedingPartners.org](http://www.BreastfeedingPartners.org)
- [NYSDOHPolicyStatement:SituationsWhereBreastfeedingisContraindicatedorNot Advisable](#)

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<b>Outreach and Retention</b>		

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## POLICY

1. The local agency must annually develop, implement, and document a plan for increasing and/or sustaining enrollment and participation of eligible individuals in the WIC Program.
2. The local agency must inform all eligible individuals, as well as offices and organizations that serve significant numbers of eligible individuals, of the availability of Program benefits, including eligibility criteria and the location of local agency sites, through public announcement and distribution of information at least annually.
3. The local agency must collaborate with private and public health care providers, education systems, community programs, and organizations that provide services to potentially eligible individuals.
4. The local agency must designate an Outreach Coordinator to coordinate all program operations related to outreach and retention.

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## REGULATIONS

*Requirements, [7 CFR § 246.4\(a\)\(7\)](#)*

*Outreach/Certifications in Hospitals, [7 CFR § 246.6\(f\)](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE

LAVMA Policy Required       Yes       No

### Staffing

1. Local agency (LA) staff are responsible for conducting outreach and retention efforts related to their area of expertise, as assigned by the Outreach Coordinator.
2. The Outreach Coordinator must ensure appropriate outreach and retention activities are completed by staff to meet established goals and objectives.
3. The Outreach Coordinator, must ensure all staff have access to the NYS Local Agency Outreach Toolkit and work with the WIC Coordinator to identify and meet staff training needs.

**Community Assessment**

1. The LA must complete an annual community assessment to identify areas of unmet need and underserved populations. The assessment must include:
  - WIC participant data and caseload using available management information system (MIS) reports
  - community data, including geographic location, demographics, culture, economics, and existing groups, institutions, businesses, and organizations as outlined in the NYS Local Agency Outreach Toolkit
  - LA resources and operations, including staff; site location(s); hours of operations; appointment flow; participant-centered services; relationships with health care providers; education systems and community organizations
  - surveys of current participants
  - feedback from stakeholders of organizations serving WIC eligibles, as well as input from advisory boards and focus groups, as available


**The Outreach Plan**

1. Using the information obtained from the community assessment, the LA must develop an annual outreach plan that includes at least one goal with supporting objectives and planned activities. The outreach plan must be documented in the MIS within 30 days of the start of the Federal Fiscal Year.
2. The plan must consist of efforts that:
  - are tailored to the needs of the community based on assessment
  - are culturally and linguistically appropriate for the populations served
  - address potential barriers to WIC participation, as outlined in the NYS Local Agency Outreach Toolkit
  - include strategies to reach underserved populations, such as women in the early months of pregnancy and migrants
  - include retention strategies to increase and maintain the participation of enrolled individuals, especially children beyond age on
3. The LA must conduct outreach and/or retention activities to meet the minimum requirements, as outlined below:

Activity Type	Description	Minimum Requirement
Tier 1	Ongoing or standardized efforts that do not require a significant amount of time or resources	1x Monthly
Tier 2	Targeted efforts that will require a moderate amount of time and/or resources	1x Quarterly
Tier 3	Large-scale events or efforts that require planning	1x Annually

4. Staff must document all outreach and retention activities in the outreach log in the MIS, and must include the type of activity, location, date, and staff name(s). The Outreach Coordinator must monitor the outreach log to ensure the minimum required activities are completed.



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5. At least monthly, the LA must evaluate caseload by utilizing available MIS reports, and modify the outreach plan as needed to maintain the assigned target caseload.
6. At least annually, the Outreach Coordinator must evaluate the effectiveness of all outreach and retention efforts and modify the next year's plan as needed to achieve established goals.

**Partnerships and Collaborations**


1. The LA must identify and build relationships with other programs, organizations, and providers that serve the WIC-eligible population to share information, establish referral networks, and coordinate program services.
  - establish Memorandums of Understanding (MOU) and Joint Program Service Agreements (JPSA) with other programs, as outlined in WPM #1044 Guidelines for JPSA, MOU, Research and Data Requests policy
  - establish effective methods of communication with health care providers to share WIC information and ensure the referral of potentially eligible individuals to WIC. At minimum, this includes:
    - identifying and maintaining an up-to-date list of healthcare providers in the community
    - visiting and/or engaging with health care provider offices annually

**Retention**

1. The LA must implement strategies to ensure individuals participate until categorically or otherwise ineligible.
  - maintain a participant-centered environment as outlined in WPM #1020 Participant-Centered WIC Environment
  - assess and adjust scheduling practices based on participant surveys
  - implement procedures to contact participants about upcoming and missed appointments as outlined in WPM# 1100 Certification Overview and by using MIS reports

**WIC Welcomes You**

1. The LA must ensure all components of the WIC Welcomes You Initiative, as outlined in the NYS Local Agency Outreach Toolkit, are employed at all WIC sites.
2. The WIC Welcomes You poster must be prominently displayed at all sites in languages appropriate to the site and community.
3. The Outreach Coordinator, in conjunction with the WIC Coordinator, must monitor and assess the implementation of the WIC Welcomes You Initiative, which includes:
  - observing and evaluating site processes and staff who provide services
  - ensuring staff understand their roles and responsibilities related to the initiative
  - providing staff training and guidance

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## GUIDANCE

Policy Supplement available Yes No

Best practice is to designate a LA staff other than the WIC Coordinator as the Outreach Coordinator due to the demands of each role.

The annual Local Agency Compliance and Self-Assessment (LACASA) document serves as a management tool to address key program areas and can assist LAs with evaluating their outreach plan.

LAs may use the MIS at outreach events to prescreen applicants and schedule appointments and at pop-up sites to conduct appointments.

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## RESOURCES

### WIC Program Manual Sections:


- #1020: Participant-Centered-WIC- Environment Policy
- #1040: Civil Rights and Nondiscrimination Statement Policy
- #1044: Guidelines for JPSA, MOU, Research and Data Requests Policy
- #1100: WIC Certification Overview Policy
- #1241: Referral to Other Services Policy
- #1460: Local Agency Nutrition Staff

### WIC Library:

- NYWIC Guidance Packet, Outreach Planning and Tracking Log Guidance QRG
- NYS Local Agency Outreach Toolkit
- Pop-Up Sites Guidance

### Other:

- [Nutrition Services Standards, Standard 10. Program Coordination](#)
- [WIC Works Resource System](#)
- [The WIC Hub](#)

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<b>Referral to Other Services</b>		

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## POLICY

1. Local agency staff must provide Program applicants and participants with referral information to appropriate health-related and public assistance programs based on the assessed needs and interests of each applicant and participant.
2. Local agency staff must follow up on referrals at least once during the certification period or more often, as appropriate.
3. Local agency staff must document all referrals and follow-up information in the participant's record.
4. The local agency must work with internal and external community partners to establish a referral network and maintain a system to facilitate referrals within and between programs.
5. The local agency must maintain a current referral resource list for local agency staff to use to provide appropriate referral information to participants, based on their needs.

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## REGULATIONS

*Certification of participants, [7 CFR §246.7\(a\)](#)*

*Program referral and access, [7 CFR §246.7\(b\)\(1\) and \(3\)](#)*

*Nutritional Risks, [7 CFR §246.7\(e\)](#)*

*Drug and other harmful substance abuse screening, [7 CFR §246.7\(n\)\(1\)-\(2\)](#)*

*Nutrition education, [7 CFR §246.11\(a\)\(3\)](#)*

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. Local agency (LA) staff must refer uninsured and underinsured applicants and participants to the New York State of Health for health insurance. Staff must provide written information when referring participants to the Medicaid Program.
2. LA staff must provide referrals for:
  - prenatal care if currently not receiving care; pregnant women without private insurance must be referred to the Medicaid Obstetrical and Maternal Service (MOMS) or local area facilitated enroller
  - abnormal or lack of hematology and lead testing
  - other nutrition assistance programs, as appropriate, to improve food security or to assist participants when a WIC Program waiting list has been established
  - other internal and external resources and community organizations, as appropriate

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<b>Referral to Other Services</b>		

3. The LA must maintain and provide, as appropriate, a list of current resources for substance use counseling and treatment.
4. LA staff must screen participants for immunization status and refer participants in need of vaccinations to local providers.
5. LAs must make every effort to refer and transfer participants to other WIC local agencies when there is a disruption of WIC services, such as a disaster or site closure.
6. LA staff must obtain consent from the participant or Participant Representative prior to sharing any participant information with another organization.
7. LA staff must document the following in the participant's record:
  - incoming and outgoing referrals
  - the provision of written and electronic information and resources
  - current participation status in the referred program
  - declination of referrals
  - follow up information including, but not limited to, whether services were obtained, any barriers to obtaining services, and any additional follow up plans
8. The local agency referral resource list must be reviewed at least annually and be kept up-to-date to be used as a resource when referring participants.

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## GUIDANCE


Policy Supplement Available       Yes     No

All LA staff play a vital role in assessing an applicant or participant's need for referrals and must be aware of the programs and organizations in their community that can meet these needs.

To ensure participants' needs are met, follow-up on referrals should occur as often as possible, especially during appointments that require assessment, such as health and nutrition update appointments.

In order to provide better continuity of care, LA staff may document in the participant's record that no referrals were needed at the time of the assessment.

To ensure follow through, LA staff may assist participants in connecting with other services and programs when possible. This may include sending participant contact information to the referred program, such as name and phone number, through paper forms or online referral systems, allowing the program to then contact the participant directly. LA staff may also contact the referred program directly to assist the participant in the initial connection. However, consent from the participant must be obtained prior to sharing any participant information. LA staff must also document the referral appropriately in the participant's record.

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The LA should maintain an adequate supply of written materials, such as pamphlets or brochures, about other programs in their communities to facilitate immediate distribution to participants as needed. Local agencies should also consider sharing information electronically, such as website links.

An effective referral system not only includes providing referrals to participants, but also maintaining a relationship with other community partners to facilitate referrals to the WIC local agency. LAs are encouraged to monitor and document how applicants are referred to WIC in order to identify any gaps in outreach strategies.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:


- #1100: WIC Certification Overview
- #1043: Confidentiality, Releasing/Disclosure of Information
- #1183: Immunization Screening
- #1185: Hematological Testing and Lead Screening
- #1186: Substance Use Screening, Education, and Referral
- #1240: Outreach and Retention

### WIC Library:

- WIC Nutrition Services Standards
- NYS WIC Referral Resource List
- Local Agency Outreach Toolkit

### Other:

- [WIC Works WIC Learning Online Job Aid– Referral Resources](#)
- [NY State of Health, the Official Health Plan Marketplace](#)

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<b>WIC Food Packages and Tailoring</b>		

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## POLICY

1. The supplemental foods authorized for use in the New York State WIC Program include infant cereal, infant food vegetables and fruits, infant food meat, milk and milk alternatives, cheese, eggs, canned fish, vegetables and fruits, breakfast cereal, whole wheat/whole grain bread, tortillas, pasta, and/or rice, juice, legumes and/or peanut butter, infant formula, exempt infant formula, and WIC-eligible nutritionals.
2. The Qualified Nutritionist or Competent Professional Authority must prescribe the appropriate food package and tailor the type and amount of foods most appropriate for the participant based on a complete nutrition and breastfeeding assessment.
3. When tailoring a food package, the Qualified Nutritionist or Competent Professional Authority must make available, but not exceed, the full monthly maximum allowances of supplemental foods in each federal food package category.
4. Homeless participants and participants who lack adequate food storage and preparation facilities must be offered alternate foods to accommodate their needs.

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## REGULATIONS

*Supplemental foods, [7 CFR §246.10](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. All participants with an active certification must be assigned a category specific food package, even if no food benefits are issued, in order to maintain an accurate caseload record.
2. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must prescribe and tailor the food package to provide the type and amount of supplemental foods most appropriate for the participant based on:
  - a complete nutrition assessment including dietary assessment for each participant;
  - a breastfeeding assessment of the breastfeeding dyad;
  - the health care provider's (HCP) documentation when indicated;
  - the participant's category and/or breastfeeding status; and
  - the participant's needs and preferences in relation to the food package including personal/cultural/religious food preferences, and household conditions.


3. Monthly quantities of supplemental foods may only be reduced for individual participants and only for sound nutrition reasons based on nutrition risk, nutrition and dietary needs, personal food preferences, household conditions, or for proration purposes. Nutrition counseling and education must be provided when reducing monthly quantities.
4. Food packages for the breastfeeding dyad are closely tied and their breastfeeding statuses must match. If a participant is breastfeeding multiple infants with different breastfeeding statuses, their breastfeeding status must match the infant with the highest level of breastfeeding.
5. Participants breastfeeding partially (some) and participants breastfeeding multiples partially (some) do not receive food benefits when their infant turns six months old. They remain certified and receive breastfeeding support, peer counseling, and breast pumps as appropriate, and participant-centered nutrition education until their infant is one year of age.
6. Benefits issued must be used only by the participants for their personal use and cannot be used in the preparation of meals served in a communal food service setting. This restriction does not prevent the foods from being used personally by the participant in a nonresidential setting, such as a childcare facility or residential institution.
7. The QN/CPA must carefully assess each participant's living situation to determine the most appropriate supplemental foods to provide, such as individual serving-size containers or modified forms of certain foods to accommodate participants with inadequate food storage or preparation facilities.
8. Local agencies (LAs) must communicate with homeless facilities and institutions in which WIC participants reside to ensure food package conditions are met, per WPM Section 1100 WIC Certification Overview Policy supplement. If a participant is found to be living in a homeless facility or institution that does not meet the required conditions, LA staff must discontinue issuance of WIC foods. The participant shall, however, continue to receive infant formula and all other WIC benefits, such as nutrition education, including breastfeeding promotion and support, and referrals until the required conditions are met.
9. LA staff must be aware of NYS WIC approved foods and formulas available for participants. Staff must provide the current list of acceptable foods in appropriate languages to participants and must instruct participants on the appropriate redemption and use of supplemental foods.

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## GUIDANCE

Policy Supplement Available       Yes    No

When tailoring food packages, it is important for the QN/CPA to convey to participants that the quantities of WIC foods are supplemental, and by design, intended to deliver priority nutrients to WIC participants and address the prevalence of inadequate and excessive nutrient intakes for each WIC participant category. Nutrition education should focus on the optimal use of WIC foods, such as shopping for value and nutrition, and preparing and cooking WIC foods to assist participants in full use of their WIC food benefits.

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<b>WIC Food Packages and Tailoring</b>		

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1100: WIC Certification Overview
- #1135: Nutrition Assessment Process
- #1220: Breastfeeding Assessment and Tailoring Services
- #1253: WIC Formulas
- #1255: Food Package III and Medical Documentation
- #1260: Food Benefit Issuance


### WIC Library:

- Approved Formulas in the New York State WIC Program - Formulary
- Monthly Maximums of NYS Approved Formulas
- WIC Acceptable Foods Card
- WIC Nutrition Services Standards
- USDA WIC Food Package Policy and Guidance 2018

### Websites:

- [Nyswicvendors.com](http://Nyswicvendors.com)



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<b>WIC Formulas</b>		

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## POLICY

1. Local agency staff must issue one of the New York State primary contract infant formulas as the first choice for formula issuance.
2. Formula issuance must not exceed the Monthly Maximums of NYS Approved Formulas.
3. Local agency staff must only issue infant formulas, exempt formulas, or WIC-eligible nutritionals that are currently on the Approved Formulas in the New York State WIC Program Formulary.
4. Local agency staff must tailor the food package to provide the type, form, and amount of formula most appropriate for the participant, based on the nutrition and breastfeeding assessment.
5. Local agency staff must only issue ready-to-use formula under certain circumstances, which must be documented in the participant's record.
6. To issue Food Package III, local agency staff must obtain medical documentation from a healthcare provider licensed to write medical prescriptions. The medical documentation must substantiate a qualifying medical condition.
7. The local agency must discard all returned formula due to safety issues.

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## Regulations

*Food packages, [7 CFR §246.10\(e\)](#) - Local agencies must issue the primary contract infant formula as the first choice of issuance. State agencies must provide at least the full nutrition benefit authorized to non-breastfed infants up to the maximum monthly allowance for the physical form of the product specified for each food package category. Infant formula amounts for breastfed infants, even those in the fully formula fed category, should be individually tailored to the amounts that meet their nutritional needs.*

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAVMA Policy Required  Yes  No

1. Inform participant representatives that WIC is a supplemental program and the amount of formula offered by WIC is limited to the maximum allowed under USDA regulations.
2. Tailor the food package to provide the appropriate type, form, and amount of formula, based on a participant-centered assessment of need, formula tolerance, breastfeeding status, age, and any other relevant factors.

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<b>WIC Formulas</b>		


3. Assess and address feeding skills, techniques, and participant representative's concerns prior to changing formula type or form.
4. When starting or switching to a new formula, staff must tailor the formula and issue the lowest quantity until formula tolerance is determined. Issuance must be based on assessed need, while minimizing barriers for the participant, such as transportation and site schedules.
5. Offer frequent WIC appointments and phone contacts until formula tolerance is established to reduce the need for formula returns.
6. When significant formula intolerance is identified, the Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must conduct an in-depth evaluation of infant feeding practices, and refer the participant to the HCP as warranted. Refer to WPM 1253 WIC Formulas policy supplement for required evaluation criteria.
7. The QN or CPA must only authorize ready-to-use (RTU) formula when at least one of the following conditions exists:
  - unsanitary or restricted water supply
  - inadequate refrigeration
  - participant representative has difficulty diluting powder or concentrate formula
  - formula product is manufactured only in the ready-to-use form
  - participant has significant intolerance to powder or concentrate formula, and staff determines after a thorough nutrition assessment that RTU is indicated

Ready-to-use formula may be issued under the following conditions only when issuing Food Package III:

- the ready-to-use form better accommodates the participant's condition
- the ready-to-use form improves the participant's compliance in consuming the prescribed WIC formula

The QN or CPA must document the justification for authorizing RTU formula in the participant's record.

8. In accordance with Food Package III issuance, with appropriate medical documentation, the QN or CPA may:
  - assign and issue higher amounts of formula or WIC-eligible nutritionals in lieu of solid infant foods to infant participants 6 to 12 months of age who are unable to tolerate solid infant foods
  - issue a formula or WIC-eligible nutritional to a child or woman participant
9. When a breastfeeding mother requests infant formula, the QN or CPA must conduct a breastfeeding assessment to determine the reason for the formula request, and ensure the mother receives support from WIC staff with breastfeeding training, a peer counselor, lactation

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specialist, or other healthcare professional who can adequately address the mother's concerns, and help her continue to breastfeed.

10. The QN or CPA must encourage breastfeeding mothers to choose powder formula to minimize the amount of formula that is prepared at one time. Staff must support breastfeeding women to continue breastfeeding to the maximum extent possible through minimal supplementation with infant formula.
11. Local agencies must accept unused (unopened) WIC issued formula from participants when there has been a change in formula type or form.
12. To protect participants from potentially unsafe formula, all returned formula must be discarded. Returned formula must not be given to other WIC participants or donated to other organizations or programs.

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## GUIDANCE

Policy Supplement Available       Yes  No

Food Package III formula refers to all contract and exempt WIC formulas and WIC-eligible nutritionals issued to a Food Package III participant.

Formula issuance is based on USDA's definition of Full Nutrition Benefit (FNB). The Monthly Maximums for NYS WIC Approved Formulas provides information on the maximum amount of NYS WIC approved formula which may be issued to a participant. This resource is available electronically to all local agencies and is updated whenever a revision occurs.

As the infant grows and requires more calories and nutrients, the amount of formula provided by the NYS WIC Program may not be sufficient. Refer participants needing additional formula to health insurance programs, Supplemental Nutrition Assistance Program (SNAP), health care providers, and food pantries.

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## RESOURCES

WIC Program Manual Sections and Policy Supplements:

- #1220 Breastfeeding Assessment and Tailoring Services
- #1250 WIC Food Packages and Tailoring
- #1255 Food Package III and Medical Documentation
- #1460 Local Agency Staff

WIC Library:

- Approved Formulas in the NYS WIC Program Formulary
- Basic Formula and Infant Feeding Training
- Monthly Maximums of NYS Approved Formulas
- NYS WIC Formula Tolerance Screening Tool

	<b>WIC Program Manual</b>	
	<b>Section 1255</b>	
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<b>Food Package III and Medical Documentation</b>		

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## POLICY

1. The Qualified Nutritionist or Competent Professional Authority must only authorize Food Package III for women, infant and child participants who have a qualifying condition that requires the use of a Food Package III formula, as documented by a health care provider licensed to write medical prescriptions.
2. The local agency must obtain the appropriate medical documentation from a health care provider prior to issuing Food Package III.
3. The Qualified Nutritionist or Competent Professional Authority must only issue Food Package III formulas that are currently on the Approved Formulas in the New York State WIC Program Formulary, and issuance must not exceed the Monthly Maximums of NYS Approved Formulas.
4. The Qualified Nutritionist or Competent Professional Authority must always assess Food Package III prescriptions for accuracy, appropriateness and compliance with WIC regulations and guidelines, and collaborate with the health care provider, as appropriate, and with the participant representative's consent.
5. The Qualified Nutritionist or Competent Professional Authority must tailor the food package to provide the type and amount of foods most appropriate for the participant based on the health care provider's medical documentation and assessed need.
6. Local agency staff must educate the participant representative on the proper procedure for redeeming WIC benefits for exempt formula and WIC-eligible nutritionals.

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## BACKGROUND

*Medical documentation, [7 CFR 246.10\(d\)](#) - Medical documentation is required for the issuance of the following supplemental foods: any non-contract brand infant formula; any infant formula prescribed to an infant, child, or adult who receives Food Package III; any exempt infant formula; any WIC-eligible nutritional; any authorized supplemental food issued to participants who receive Food Package III.*

*Food packages, [7 CFR 246.10\(e\)](#) - Food Package III is reserved for issuance to women, infants and child participants who have a documented qualifying condition that requires the use of a WIC formula (infant formula, exempt formula or WIC-eligible nutritional) because the use of conventional food is precluded, restricted or inadequate to address their special nutritional needs.*

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## DEFINITIONS


Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE

LAVMAPolicy Required

Yes  No

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<b>Food Package III and Medical Documentation</b>		

1. The Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must authorize Food Package III for participants with medical documentation of a qualifying condition from a health care provider (HCP) for the following participants:
  - infants 6 months or older with higher amounts of contract infant formula in lieu of infant foods (infant fruits and vegetables and infant cereal)
  - infants and children with exempt infant formula
  - children with contract infant formula
  - children and women with infant foods (infant fruits and vegetables and infant cereal) in lieu of the cash value benefit
  - children and women with WIC-eligible nutritionals
  
2. Qualifying medical conditions that may require the issuance of Food Package III 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
  - life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status
  
3. Local agency staff must obtain medical documentation at every certification or at the end of the prescribed length of use period, whichever is first. Medical documentation is also required in the following instances:
  - when changes to the prescribed foods and Food Package III WIC formula are needed within the medical documentation approval period
  - when an infant changes from an exempt to a contract formula during the medical documentation approval period
  
4. Local agency staff must obtain medical documentation on the NYS WIC Medical Documentation Form, an HCP prescription or on HCP letterhead and must include:
  - participant's name and date of birth
  - qualifying medical condition(s)
  - name of the WIC formula(s) or WIC-eligible nutritionals
  - quantity needed (ounces) per day of prescribed WIC formula(s) or WIC-eligible nutritionals
  - length of time prescribed (approval period)
  - supplemental food restrictions or contraindications, if applicable
  - signature of the HCP and date
  - contact information of HCP (a stamp is acceptable)
  
5. The QN or CPA must assess Food Package III prescriptions from the HCP and communicate with the

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HCP when there are omissions or discrepancies, or when the prescriptions do not meet the requirements of this policy or appear to be inappropriate for the participant. The local agency must obtain consent from the participant before contacting the HCP in accordance with the WPM and sponsor agency guidelines.

6. Medical documentation must be scanned into the participant's record. Staff must write a General or Nutrition Education Note with the heading MED DOC stating that a WIC Medical Documentation Form was received and whether it was approved, pending due to missing or incomplete information, or disapproved. In addition, the following must also be documented in a Med Doc Note:
  - when one month of benefits were issued
  - when the QN or CPA received clarification from the HCP
  - a verbal consent for a release of information from the participant representative is given with written consent to follow within one month
  - when a participant's condition changes and a previously approved, valid medical documentation form is no longer consistent with WIC guidelines or policy
  - when a participant receives any formula from a source other than WIC (Medicaid, private insurance, etc.)
  - when further documentation is needed from the HCP by the next appointment
  - all attempts to contact HCP for clarification or missing information
  
7. The QN or CPA must not issue a Food Package III formula without medical documentation. When medical documentation is missing or is incomplete, the QN or CPA must obtain a verbal confirmation from the HCP before issuing Food Package III. The verbal confirmation and all attempts to obtain verbal confirmation must be documented in the participant's record. After accepting a verbal confirmation, one month of benefits may be issued, and written medical documentation must be obtained within one month.
  
8. Food Package III recipients are eligible to receive all of the supplemental foods for which they would have qualified in the absence of their special medical needs.
  
9. When a participant receives any formula from a source other than WIC (Medicaid, private insurance, etc.), they may still qualify for supplemental foods under Food Package III if they have a qualifying medical condition and medical documentation from the HCP. For special formulas that are not on the NYS Formulary, local agency staff must refer participants to Medicaid or private insurance. If participants are receiving formula from another source in an amount that is less than the federal monthly maximum, they may receive the remaining amount from WIC. The total amount of formula provided from all sources must not exceed the federal monthly maximum.
  
10. The QN or CPA may determine the form (powder, concentrate or ready-to-use) of formula based on the nutrition assessment. Ready-to-use formulas must only be authorized when the QN or CPA determines and documents in the participant's record that at least one of the required conditions exists, as per WPM 1253 WIC Formulas.
  
11. Food Package III must not be 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 a formula

- women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (i.e., Food Packages IV-VII)
  - solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying medical condition
  - anon-specific food intolerance
12. Local agency staff must inform participants where they may redeem Food Package III benefits, and assist them with identifying appropriate WIC vendors, if needed. Local agency staff should work with their Vendor Management Agency (VMA) to locate special formulas as needed.
13. For inbound out of state transfers, the local agency should request a copy of medical documentation from the sending agency as part of the Verification of Certification (VOC) process. However, receipt of such documentation is not required for the transfer of benefits and should not become a barrier to service. If the infant is approaching 6 months of age and a copy of the medical documentation cannot be obtained, the QN/CPA must contact the HCP prior to issuing infant foods.
14. If there is any reason to suspect fraud (medical documentation is inconsistent or conflicts with participant's assessment, etc.), make a referral to the Bureau of Special Investigations (BSI).

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## GUIDANCE

Policy Supplement Available       Yes    No

Non-specific symptoms such as formula or food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, dermatitis, colic, to enhance or manage body weight (without an underlying condition) are not qualifying medical conditions. Participant preference is not a qualifying medical condition. Low birth weight and premature birth apply only to infants and children < 24 months old; failure to thrive applies only to infants and children.

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## RESOURCES

WIC Program Manual Sections and Policy Supplements:

- #1038 Program Complaints and Suspected Fraud or Abuse
- #1043 Confidentiality, Releasing/Disclosure of Information
- #1135 Nutrition Assessment Process
- #1160 Transfers and Verification of Certification
- #1250 WIC Food Packages and Tailoring
- #1253 WIC Formulas
- #1260 Proration of Food Packages
- #1460 Local Agency Staff


WIC Library:

- Approved Formulas in the NYS WIC Program Formulary
- Basic Formula and Infant Feeding Training
- Formula Tolerance Screening Tool

	<b>WIC Program Manual</b>	
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<b>Food Package III and Medical Documentation</b>		

- Local Agency Guidance for NYS WIC Medical Documentation for Food Package III
- Monthly Maximums of NYS Approved Formulas
- NYS WIC Medical Documentation Form (DOH-4456)



	<b>WIC Program Manual</b>	
	<b>Section 1260</b>	
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<b>Food Benefit Issuance</b>		

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## POLICY

1. Benefit issuance must be based on nutrition and breastfeeding assessments, and be coordinated with appointments for certifications, nutrition education, health and nutrition updates, breastfeeding support, and other nutrition services.
2. Physical presence requirements must be followed when determining if benefits may be issued without the participant or Participant Representative's physical presence.
3. Local agency staff must document exceptions to normal benefit issuance procedures in the participant's record.
4. Benefits must not be issued to hospitalized participants.
5. When a participant's needs have changed after benefits have been issued, local agency staff must void and reissue benefits to meet their current needs.
6. Benefits must be prorated when issued 16 days or more past the Benefit Start Date, unless exceptional circumstances apply.

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## REGULATIONS

*Issuance of food instruments, cash-value vouchers and authorized supplemental foods, [7CFR §246.12\(r\)](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.


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## PROCEDURE

LA/VMA Policy Required       Yes  No

### Benefit Issuance

1. Benefit issuance occurs after the Qualified Nutritionist (QN) or Competent Professional Authority (CPA) has assessed needs, offered nutrition education, and assigned a tailored food package.
2. Local agency (LA) staff must not issue benefits until the QN/CPA has assigned a food package that matches the participant's category and meets their nutrition, breastfeeding, and medical needs; personal, cultural, and religious food preferences; and household conditions.
3. Based on eligibility, professional judgment, and participant needs, LA staff may issue one, two, or three months of benefits. A prorated month of benefits is considered one month of benefits when determining the maximum number of months a participant may be issued benefits.

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<b>Food Benefit Issuance</b>		


4. LA staff must provide education to all participants and Participant Representatives on the eWIC shopping process, including how to select WIC approved items and how to use an eWIC card.

#### Remote Benefit Issuance

1. LA staff must follow all benefit issuance procedures noted above when issuing benefits remotely.
2. Instances in which LA staff may issue benefits remotely without the participant or Participant Representative's physical presence include, but are not limited to:
  - when a nutrition education appointment is completed remotely, including online nutrition education
  - when a participant requires a food package exchange (FPC)
  - when a participant or Participant Representative was physically present for the appointment but left the LA before benefits were issued, due to circumstances such as:
    - equipment failure
    - staff error when issuing benefits
    - LA was awaiting and has now received complete medical documentation or unopened containers of formula
    - after receipt and verification of missing proof of eligibility to certify a participant with a temporary 30-day certification
3. When benefits are issued remotely, the LA must notify the Authorized Representative (AR) when the benefits have been issued and document this communication in the participant's record.
4. When completing a nutrition education appointment or FPC remotely over the phone, LA staff must verify the participant or Participant Representative's identity by asking them to verify the AR's date of birth and mailing address zip code prior to issuing benefits.

#### Signatures for eWIC Cards and Benefits

1. When an eWIC card is assigned to a household in person, LA staff must obtain the Participant Representative's signature at the household level to acknowledge receipt of the card.
2. Prior to issuing benefits, LA staff must verify that the participant or Participant Representative understands their Rights and Responsibilities and has confirmed they would like benefits to be issued.
3. When issuing benefits in person, LA staff must obtain the Participant Representative's signature at the household level using either the signature function of the management information system (MIS) or Paper Certification Form and scan or upload the form into the participant's record.
4. When issuing benefits remotely, LA staff must use the signature function of the MIS to document at the household level, that a signature was not obtained due to remote issuance.


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<b>Food Benefit Issuance</b>		

#### Reissuance of Benefits

1. LA staff may reissue the current month's benefits if the original benefits were incorrect through no fault of the participant or if they must be changed for medical or breastfeeding needs.
2. LA staff may reissue future months' benefits if the original benefits were incorrect through no fault of the participant or if they must be changed for medical, breastfeeding, nutritional, religious, or food preference needs.
3. Prior to reissuing food benefits, the QN/CPA must review the food package and update it if necessary.
4. LA staff must void and reissue the appropriate food items, taking into account any redeemed quantities.
5. Benefits from past months, such as unopened containers of formula, cannot be reissued in the current or future months.
6. If reissuance is needed due to a formula change, benefits must not be reissued until the LA has received complete medical documentation and any unopened formula containers, if applicable.
7. LA staff must document the reissuance of benefits and the reason in the participant's record.

#### Reissuance of Redeemed Benefits

1. Redeemed benefits must not be reissued except under extreme circumstances such as being destroyed in a house fire or lost while fleeing a domestic violence situation. The LA must obtain approval from the NYS Department of Health prior to reissuing redeemed benefits that were lost.
  - LAs must not reissue redeemed benefits in areas where a mass disaster has affected multiple households where mass care relief organizations, such as The American Red Cross or the Salvation Army, are providing feeding services.
2. LA staff must determine which food items were lost by reviewing the participant's benefit record and having a discussion with the AR. Only the lost redeemed food items from the current benefit month can be replaced.
3. If benefits are being reissued 16 days or more past the Benefit Start Date (BSD), LA staff must accept the system-applied proration, regardless of the amount of redeemed benefits that were destroyed.
4. The AR must sign a statement, such as the "Attestation of Lost Benefits", attesting to the fact that their food benefits have been lost. This statement must be maintained in the participant's record.

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5. The reason for the reissuance must be documented in the MIS.

#### Proration

1. LA staff may only override the system-applied proration in the following circumstances:
  - when the proration is caused by a staff or system error
  - when it can be justified that the participant has a nutritional need and can reasonably use the food benefits in the days remaining before the next BSD
2. LA staff must document the reason for overriding a system-applied proration in the participant's record.

---

## GUIDANCE

Policy Supplement Available       Yes  No

While nutrition education appointments may be offered remotely, face-to-face personalized contact is considered the optimal method for providing nutrition education. LA staff must assess the participant's needs, concerns, and preferences and use professional judgment when determining if remote nutrition education is appropriate, which includes determining the number of months of benefits to issue.

In disasters affecting a large number of people, of a regional or State nature, where emergency declarations initiate action by traditional Federal and State public and private disaster assistance providers, the role of WIC should not be considered a first-line defense to respond to the nutritional needs of disaster victims. Replacing redeemed but lost benefits should only occur in an isolated personal misfortune situation, where one or a few households might be affected by some destructive incident such as a house fire or domestic violence situation.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1100: WIC Certification Overview
- #1101: Physical Presence Requirements
- #1200: Participant Centered Nutrition Education and Counseling
- #1250: WIC Food Packages and Tailoring
- #1255: Food Package III and Medical Documentation
- #1330: Lost, Stolen, or Damaged eWIC Cards
- #1408: Emergency Preparedness and Disaster Planning

### WIC Library:

- [USDA Food Package Policy and Guidance](#)
- [Sample Attestation Statement for Lost Benefits](#)

	<b>WIC Program Manual</b>	
	<b>Section 1325</b>	
	<b>Date: 04/2022</b>	<b>Page 1 of 2</b>
<b>eWIC Card Inventory</b>		

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## POLICY

1. The local agency must develop and maintain procedures for the receipt and security of eWIC cards and for the maintenance of the EBT Cards Inventory in the management information system.
2. An EBT Card Inventory Report must be submitted quarterly to Central Office.

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## REGULATIONS

Food delivery methods, 7 CFR §246.12(a)

Definitions, 7 CFR §246.2

Certification of participants, 7 CFR §246.7(f)(2)(iv)

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## DEFINITIONS


Refer to Acronyms and Definitions located in Section 1011.

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## PROCEDURE

**LAVMA Policy Required**       **Yes**  **No**

1. EBT inventory procedures must encompass a list of all local agency sites, card distribution methods, card security measures and duties of designated staff.
  - Distribution methods must include staff responsible for cards and the inventory process for each site.
  - eWIC cards must be stored in a secure area, as designated by the agency.
  - Staff must be designated as back-up to complete the functions performed by staff that are absent.
2. eWIC cards will be shipped directly from the EBT contractor to the designated local agency ship-to site.
3. Local agency staff must enter the EBT Cards Inventory in the management information system upon receipt of the shipment. (e.g. If the agency received 24 sleeves of cards, all 24 sleeves must be accounted for in inventory at the site level).
  - Card ranges should be no greater than 250 prior to issuance to WIC households.
4. eWIC cards must be assigned to site(s) in the management information system and distributed to site(s) actively seeing participants by the designated staff.
5. The local agency must submit the quarterly EBT Card Inventory Report to Central Office in October, January, April and July. The report must be submitted no later than the 7<sup>th</sup> business day of the month the report is due to ensure an adequate supply of eWIC cards.

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<b>eWIC Card Inventory</b>		

**eWIC Card Site Closure Procedure**

1. All unassigned groups of cards must be returned to the main site.
2. The management information system must be updated to accurately reflect the status of all eWIC cards.
  - Any group of cards that is “Unassigned” must be reassigned to another site.
  - Any groups of cards that were “Active” and have had cards issued from the group must be returned to the main site to be closed. The local agency must notify Central Office of the card group number range.

**eWIC Card Agency Closure Procedure**

1. The local agency must notify Central Office of all eWIC card ranges and the status so that Central Office can determine possible redistribution to another agency.

**GUIDANCE**

Policy Supplement Available       Yes  No

eWIC cards will be shipped on an as-needed basis as determined by Central Office, to maintain an inventory equal to twenty percent (20%) of local agency active caseload. The cards will be returned to the contractor if damaged. Agencies must notify Central Office to assist with the return process.


**RESOURCES**

**WIC Program Manual Sections and Policy Supplements**

- #1405: Local Agency Policy and Procedure Manual Policy Supplement
- #1419: Site Changes and Renovations Policy

**WIC Library**

- EBTCARD Inventory Report Submission Guide
- EBTCARD Guidance

	<b>WIC Program Manual</b>	
	<b>Section 1330</b>	
	<b>Date: 05/2022</b>	<b>Page 1 of 2</b>
<b>Lost, Stolen, or Damaged eWIC Cards</b>		

---

## POLICY

1. eWIC cards reported as lost, stolen, or damaged must be deactivated in the management information system.
2. When an eWIC card is reported as lost, stolen, or damaged, local agency staff must issue a replacement card.

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## REGULATIONS

*Food Delivery Methods, [7CFR §246.12](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LA/VMA Policy Required       Yes  No

### Deactivating and Replacing Lost, Stolen, or Damaged eWIC Cards

1. When an eWIC card is reported as lost, stolen, or damaged, the local agency must deactivate the card in the management information system, destroy the card if damaged, and replace the card.
2. The eWIC card must be replaced within seven business days of notice from the participant or authorized representative.
3. If an eWIC card is returned to the local agency review the household record associated with the returned card.
  - If the eWIC card contains active benefits and a new card has not been issued already, contact the authorized representative to pick up the current card at the local agency or the local agency may mail a replacement card and destroy the old card.
  - If the returned card has already been deactivated and a new card issued, destroy the card.

### Mailing Replacement eWIC Cards

1. Local agencies must mail a replacement eWIC card if there is a barrier preventing the authorized representative from physically coming to the local agency.
2. When mailing a replacement eWIC card is required, local agency staff must first confirm the authorized representative's mailing address and instruct the authorized representative to contact the local agency upon receipt of the card.
3. The replacement eWIC card must be mailed prior to assigning the new card number in the household record. eWIC cards must not be mailed with active benefits on the card.

4. eWIC cards must be mailed first class, including the following phrase “Do Not Forward, Return to Sender” on the envelope.
5. Window envelopes must not be used to mail WIC cards.
6. Local agencies must only use their street address for the return address and not include “WIC” or the WIC Program name on the envelope.
7. Once the authorized representative confirms receipt of the card the local agency must verify the card number and assign the card to the household record.
8. Local agency staff must use the signature function of the management information system to document at the household level that a signature was not obtained for the eWIC card due to mailing, but that it was confirmed with the authorized representative that they have received the card.
9. The local agency must inform the authorized representative that their remaining current month’s benefits are now available on the card.
10. Local agency staff must keep a log to track all eWIC cards that have been mailed and staff responsible.

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## GUIDANCE

Policy Supplement Available       Yes    No

Once a replacement card is assigned to a household in the management information system, any remaining benefits will automatically transfer to the new card.

While eWIC cards must be replaced within seven business days of notice, local agencies must make every effort to replace cards as soon as possible to avoid an interruption of benefits.

The following is an example tracking sheet for logging mailed eWIC cards:

HH#	Auth Rep Name	Mailing Address	Card #	Date Mailed	Staff Mailing Card	Date Received	Date Card Assigned	Staff Assigning Card


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## RESOURCES

### WIC Program Manual Sections:

- #1325: eWIC Card Inventory
- #1038: Fraud and Abuse



	<b>WIC Program Manual</b>	
	<b>Section 1401</b>	
	<b>Date: 06/2017</b>	<b>Page 1 of 2</b>
<b>Record Retention</b>		

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## **POLICY**

1. Records that are directly related to the performance of the WIC Program contract (contract deliverables) must be maintained for the year in which they were made, plus six additional years.
2. The agency must establish a disposition schedule, which must be maintained in the Local Agency Policy and Procedure Manual.
3. The agency must make all files available for United States Department of Agriculture (USDA) and NYS DOH personnel to inspect, audit and copy.

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## **BACKGROUND**

Federal Regulation 7 CFR 246.25 requires the state and local agency maintain full and complete records concerning Program operations.

New York State regulations, contained in Clause 10 of Appendix A of the standard contract, mandates retention of records for the remainder of the calendar year in which they were prepared, as well as six additional years thereafter.

Confidentiality of participant and vendor information is protected by Federal regulation, 7 CFR 246.26.

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## **DEFINITIONS**

Refer to Acronyms and Definitions.

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## **PROCEDURE**

1. The sponsor agency is responsible for ensuring that records are retained for the required length of time, even when the agency no longer provides WIC Program services.
2. Ineligible applicant information must be maintained and is subject to retention requirements.
3. The disposition schedule, which must be maintained in the Local Agency Policy and Procedure Manual, must address:
  - Number of years the files will be maintained in active storage
  - How and when inactive records will be removed from active filing system
  - Number of years the records will be maintained in inactive storage
  - Current inventory of inactive records and where they are stored
  - Methodology for destruction of records
  - Boxing and labeling of records
  - Maintenance of tracking form
4. All participant records must be stored in secured locations.

	<b>WIC Program Manual</b>	
	<b>Section 1401</b>	
	<b>Date: 06/2017</b>	<b>Page 2 of 2</b>
<b>Record Retention</b>		

5. Files may be kept in electronic form (e.g. electronic copies of scanned documents) rather than paper form with the exception of documents for which it is critical to retain an original signature and/or notarized documents. Sponsor agencies are required to maintain security and confidentiality of electronic records.
6. The current federal fiscal year plus two years must be stored on site. The remaining four years of records may be stored off-site in a secure location with limited access as long as they are accessible within 48 hours' notice. The current year ends at the federal fiscal year closeout date (February of the following year).
7. After the record retention requirements are met, inactive records that contain confidential information or that identify a specific individual, must be shredded, incinerated or destroyed in such a way that confidential information cannot be revealed.
8. When local agencies close or no longer provide WIC Program services, prior to ceasing operations, arrangements must be made to retain all WIC Program records in accordance with the retention requirements outlined in this policy.

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## **GUIDANCE**


All peer counselor files are subject to retention requirements and filed in participants' paper charts when applicable. They are not to be saved in one file as "Peer Counselor Documents."

Records or documents that do not contain confidential information or personal identifiers can be disposed of in accordance with the sponsor agency policy.

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## **RESOURCES**

- Record Retention Policy Supplement
- WPM 1043 Confidentiality, Releasing/Disclosure of Information
- WPM 2006 Vendor Files

	<b>WIC Program Manual</b>	
	<b>Section 1402</b>	
	<b>Date: 9/2023</b>	<b>Page 1 of 3</b>
<b>Nutrition Services &amp; Administration Expenditures</b>		

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## POLICY

1. All sponsoring agency staff who are paid with WIC Nutrition Services and Administration (NSA) funds must participate in quarterly time studies. Staff must complete Employee Time and Effort Study Timesheets which document time spent on each NSA functional category: General Administration, Breastfeeding Promotion and Support, Client Services, and Nutrition Education.
2. Quarterly time studies must be submitted for the months of November, February, May and August each federal fiscal year as documentation of personal service costs, unless otherwise directed.
3. Each Local Agency (LA) shall expend a minimum of one-sixth (16.67%) of NSA Costs on nutrition education activities each federal fiscal year.
4. Each LA's NSA Costs toward breastfeeding promotion and support activities must equal or exceed the USDA breastfeeding promotion and support activities percent threshold for the federal fiscal year.
5. Each LA must submit the NSA Expenditure Summary at the end of each federal fiscal year.

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## REGULATIONS

*Nutrition education, [7 CFR § 246.11](#)  
Program costs, [7 CFR §246.14](#)*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

**USDA breastfeeding promotion and support activities percent threshold** – the percentage threshold is calculated each year on October 1 by multiplying the annually adjusted national minimum expenditure amount by the number of pregnant and breastfeeding women in the Program based on the average of the last three months of final data.


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## PROCEDURE

**LA/VMA Policy Required**      Yes No

### Completion of NSA Expenditure Summary Reporting

1. There are two (2) components that must be completed as part of NSA Expenditure Summary reporting:
  - Employee Time and Effort Study Timesheets – submitted quarterly
    - If a required staff member cannot complete the Employee Time and Effort Study Timesheet for any reason, an email must be sent to [wicsatimeandeffort@health.ny.gov](mailto:wicsatimeandeffort@health.ny.gov) with the staff member's name and an explanation.

	<b>WIC Program Manual</b>	
	<b>Section 1402</b>	
	<b>Date: 9/2023</b>	<b>Page 2 of 3</b>
<b>Nutrition Services &amp; Administration Expenditures</b>		

- New staff members must document their time for their first two (2) weeks of employment if their start date is in either August or September.
  - If a new staff member's hire date occurs within a reporting month, the staff member is required to complete the Employee Time and Effort Study Timesheet, starting on the hire date through the end of the reporting month, regardless of number of days.
  - The LA WIC Coordinator, or their designee, must approve the staff entries in the Employee Time and Effort Study Timesheets by the end of the following month. If the LA WIC Coordinator wishes to have a designee, contact Regional Office Representative to obtain designee authorization.
- NSA Expenditure Summary – submitted at the end of the federal fiscal year
    - The NSA Expenditure Summary must be used to report Personal Services expenditures, including salaries and fringe benefits for each position charged to the WIC budget, and Non-Personal Service NSA expenditures for the federal fiscal year.
    - The NSA Expenditure Summary must be completed by the LA after the final voucher for the fiscal year is submitted.
2. For the purposes of documenting expenditures, NSA Costs are separated into the following functional categories:
- General Administration - expenditures generally considered overhead or management costs
  - Breastfeeding - expenditures for breastfeeding promotion and support
  - Client Services - expenditures for certification, food delivery, and other client services and benefits
  - Nutrition Education - expenditures for general nutrition education

### Submission of Data

1. Each LA must submit complete and submit accurate NSA Expenditure Summary reporting by the deadlines provided by NYS DOH.
2. Amounts reported on the NSA Expenditure Summary must agree with the corresponding Budget Line Totals on the LA final voucher.
3. NYS DOH will analyze the information submitted by each LA. LAs must correct any discrepancies or errors in the data within 5 business days.
4. LA must retain copies of the completed NSA Expenditure Summary.

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## GUIDANCE


Policy Supplement Available Yes No

Refer to the Nutrition Services & Administration Expenditures Policy Supplement, #1402, for more detailed information on how to determine NSA functional categories.

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## RESOURCES

**WIC Program Manual Sections and Policy Supplements:**

	<b>WIC Program Manual</b>	
	<b>Section 1402</b>	
	<b>Date: 9/2023</b>	<b>Page 3 of 3</b>
<b>Nutrition Services &amp; Administration Expenditures</b>		

- #1401: Record Retention Policy
- #1401: Record Retention Policy Supplement

**WIC Library:**

- NYWIC Time Study Instructions
- LA Memo: Federal Fiscal Year Close Out Dates
- LA Memo: Nutrition Services & Administration Expenditure (NSA) Reporting Percentages

	<b>WIC Program Manual</b>	
	<b>Section 1405</b>	
	<b>Date: 2/2021</b>	<b>Page 1 of 2</b>
<b>Local Agency Policy and Procedure Manual</b>		

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## **POLICY**

1. Each local agency and vendor management agency must develop and maintain a Local Agency Policy and Procedure Manual that includes policies and procedures as directed by New York State Department of Health.
2. The Local Agency Policy and Procedure Manual must include any policy and procedure when it is more specific than New York State Department of Health standard or when it is a sponsoring agency requirement.
3. All policies in the Local Agency Policy and Procedure Manual must be approved by New York State Department of Health prior to implementation.

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAPM Policy Required       Yes     No

1. The Local Agency Policy and Procedure Manual (LAPM) must contain, at a minimum, a local agency policy for each of the required/mandatory topics that have been identified by New York State Department of Health (NYS DOH).
2. When a NYSDOH policy is updated, the corresponding local agency policy must also be updated and submitted to NYS DOH for approval within 90 days.
3. The LAPM must be accessible to all staff.
4. The LAPM must be available for NYSDOH review upon request.
5. Local agency staff must review the LAPM at least annually to ensure it reflects current policies and procedures.

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## **GUIDANCE**

Policy Supplement Available       Yes     No

The Local Agency Policy and Procedure Manual Policy Supplement includes a complete list of the required policies and procedures that must be included in the LAPM. The Procedure section of updated WPM Sections now indicate if a local agency policy is required.

	<b>WIC Program Manual</b>	
	<b>Section 1405</b>	
	<b>Date: 2/2021</b>	<b>Page 1 of 2</b>
<b>Local Agency Policy and Procedure Manual</b>		

Where required by the WIC Program Manual or Administrative Directive, the LAPPMM should include procedures describing how the LA will implement and support program policies and practices. Additionally, when applicable, LAPPMM policies should clearly define staff roles, agency expectations, timeframes for completing each task, required documentation and routine operating guidelines.

	<b>WIC Program Manual</b>	
	<b>Section 1406</b>	
	<b>Date: 01/2021</b>	<b>Page 1 of 2</b>
<b>Compliance and Self-Assessment</b>		

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## **POLICY**

1. Local agencies and vendor management agencies must complete an annual Compliance and Self-Assessment demonstrating the agency's operations, including the development of goals and objectives for the coming year. Local agencies must establish and include a nutrition education plan.
2. The Compliance and Self-Assessment must adhere to a format determined by the New York State Department of Health (NYS DOH).

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## **REGULATIONS**

*Management evaluation systems, [7 CFR §246.19\(b\)](#) - requires local agencies, including vendor management agencies, to establish management evaluation systems to review their operations and those of associated clinics or contractors. Agencies are required to complete an annual self-assessment in accordance with state directives.*

*Nutrition Education Plan and evaluation, [7 CFR §246.11\(d\)](#) - requires local agencies to develop an annual local agency nutrition education plan consistent with the State's nutrition education component of program operations. Local agencies develop a nutrition education plan which establishes nutrition priorities, including breastfeeding promotion and support, and focuses activities to improve participant health and nutrition outcomes and serves as a basis for allocating nutrition services resources. NYSDOH has implemented a comprehensive evaluation approach through the Local Agency Compliance and Self-Assessment.*

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAMMA Policy Required  Yes  No

1. The agency must complete a comprehensive self-assessment to ensure that WIC services are provided in accordance with federal and state requirements.
2. The Compliance and Self-Assessment must be prepared in accordance with NYS DOH directives on format, content and timeframes.
3. Agencies must work with NYSDOH to prepare goals and action steps to address areas needing improvement for the following year.

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## **GUIDANCE**

Policy Supplement Available  Yes  No



	<b>WIC Program Manual</b>	
	<b>Section 1406</b>	
	<b>Date: 01/2021</b>	<b>Page 2 of 2</b>
<b>Compliance and Self-Assessment</b>		

The Compliance and Self-Assessment process provides agencies the opportunity to review operations and assess its competency in providing high quality program services. The process enables the agency to identify strengths and weaknesses, evaluates compliance with WIC program regulations and policies, and incorporates the local agency’s nutrition education plan for the following year.

Agencies work with NYSDOH staff to develop and implement corrective measures and improvements, as necessary. NYS DOH staff conduct an independent assessment then provide collaborative technical assistance and training to address areas needing improvement; and follow up with each agency to ensure that proposed solutions are implemented.

The Compliance and Self-Assessment process is effective in monitoring and reviewing:

- program operations
- compliance with WIC program policies and procedures
- compliance with agency policies and procedures
- the potential for loss or weakness in internal control systems


The Compliance and Self-Assessment is a continuous process and should be integrated into the agency's on-going activities.

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## **RESOURCES**

### **WIC Library:**

- Local Agency Compliance and Self-Assessment (LACASA) Guidance Manual
- Vendor Management Compliance and Self-Assessment (VCASA) Guidance Manual
- Nutrition Services Standards

	<b>WIC Program Manual</b>	
	<b>Section 1408</b>	
	<b>Date: 08/2021</b>	<b>Page 1 of 2</b>
<b>Emergency Preparedness and Disaster Planning</b>		

## POLICY

1. Local Agencies (LA) and Vendor Management Agencies (VMA) must develop and maintain an Emergency Preparedness/Disaster Plan.
2. The Emergency Preparedness/Disaster Plan must be synchronized with sponsor agency plans especially in the areas of emergency services notification, site or building evacuation, and contacts with utility service providers.
3. Local Agencies (LA) and Vendor Management Agencies (VMA) must contact the New York State Department of Health for any occurrence that disrupts WIC services or poses a threat to participants or staff.

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## REGULATIONS

USDAPolicyMemorandums95-9and 95-A

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LA/VMA Policy Required       Yes     No

1. LAs and VMAs must develop an Emergency Preparedness/Disaster Plan in collaboration with their Sponsor Agency, that includes, at a minimum, the following components:
  - Maintaining Critical Functions
    - an analysis of potential hazards and emergencies that could occur and their potential impact
  - Life Safety Procedures
    - necessary action steps to protect the health and safety of everyone in the facility including evacuation procedures, establishing assembly areas, providing training, and conducting drills of evacuation procedures
  - Communications
    - a description of the proposed methods of communication and contingency plans to report emergencies, warn personnel, and notify participants, vendors, the public, and the media
  - Direction and Control
    - a description of the system for managing resources, analyzing information, and making decisions
  - Property Protection
    - procedure for property and equipment protection

	<b>WIC Program Manual</b>	
	<b>Section 1408</b>	
	<b>Date: 08/2021</b>	<b>Page 2 of 2</b>
<b>Emergency Preparedness and Disaster Planning</b>		

2. The Emergency Preparedness/Disaster Plan must be reviewed annually and updated as needed.
3. The Emergency Preparedness/Disaster Plan must be reviewed by all agency staff upon hire and annually thereafter. Documentation of completion must be kept on file by the agency.
4. LA and VMA must contact their NYSDOH Contract Manager during an emergency and/or disaster situation and provide the operational status in following areas:
  - the specific sites impacted
  - the services that are disrupted
  - staff contact phone number if additional information is required
  - plan to continue operation or the extent of time that services will be interrupted
  - communication plan to notify participants
  - if site damage occurs, report of damage and plan to restore operations
5. WIC services must continue to be provided, to the extent possible.

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## GUIDANCE

Policy Supplement Available  Yes       No

The LA or VMA should develop the plan in conjunction with sponsor agency administration, information technology staff, and staff responsible for agency security. The plan should include phone numbers and contacts of building management and emergency personnel for all WIC sites. WIC Program staff should also be involved in plan development with a focus on areas of concern and emergency contacts for all staff.

LA should have access to, and be familiar with, the paper certifications process if computer systems are unavailable.

Local Agency staff should keep an updated list of participants' contact information. Staff should be familiar with their autodialer company's procedures if communications need to be sent.

The LA or VMA should maintain a list of all staff members' contact information.

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## RESOURCES

### WIC Program Manual and Policy Section and Policy Supplements:

- WPM1100-WIC Certification Overview Policy
- WPM1100-NY WIC Paper Certification Policy Supplement
- WPM1325-eWIC Card Inventory Policy

	<b>WIC Program Manual</b>	
	<b>Section 1408</b>	
	<b>Date: 08/2021</b>	<b>Page 3 of 2</b>

**Emergency Preparedness and Disaster Planning**

**Other:**

- FNS Guide to Coordinating WIC During Disaster:  
<https://www.fns.usda.gov/disaster/guide-coordinating-wic-services-during-disaster>

	<b>N.Y.S.DEPARTMENT OF HEALTH – WIC PROGRAM MANUAL</b>		
	<b>Subject: Program Administration</b>		<b>Section# 1410</b>
			<b>Date: 3/12</b>

***POLICY***

- 1. The local agency must monitor caseload regularly by running reports directed by the State.*
- 2. The local agency must develop an annual WIC budget to secure funding for all WIC functions.*
- 3. The WIC budget must conform to the format required by the State and must include clear and complete justification for all WIC costs.*
- 4. The WIC budget must receive approval from New York State Department of Health Regional and Central Offices and the New York State Office of the State Comptroller in order to be considered fully executed.*
- 5. WIC local agencies must submit monthly vouchers and reports of expenditures against approved budget lines in accordance with the terms of their WIC contracts in order to receive reimbursement for actual WIC expenditures.*

**BACKGROUND**

The NYS Department of Health (DOH) is responsible for ensuring that as many participants as possible are served with the funds received from USDA. NYS DOH is also held responsible for managing grant fund expenditures. NYS DOH enters into agreements with local agencies (LAs) to serve authorized caseload levels in order to comply with regulatory requirements for managing WIC grant funds. The caseload for each LA is assigned based on a variety of factors - the number of estimated eligible participants in the planning area served, the capacity of the LA to serve an estimated percentage of that number, and the available funding.

Available funding is determined each year by NYS DOH Central Office staff, who then develop the annual Budget Call Letters. LAs are required to submit budget requests outlining anticipated costs for the upcoming federal fiscal year (October 1 – September 30) based on the Budget Call Letter. An approved budget is established through negotiations between the LA, Regional Office and Central Office. Upon Central Office approval, the complete contract is routed through the NYS DOH, NYS Office of the Attorney General, and the NYS Office of the State Comptroller (OSC) for final approval and execution. Upon final execution, LA's receive a fully executed contract containing original signatures/stamps.

Throughout the fiscal year, the LA has routine and ongoing communication with Regional and Central Offices to manage caseload and contract expenditures.

**DEFINITIONS**

Refer to Acronyms and Definitions.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
	<b>Subject: Program Administration</b>		<b>Section# 1410</b>
			<b>Date: 3/12</b>


**PROCEDURE**

1. Using the annual Budget Call Letters sent by Central Office, the LA must develop an annual budget to meet the assigned caseload.
2. The LA must develop measures needed to meet caseload targets when developing an annual WIC budget.
3. The budget must include reasonable funding for Personal Service, Fringe Benefits, Space, and Other Than Personal Service (e.g., Program Operations, Travel, Equipment, Audit, etc.).
4. The budget must include specific funding for Breast Pumps and Collection Kits.
5. The budget must include specific funding for the Enhanced Peer Counseling Program, including Personal Service, Fringe, Travel, Equipment, Peer Counselors, and Other.
6. The LA must submit two original Appendix X (contract signature page) containing original signature and original notarization in blue ink, Appendix B (budget), current and appropriate insurance forms, and current charities registration information, as directed by Central Office.
7. Caseload must be monitored regularly by the LA in consultation with the Regional Office to determine when action is needed to increase participation or to redeploy resources to meet emerging needs in the community.

**GUIDANCE**

Central Office will send out guidance annually to LA to assist in completing the budget request.

Refer to Contract and Caseload Management Policy Supplement for further description of the process.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>	
	<b>Subject: Annual WIC Program Budget</b>	<b>Section# 1412</b>
	<b>Date: 6/13</b>	<b>Page 1</b>

***POLICY***

- 1. WIC local agencies must list and justify projected WIC allowable costs, even if the total exceeds assigned budget limits.***
- 2. WIC local agencies must use the WIC Budget Justification forms/worksheet. These forms/worksheets will be provided on an annual basis to accommodate changes in administrative procedures.***
- 3. WIC local agencies must adhere to the fiscal timelines established by NYS DOH as specified in the WIC local agency contract.***

**BACKGROUND**


Agencies that are providing WIC program services must develop an annual budget in accordance with the WIC local agency contract. Budget call letters are established by the Central Office based on agency caseload and available funding. Call letters are sent to each local agency prior to the start of the contract year (federal fiscal year). Agency completed budgets are reviewed by Regional Office Representatives and approved. Final approval from the Central Office results in the Appendix B (contract budget) being generated and processed with contract and/or renewal.

**DEFINITIONS**

Refer to Acronyms and Definitions.

**PROCEDURE**

1. When preparing the annual WIC budget request, local agencies must base their request on previous or anticipated program costs.
2. The Summary Budget Form must total the call letter amount.
3. Personal service items must be accurately identified on the WIC Budget Justification Personal Service forms (Program Support, Non-Direct Staff, Competent Professional Authority). The Personal Service Summary form must include totals of information provided on individual Personal Service forms.
4. If fringe benefits are paid to current WIC employees according to a standard rate, the rates and amounts must be indicated for each component listed on the WIC Budget Justification Fringe Benefits form.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>	
	<b>Subject: Annual WIC Program Budget</b>	<b>Section# 1412</b>
	<b>Date: 6/13</b>	<b>Page 2</b>

5. Space costs for all sites must be entered on the WIC Budget Justification Space Summary sheet. Space costs must identify both permanent and temporary sites, including physical address and caseload served at each site the local agency utilizes to provide program services to participants. A WIC Justification Space Site Detail sheet must be provided for each site listed on the summary sheet. The space type must also be identified as one of the following: sponsor owned/operated space, not sponsor owned/operated, no formal lease, commercial rent/lease space.

**Note: Space costs for sites that do not serve participants (administrative sites) will not be supported by the WIC annual budget.**

6. Other non-personal service items must be accurately identified and entered on the WIC Budget Justification Other Non-Personal Service forms. All individual category pages must be accounted for on the Other Non-Personal Service Summary form including Program Operations, Travel, Equipment, Audit, and Other.
7. The local agency may only budget indirect costs if they have or intend to submit an indirect cost plan. The amount allowed to be budgeted is dependent upon the indirect cost rate approved by the State WIC Program or federal cognizant agency and the extent to which funds are available within the overall State WIC funding. Indirect costs can be capped by the State WIC Program to ensure consistency among agencies and preserve the integrity of WIC program services. A cost may not be allocated to a grant as an indirect cost if any other cost incurred for the same purpose in like circumstances has been assigned/charged to a grant as a direct cost. The proposed indirect cost rate must be entered on the Indirect Costs Justification Form.
8. All costs for breast pumps and collection kits must be entered on the Breast Pumps and Collection Kits Justification Form. Local agencies must have a Regional Office approved written breast pump policy and procedures prior to the procurement and distribution of breast pumps and collection kits to participants.
9. All Peer Counseling costs must be entered on the Enhanced Peer Counseling Justification Form. Local agencies will be given a specific funding level annually for the Enhanced Peer Counseling (EPC) program. Local agencies must develop a sub-budget for this funding. The WIC Budget Justification will include EPC forms for the following categories: administrative staff, fringe, travel, equipment, peer counselors, and other.

<b>GUIDANCE</b>
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Refer to Annual WIC Program Budget Policy Supplement.



	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
	<b>Subject: Reimbursement Requests</b>		<b>Section# 1415</b>
			<b>Date: 3/14</b>

***POLICY***

- 1. The WIC local agency must complete and submit a Claim For Payment and a Budget Statement and Report of Expenditures for reimbursement of allowable WIC expenses.***
- 2. The monthly voucher and Budget Statement and Report of Expenditures must be submitted in the method prescribed by the State.***
- 3. The local agency must retain, for audit purposes, all vouchers and supporting documentation for WIC Program expenditures in accordance with Record Retention Policy.***

**BACKGROUND**

The Claim For Payment (AC3253-S) will be paid by the State as specified in the New York State Prompt Payment Legislation.

When a local agency’s contract is fully executed, a copy of the budget and a Budget Statement and Report of Expenditures (BSROE) will be provided to the local agency (LA) by the New York State Department of Health.

**DEFINITIONS**

Refer to Acronyms and Definitions.

**PROCEDURE**

1. The Claim For Payment must be completed using the method prescribed by the State.
2. The Claim For Payment mailed to the Central Office must contain an original signature of an authorized agency representative.
3. The BSROE must reflect the most current approved line item budget and the total expenditures on any line item must not exceed the amount that appears on that line in the “Budgeted Amount” column.
4. The Claim For Payment and the BSROE must be submitted together with every reimbursement request.
5. All reimbursement requests, including those resubmitted, must be received by Central Office by the date established by Central Office.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
	<b>Subject: Reimbursement Requests</b>	<b>Section# 1415</b>	
		<b>Date: 3/14</b>	<b>Page 2</b>

**GUIDANCE**

Reimbursement requests will not be honored for payment until the local agency's contract is fully executed.

Refer to the Reimbursement Requests Policy Supplement.

The Central Office will send out guidance annually on submitting reimbursement requests.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
	<b>Subject: Budget Modification Requests</b>		<b>Section# 1418</b>
			<b>Date: 8/11</b>

***POLICY***

1. *Local agencies must obtain state Regional and Central Office approval of a budget modification request prior to vouchering against the proposed change.*
2. *Line item interchange requests must be submitted for approval prior to any changes to budget lines in the approved contract budget.*

**BACKGROUND**

During a program year, it may become necessary for a WIC local agency (LA) to request an increase/decrease in funding due to dramatic changes, extenuating circumstances, or to make changes in the amounts allocated to discrete budget lines in the approved contract budget so that each budget line equals or exceeds the amounts actually expended. If the requested modification affects the total budget amount, the modified budget (amendment) is subject to approval from the New York State Comptroller’s Office.

It may be necessary to complete several line item interchanges to move accrued savings to cover shortfalls in various line items. Such changes may be requested at any time during the program year; LAs should consistently review their budget to make adjustments timely without waiting until the end of the fiscal year. The State may initiate a line item interchange or amendment based on the review of an agency’s budget.

**DEFINITIONS**

**Budget Modification** - Any change to the approved budget in the current contract. A Budget Modification that revises the total Personal Services or Other Than Personal Services subtotals by 10% or more, or increases or decreases the total contract value, will necessitate a contract amendment that must be approved by the Office of the State Comptroller.

Refer to Acronyms and Definitions.

**PROCEDURES**

1. The LA must contact the Regional Office Representative to discuss details and justification of a budget modification request and the potential consequences of taking such an action. The Regional Office Representative will advise on the availability of funds, the timing of the request in relation to the federal fiscal year, the estimated length of time for approval, and other factors that should be considered before making the official request.

	<b>N.Y.S.DEPARTMENT OF HEALTH – WIC PROGRAM MANUAL</b>	
	<b>Subject: Budget Modification Requests</b>	<b>Section# 1418</b>
	<b>Date: 8/11</b>	<b>Page 2</b>

2. Once there is agreement that the budget modification is necessary, the LA must submit a formal written request to the Regional Office Representative, including the proper documentation for the budget line item interchange.
3. When submitting a line item interchange or amendment request, LA must complete the line item interchange justification forms and line item interchange request form. LAs must follow the instructions provided with the annual fiscal worksheet that is sent at the beginning of each fiscal year.
4. The authorized WIC LA representative must print, sign and date the line item interchange form and submit it to the Regional Office Representative for approval, along with documentation and a cover letter that briefly summarizes the requested transaction.
5. Budget modification requests must be submitted by the deadline specified by Central Office.
6. If expenditures are made based upon a proposed line item interchange, LAs will not be reimbursed for those expenditures if the line item interchange is not approved.
7. A line item interchange request that results in a net change (increase or decrease) over ten percent in the major budget categories (Personal Service and Other Than Personal Service) requires a budget amendment. After approval of the request by Regional and Central Office staff, LAs will be provided with a new Contract Signature Page (Appendix X) and revised Budget (Appendix B) to sign and submit.
8. Funds must not be moved from the unallocated line into another budget line without prior Regional Office and Central Office approval.
9. Once approved, the LA will receive a letter from Central Office along with a revised Budget Statement and Report of Expenditures (BSROE) form. A new fiscal worksheet reflecting the approved changes will be provided electronically.

<b>GUIDANCE</b>
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Central Office will review all line item interchanges approved by Regional Office and make a final decision prior to the deadline for the receipt of final vouchers.

Contact the Regional Office Representative with questions regarding the allowability of costs and status of budget modifications/contract amendments.

The approval process for a budget modification usually takes four to six weeks. LAs must plan accordingly when deciding if a budget modification is necessary to meet their required needs within a federal fiscal year to maintain fiscal year integrity.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
	<b>Subject: Budget Modification Requests</b>	<b>Section# 1418</b>	
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Any budget modification request made late in the federal fiscal year is only acceptable in certain extenuating circumstances, and must be fully discussed with Regional Office staff prior to submission.

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<b>Site Changes and Renovations</b>		

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## POLICY

1. Local Agencies and Vendor Management Agencies must submit all requests for site development to NYS Department of Health.
2. Local Agency staff and Vendor Management Agency staff are responsible for ensuring agency demographic information in the Management Information System is accurate.

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## REGULATIONS

OMB Uniform Guidance § 200.310 states that agencies must provide insurance coverage for property and equipment acquired with federal funds.

Agreements with local agencies, 7 CFR §246.6

Selection of local agencies, 7 CFR §246.5

Procurement and property management, 7 CFR §246.24

Food Delivery Methods, 7 CFR §246.12 (h)

Program Costs, 7 CFR §246.14

Nondiscrimination, 7 CFR §246.8(a, b)

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


**Site Development** - The opening, closing, relocation, and renovations or modifications of temporary and permanent WIC sites.

**Permanent Site** - Permanent WIC sites provide clinical WIC services, administrative services, or a combination of these functions. The following are requirements of permanent sites:

- clinical WIC functions (reception, scheduling, certification, nutrition education, food instrument production and food instrument payment and reconciliation) are offered at least three (3) days per week
- at least two (2) staff must be available during service hours, one (1) of whom must be a Competent Professional Authority (CPA), who is qualified to perform nutrition-related duties at the local agency under the supervision of a Qualified Nutritionist
- fulltime control of space which provides physical security to all equipment
- access to the management information system through an internet connection with enough bandwidth to support the number of users as well as any other competing usage

**Temporary Site** - Temporary WIC sites offer clinical WIC services only. They do not perform administrative functions. The following are requirements of temporary sites:

- operate on a part time basis, less than three (3) days per week
- space is not dedicated full-time and there is limited security when not in use. These sites are not usually part of the sponsor-owned building and are typically held in town halls, churches, fire departments, etc.

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- each day the temporary site is operational, the local agency staff transport equipment and other materials as required to and from the agency’s permanent site
- must have at least two (2) staff members available during clinic hours, one (1) of which must be a CPA, who is qualified to perform nutrition-related duties at the local agency under the supervision of a Qualified Nutritionist
- must provide access to the management information system through an internet connection with enough bandwidth to support the number of users as well as any other competing usage


**Administrative WIC Site** - WIC administrative sites may be approved on a limited basis. These sites are used for administrative services and do not provide WIC clinic services.

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## PROCEDURE

**LA/VMA Policy Required**      Yes  No

1. The Local Agency (LA) or Vendor Management Agency (VMA) sponsor must submit a written request to the NYS WIC Director when proposing the closure of an agency. The request must:
  - be on official agency letterhead and include a signature from the authorized signatory
  - include the date of closure
  - explain the reason(s) for closure
  
2. LA or VMA staff must submit a completed WIC Site Change Request to the DOH Contract Manager when opening, closing, moving, or renovating a LA, site, or VMA.
  - Requests must provide justification.
  - Requests to open or close a WIC site must be submitted to DOH at least six (6) months in advance.
    - LAs must support the required activities through their current WIC LA budget or by in-kind funds from their sponsor agency. No additional funding will be provided by the State.
  - Requests for renovations, modifications, or temporary site changes must be submitted to DOH at least three (3) months in advance.
  - Requests for renovations or modifications that exceed \$5,000 require USDA approval must:
    - be submitted to DOH by May 1 of the federal fiscal year in which the funds will be obligated. Requests submitted after May 1 may or may not be considered
    - include a completed Request to Renovate or Repair Real Property (FNS 813-1)
  - If any actions are taken prior to approval, the Local Agency will be responsible for payment if the request is denied.
  
3. LA and VMA staff must participate in meetings with DOH staff to discuss the details of the proposed site development and must adhere to the timelines that are provided by DOH.
  
4. LA and VMA staff are responsible for reviewing agency demographic information in the Management Information System and submitting requests to update as needed. Updates must be provided by submitting the appropriate modification request to the DOH Contract Manager.
  - The WIC Coordinator or VMA Director must conduct and document an annual review of their Agency’s demographic information in the Management Information System.

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## GUIDANCE

**Policy Supplement Available**     Yes     No

All WIC LA infrastructure changes must be carried out in a manner that ensures minimal disruption of services to WIC participants. WIC site development, renovations and modifications entail a lengthy process that involves cooperation and coordination between local agency, regional and central office staff.

Procedures will ensure the WIC Program network of permanent and temporary sites is accessible to the maximum number of eligible participants.

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## RESOURCES

### WIC Program Manual Sections:

- #1020: Participant-Center WIC Environment
- #1100: WIC Certification Overview
- #1325: eWIC Card Inventory
- #1408: Emergency Preparedness
- #1412: Annual WIC Program Budget
- #1421: Purchasing Policy
- #1422: Asset Inventory Policy
- #1452: User Account Security and Guidelines
- #1460: Local Agency Staff

### WIC Library:

- NYWIC Workstation Configuration Guide
- WIC Site Change Request
- Agency Information NYWIC Modification Request
- Site Information NYWIC Modification Request
- Sponsor Agency NYWIC Modification Request

### Other:

- Request to Renovate or Repair Real Property (FNS 813-1)

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	<b>N.Y.S.DEPARTMENT OF HEALTH – WIC PROGRAM MANUAL</b>	
	<b>Subject: Sub-Contracts, Agreements and Leases</b>	<b>Section# 1420</b>
	<b>Date: 3/12</b>	<b>Page 1</b>

***POLICY***

- 1. The local agency must obtain approval from the New York State Department of Health prior to entering into any sub-contract for WIC program services.***
- 2. The local agency must obtain approval from the New York State Department of Health prior to entering into a lease or other agreement for space to be used for WIC program sites.***
- 3. The local agency must obtain approval from the New York State Department of Health before vouchering the State for space costs incurred under an agreement for WIC program space.***
- 4. The local agency assumes full responsibility for sub-contracts, leases and agreements.***

**BACKGROUND**

With prior justification and approval, local agencies (LAs) are allowed to enter into sub-contracts, agreements and leases to obtain services for the WIC program.

**DEFINITIONS**

**Less-Than-Arms-Length Agreement** – An agreement in which one party to the transaction is able to control or substantially influence the actions of the other(s). Such transactions include, but are not limited to, those between divisions of an organization. As an example, if a sponsoring agency rents clinic space to the WIC local agency contractor it may not be the true value as there is a relationship between the sponsoring agency and the WIC local agency contractor.

**PROCEDURES**

Sub-Contracts

1. A sub-contract or agreement for WIC related services or a portion of services is permissible when:
  - The LA manages the contract to ensure that all contract deliverables are met;
  - The sub-contractor provides specific WIC services to assist the LA in meeting its contract deliverables (e.g. employment agencies, blood work, and maintenance agreements, etc.); and
  - The agreements follow the provision of the non-assignment clause of New York State Appendix A.
2. Costs for approved subcontracts must be projected and justified in annual budget proposals as line items.

	<b>N.Y.S.DEPARTMENT OF HEALTH– WIC PROGRAM MANUAL</b>		
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Leases


1. Leases for WIC program space that have been entered into prior to the start date of the WIC LA contract require review by the New York State Department of Health prior to reimbursement being allowable.
  
2. New leases for WIC program space that will be effective after the start date of the WIC LA contract must be submitted to the New York State Department of Health for review prior to being executed.

<b>GUIDANCE</b>
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Refer to Sub-Contract Policy Supplement.

Refer to WPM sections:

- Administrative Budget Process
- Annual WIC Program Budget

	<b>WIC Program Manual</b>	
	<b>Section 1421</b>	
	<b>Date: 01/2022</b>	<b>Page 1 of 4</b>
<b>Purchasing</b>		

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## POLICY

1. Local agencies and vendor management agencies must provide adequate justification and obtain the necessary prior-approvals based on the unit prices and total purchase amounts of each purchase.
2. Local agencies and vendor management agencies must obtain the appropriate number of price or rate quotations from an adequate number of qualified sources, or procure via sealed bids, based on the aggregate purchase amounts of each purchase.
3. Local agencies and vendor management agencies must maintain all documentation related to each purchase, including quotes and bids, and make it available for New York State Department of Health (NYS DOH) review upon request.
4. Sponsor agencies must maintain insurance to cover the replacement value of NYWIC computers and assets purchased with WIC funds.
5. Local agencies and vendor management agencies must comply with their approved NYS Minority and Women Owned Business Enterprise (MWBE) goals.
6. The New York State Department of Health may deny reimbursement or recover funds reimbursed to a sponsor agency that cannot provide adequate documentation of compliance with these procedures.

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## REGULATIONS

The Office of Management and Budget (OMB) Uniform Guidance refers [to 2 CFR Chapter I, Chapter II, Part 200](#), et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule.


Program Costs, [7 CFR §246.14\(a\)\(1\)](#) - Provides information on allowable costs under the program.

Insurance coverage, [2 CFR §200.310](#) - Agencies must provide insurance coverage for property and equipment acquired with Federal funds.

Conferences, [2 CFR §200.432](#) - Defines allowable conference costs.

Non-Computer Equipment Purchases Less than \$25,000, [USDA WIC Final Policy Memorandum 98-3](#) - Authorizes WIC state agencies to purchase or allow their local agencies to purchase non-computer equipment with a unit cost less than \$25,000 without prior approval from FNS

[Food and Nutrition Services \(FNS\) Handbook 901](#) defines the purchase thresholds for computer equipment.

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<b>Purchasing</b>		

## DEFINITIONS

Refer to Acronyms and Definitions located in WPMS Section 1011.

**Federal Micro-Purchase Threshold**, as defined in OMB Uniform Guidance § 200.67 – The micro-purchase threshold is set by the Federal Acquisition Regulation at 48 CFR Subpart 2.1 (Definitions). It is \$10,000 except as otherwise discussed in Subpart 2.1 of that regulation, but this threshold is periodically adjusted for inflation.

**Procurement by Sealed Bids**, as defined in OMB Uniform Guidance § 200.320 (c) – Bids are publicly solicited and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price.

**Equipment**, as defined in OMB Uniform Guidance § 200.33 – Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

**Quote** – Price obtained and documented from a potential vendor for an item or service. Fax, Email, Phone, or internet posting are all acceptable forms.


**Formal Quote** – Prices submitted in writing on vendor letterhead by a potential vendor for an item or service.

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## PROCEDURE

LAVMA Policy Required       Yes  No

1. Obtaining Approval
  - Include all anticipated purchase needs in the annual Budget Request under non-personal service. Local agencies and vendor management agencies must provide cost estimates and detailed justification of need for all purchases anticipated during the contract period.
  - Computer equipment with a unit cost of \$5,000 or more and non-computer equipment items with a unit cost of \$25,000 or more must have prior approval by United States Department of Agriculture (USDA).
  - Renovations over \$5,000 require FNS approval and must follow the guidance contained in FNS Instruction 813-1.
  - Purchases with a unit cost of \$1,000 or more that are not reflected in the approved annual budget require NYS DOH pre-approval.
  - All purchases requiring USDA approval must be submitted to NYSDOH by May 1st of the Federal fiscal year in which the purchase will be made, with appropriate justification and price quotes or bids.
  - Agencies cannot make a purchase until they receive written approval from NYS DOH.

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<b>Purchasing</b>		

2. Ensuring Best Value

- Local agencies and vendor management agencies must obtain price or rate quotations from an adequate number of qualified sources for all purchases with an aggregate dollar amount of \$3,000 or more.
- Purchases with an aggregated dollar amount over \$5,000 require formal quotes.
- Purchases with an aggregate dollar amount over \$50,000 require procurement by sealed bids.

3. Loss, Damage, Theft


- Sponsor agencies must maintain insurance to cover the replacement value of NYWIC computers and assets purchased with WIC funds. Insurance costs for this purpose are an allowable WIC budget expense.
- Requests for exceptions to insurance coverage policy (self-insured agencies) must be submitted in writing to the regional office.
- Any loss, damage, or theft of items purchased using WIC funds must be reported to NYS DOH immediately.
- The Sponsoring Agency is responsible for the difference between the full replacement value of the WIC equipment loss and the insurance settlement if the policy has a deductible. Self-insured agencies are responsible for the full value of the loss regardless of funds available from the insurance reserve.
- The procurement of essential replacement equipment must not be delayed while insurance claims are processed.
- NYS DOH must be notified as soon as any payment for an insurance claim is received.

4. Reporting and Record Keeping

- All quotes, formal quotes, and procurement by sealed bid records must be maintained in accordance with the Record Retention Policy (WIC Program Manual Section 1401).
- Agencies must report purchases applied to the MWBE goal to NYS.
- NYS DOH may deny reimbursement or recover funds reimbursed to a sponsor agency that cannot provide adequate documentation of compliance with these procedures.
- Local agencies and vendor management agencies must keep an inventory of assets purchased with WIC funds in accordance with the asset inventory policy.

5. Healthy Meeting Guidelines

- Local agencies and vendor management agencies must comply with the NYS DOH requirements for healthy meetings when NYS DOH is reimbursing for all or a portion of the meeting costs. NYS DOH reserves the right to review the site, menu and agenda so that the State can ensure the nutrition, physical activity, sustainability and tobacco-free guidelines are met.
- Meeting costs must be justified as reasonable and necessary, especially when it comes to the serving of meals, which may not be deemed an allowable cost at all meetings.

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<b>Purchasing</b>		

- Under 2 CFR Part 200.432 meals and refreshments are identified as an allowable cost, judgement must be used to ensure that costs are minimized.
6. Sponsoring Agency Procedures
- Local agencies and vendor management agencies must also comply with the purchasing procedures of their sponsoring agency.

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## GUIDANCE

Policy Supplement Available  Yes  No

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## RESOURCES

**WIC Program Manual Sections:**

- #1401: Record Retention
- #1419: Site Changes and Renovation
- #1422: Asset Inventory

**Other:**

- [DOH Healthy Meetings Guidelines](#)

	<b>WIC Program Manual</b>	
	<b>Section 1422</b>	
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<b>Asset Inventory</b>		

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## POLICY

1. Local agencies and vendor management agencies must maintain an inventory system to track assets purchased with WIC funds.
2. A physical inventory of all non-WIC/SSI assets must be conducted every two years.
3. Local agencies and vendor management agencies must maintain an inventory system to track all WIC/SSI computer equipment provided by New York State.
4. A physical inventory of WIC/SSI computer equipment must be conducted every year.
5. Inventory Logs must be maintained and submitted to the NYSDepartment of Health (NYSDOH) every year.

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## BACKGROUND

Per the following Sections of the OMB Super-Circular:

§200.312(a) The non-federal entity must submit an annual inventory listing to the federal awarding agency

§200.313(d)(1) and (2) Property, equipment, materials and supplies purchased with federal funds must be accounted for through the management of an inventory system that records identifying or serial number, property description, funding source, acquisition date, cost, location, use and condition, and any ultimate disposal and sale price of that property.

§200.314(a) The value of residual unused inventory of supplies must be refunded to the federal government.

§200.453(b) Items withdrawn or removed from inventory should be charged under consistently applied, recognized inventory withdrawal pricing methods.

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## DEFINITIONS


**Asset** – Tangible property that has a unit value of at least \$500 and a useful life of more than one year.

**Physical Inventory** – Involves actual sighting of the equipment, confirming its location and verifying the serial number or unique tracking number.

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## PROCEDURE

1. Assets purchased with WIC funds must be maintained on inventory logs and labeled as “Property of WIC.”

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<b>Asset Inventory</b>		


2. Local agencies and vendor management agencies must maintain two inventory logs, one for NYS WICSIS Computer Equipment and one for all other assets.
3. Local agencies and vendor management agencies must perform an annual physical inventory of all New York State WICSIS computer equipment in accordance with Section 1453 of the WIC Program Manual.
4. A monthly inventory of WICSIS computer supplies must be performed and sent to NYSDOH to ensure the local agency has adequate quantities of supplies.
5. Inventory logs must reflect dates the local agency or vendor management agency conducted the last physical inventory.
6. Inventory logs must be updated as changes occur.
7. Inventory logs must be retained in accordance with the record retention policy.
8. Local agencies and vendor management agencies must ensure the security of New York State WIC computer equipment in accordance with the equipment security guidelines.
9. Local agencies and vendor management agencies are responsible for timely reporting to the proper authorities the loss or theft of any assets purchased with federal funds.
10. If WICSIS computer equipment (computers, monitor, laptops, communication devices, printers, signature capture pads or other peripheral devices) is discovered to be missing or vandalized, the local agency or vendor management agency asset disposal is responsible for timely reporting to NYSDOH.
11. Prior to disposing assets, local agencies and vendor management agencies must request approval from DOH using the *Request to Remove Asset from Inventory* form.
12. The local agency or vendor management agency must update the Asset Inventory log to reflect the actual disposition and date of disposal. Approved *Request to Remove Asset from Inventory* forms must be saved in accordance with the record retention policy.
13. When disposing of computers and other electronic devices with storage capability, the hard drive must be destroyed to prevent unauthorized access to confidential information.

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## RESOURCES

Asset Inventory Policy Supplement  
Equipment Security Policy  
Record Retention Guidance



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<b>Travel</b>		

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## POLICY

1. Each local agency and vendor management agency must have a written travel policy included in the agency's policy and procedure manual.
2. Local agencies and vendor management agencies must provide adequate justification and include all travel costs in the annual Budget Justification worksheet.
3. Local agencies and vendor management agencies must take steps to use the most cost effective method possible for all travel.
4. Travel expenses shall be reimbursed at the lesser of the rates set forth in the written standard travel policy of the sponsoring agency, the New York State Office of the State Comptroller guidelines, or United States General Services Administration rates, unless prior approval is obtained from New York State Department of Health.
5. Local agencies and vendor management agencies must maintain all documentation related to travel expenses, and make it available for New York State Department of Health review upon request.
6. The New York State Department of Health may deny reimbursement or recover funds reimbursed to a sponsor agency that cannot provide adequate documentation of compliance with these procedures.

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## REGULATIONS

General Services Administration (GSA) Federal Travel Regulations, [41 CFR 300-304](#) – In accordance with these regulations the New York State Office of the State Comptroller (OSC) has established travel rules and regulations to be followed by all State agencies and applicable contractors. WIC local agency travel expenses shall be reimbursed at the lesser of the rates set forth in the sponsor agency's written standard travel policy, OSC guidelines, or United States General Services Administration rates.

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

**LA/VMA Policy Required**    Yes    No

1. Each local agency and vendor management agency must have a written travel policy included in the agency's policy and procedure manual that details the agency's requirements and procedures for obtaining approval and reimbursement of travel-related expenses.

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<b>Travel</b>		


2. Include all travel costs for the contract period in the annual Budget Justification Worksheet under Non-Personal Service Budget Line. Provide detailed justification for all anticipated travel throughout the contract period. The Budget Justification Worksheet must include the estimated cost of all local travel and detailed justification for all anticipated non-local travel.
  - Local travel – includes travel between local agency sites for supervision, deliveries, staffing coverage, inter-agency meetings, vendor monitoring activities, local meetings, and outreach and community liaison activities.
  - Non-local travel – includes overnight travel for meetings, conferences, and trainings. Non-local travel must be itemized with an estimated cost given for each instance of travel and should include all associated expenses, such as registration fees, when applicable.
3. Significant changes to the overall travel budget require a budget modification request.
4. Reimbursement of non-local travel expenses that are not reflected in the approved annual budget require NYS DOH pre-approval.
5. Local agencies and vendor management agencies must take steps to use the most cost effective method possible for all travel.
6. Travel expenses shall be reimbursed at the lesser of the rates set forth in the written standard travel policy of the sponsoring agency, the New York State Office of the State Comptroller guidelines, or United States General Services Administration rates, unless prior approval is obtained from NYS DOH.
7. Local agencies and vendor management agencies must maintain an accurate record of expenses and travel details including departure and return times, mileage and all receipts while in travel status including meals, hotel, airplane tickets, airport shuttle fees, taxi fees, rental car, tolls, parking fees, etc. Retain all travel-related receipts and corresponding documentation for review by NYS DOH.
8. Local agencies must ensure that WIC clinic operations and participant services are not impacted by multiple staff traveling for conferences or training, unless prior approval is obtained from NYS DOH.

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## GUIDANCE

Policy Supplement Available  Yes  No

The purpose of this policy is to help local agency employees apply travel rules to secure the most economical method of travel and for reimbursement of expenses incurred for WIC travel activities. These activities include but are not limited to travel to competency-based and mandated trainings, conferences, outreach programs and inter-site travel.

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WIC local agencies and vendor management agencies must take steps to keep travel costs to the most cost effective method possible, and when travel costs exceed the GSA rates, the local agency must obtain NYS DOH approval prior to travel if they intend to exceed those rates.

If requesting air travel, the cost of the airplane ticket, ground transportation, lodging, meals and other allowable cost for each traveler should be compared to the cost of making the same trip using a rental car, fuel, lodging, meals, tolls, parking and other allowable costs. If there are multiple travelers, assume all travel in the same rental. In most cases, driving will prove the most economical, even if the travel time is substantially longer.

Travel guidance resources listed below provide a variety of information, tools and guidance regarding travel in NYS.


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## RESOURCES

New York State Office of the State Comptroller Travel Information:  
<http://www.osc.state.ny.us/agencies/travel/travel.htm>

General Services Administration Travel Information:  
<https://www.gsa.gov/travel-resources>

New York State Office of General Services Business Services Center:  
<https://bsc.ogs.ny.gov/system/files/documents/2018/11/travelandexpensefinanceprocedures.pdf>

	<b>WIC Program Manual</b>	
	<b>Section 1426</b>	
	<b>Date: 07/2017</b>	<b>Page 1 of 3</b>
<b>Incentive Items</b>		

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## **POLICY**

1. Local agencies and Vendor Management Agencies must provide adequate justification and include all costs associated with the purchase of incentive items in the annual Budget Justification worksheet.
2. Incentive items must promote the specific program purpose of outreach or education.
3. Program incentive items must have a unit cost of less than or equal to \$4.00.
4. Publications purchased or developed that are intended as WIC Program incentive items, must include the USDA approved non-discrimination statement.

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## **DEFINITIONS**

Refer to Acronyms and Definitions" located in Section 1011.


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## **PROCEDURE**

1. Local agencies and vendor management agencies must include the estimated cost and detailed description and justification of all incentive items anticipated during the contract period.
2. Reimbursement of incentive items that were not included in the annual budget require DOH pre-approval.
3. Incentive items may not exceed a unit cost of \$4.00. Local agencies and vendor management agencies must adhere to prior approval and bid requirements outlined in the purchasing policy based on the aggregate purchase amounts.
4. The local agency or vendor management agency must document the approval and purchase of incentive items in the correct category, and provide supporting documentation of the purchase, when requested by DOH.

### **Outreach Incentives**

1. Incentive items purchased for program outreach must include a WIC-specific message that targets the intended population. Items must include WIC contact information such as the local agency name, address and/or telephone number; web or email address.
2. Outreach items are usually purchased and distributed in large quantities and must be distributed to or seen by the general public, health care providers, organizations or programs providing services to WIC-eligible populations or WIC participants.

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<b>Incentive Items</b>		

5. Outreach incentives must constitute (or show promise of) an innovative or proven way of encouraging WIC participation.
6. Examples of allowable outreach incentives include pens, pencils, calendars, appointment books, magnets, pocket sized hand sanitizers, and reusable grocery bags.

**Education Incentives**

1. Educational incentive items purchased for educational purposes must target the intended population and must meet the personal and cultural preferences of the individual to which they are being distributed.
2. Educational incentive items must have a clear and useful connection to WIC nutrition education messages, healthy lifestyles, breastfeeding, or general WIC education. Materials must be designed to promote positive nutrition, health, and physical activity habits. Items must convey enough information to be considered educational, or be used by participants to reinforce WIC contacts.
3. Examples of allowable education incentives include tooth brushes, sippy cups, child-sized silverware & cereal bowls, portion control plates, plastic 4 oz. juice glasses, measuring spoons, measuring cups, children books, reference books, water bottles, balls, jump ropes, hula hoops, activity & educational coloring books & crayons, chalk with activity ideas, pedometers, books and activity DVDs and CDs.

**Breastfeeding Incentives**

1. Breastfeeding promotion and support incentive items must have a clear and useful connection to promoting breastfeeding among current WIC participants or convey information that encourages breastfeeding, informs participants about the benefits of breastfeeding, or offer encouragement to women to initiate and continue breastfeeding.
2. Examples of allowable Breastfeeding Promotion and Support items include infant bibs or onesie's imprinted with WIC logo or breastfeeding message, nursing reminder bracelets, breastmilk storage bags, nominal value breastfeeding aids such as nursing pads.
3. Demonstration materials such as breastfeeding aids, slings, videos, baby dolls that are purchased in limited quantity for demonstration of proper techniques and are not intended for distribution to participants are not considered incentive items.

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**GUIDANCE**

Best practice is to have items imprinted with the WIC Logo or the agency name whenever possible.

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**RESOURCES**

Refer to WPM sections:

- WPM1200 Participant-Centered Nutrition Education and Counseling

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<b>Incentive Items</b>		

- WPM1217 Criteria for WIC Education Materials
- WPM1240 Outreach and Retention
- WPM1040 Civil Rights and Nondiscrimination Statement
- WPM1421 Purchasing

Healthy Lifestyles Toolkit Resource Lists

Refer to Issuing Breast Pumps and Breastfeeding Aids Fiscal Policy Supplement for more information on incentive items for breastfeeding promotion and support

<b>WIC Program Manual</b>	
<b>Section # 1451</b>	
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<b>Electronic Communication Use</b>	

## **POLICY**

1. Local agencies and vendor management agencies must establish accounts through the sponsor agency to communicate electronically with program participants and the public regarding WIC.
2. All electronic communication must adhere to federal and state laws and regulations while ensuring compliance with confidentiality requirements.
3. All electronic communication accounts established for WIC Program use are bound by WIC Program requirements and must not be used for personal use or unauthorized purposes.
4. Electronic communication must adhere to professional standards of conduct and must relate to approved WIC Program tasks.
5. All electronic communication devices purchased with WIC funds remain the property of New York State Department of Health and are subject to audit.

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## **REGULATIONS**

Federal Regulation 18 U.S.C. 1030 [Fraud and related activity in connection with computers] provides for punishment of individuals who access Federal computer resources without authorization, attempt to exceed access privileges, abuse Government resources and/or conduct fraud on Government computers.

Definitions, *Sign or signature*, [7 CFR §246.2](#) - indicates if the State agency chooses to use electronic signatures, the State agency must ensure the reliability and integrity of the technology used and the security and confidentiality of electronic signatures collected in accordance with sound management practices, and applicable Federal law and policy, and the confidentiality requirements in §246.26.

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAVMA Policy Required  Yes  No

### **System Use and Security**

1. The sponsoring agency is responsible for the electronic communication of its employees and must ensure that electronic equipment, communication, and Internet services are used securely and appropriately.

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2. The local agency must develop a written policy on appropriate electronic communication use to ensure program integrity, including prohibitions and restrictions against illegal, unethical, or professional activities.
3. WIC participant documents must only be accessed using secure devices or accounts, all of which must follow the sponsor agency's policies. If sending confidential participant information, such as the participant's name, address, phone number, date of birth, etc., electronically, it must be sent securely, following sponsor agency policy.
  - Confidential applicant, participant, or vendor information may be sent by fax if the confidentiality statement is attached, or by encrypted email.
4. All electronic messages, documents, and attachments related to WIC Program business are records and must adhere to the WIC Program record retention and confidentiality policies and may be subject to the Freedom of Information Law or released as a result of legal actions.
5. Sponsor agency policies and procedures must ensure electronic communications can be accessed and monitored to ensure WIC Program integrity and policy compliance; to diagnose and resolve technical problems; or for any other legitimate WIC purpose. The New York State Department of Health (NYS DOH) has the right to request access at any time. Electronic communication of WIC Program business, while confidential, is not considered private.
6. Staff must take all reasonable precautions to avoid unauthorized access to WIC electronic accounts and devices.

### **Social Media**

1. Local agencies must follow sponsor agency policies for using the Internet and social media platforms and are responsible for developing and implementing a procedure for monitoring social media posts and comments.
2. WIC Program information posted on the Internet must be:
  - accurate and updated, as needed
  - adherent to WPM #1217 Criteria for WIC Education Materials
  - reputable and free of bias, product promotion, and political or religious views
  - monitored for posts or comments with negative intent or inaccuracy, and corrected or deleted in a participant-centered manner
  - compliant with copyright and fair use of copyrighted materials owned by others'
3. Local agency websites and social media accounts must include the nondiscrimination statement or a direct hyperlink to the full statement, as outlined in WPM #1040 Civil Rights and Nondiscrimination Statement.
4. The Talent Release Form, or comparable form, must be completed and signed before posting a WIC participant's likeness, name, picture, etc., to web-based publications.





Electronic Communication Use

- 5. All social media accounts must include the following disclaimer:

The purpose of this site is to promote New York State WIC Program services to the community. The viewpoints, opinions, and actions expressed in comments are those of the individuals themselves and may not reflect the opinions and position of (Local Agency Name) or its employees. All posts and comments must be reputable and free of bias, advertisement, and political/religious views. Posts or comments with a clear malintent will be deleted, and incorrect information will be corrected.

Electronic signatures

- 1. The sponsor agency is responsible for the reliability and integrity of the technology used and the security and confidentiality of electronic signatures in accordance with state and federal laws. In compliance with these regulations, staff may:
- electronically sign mandatory letters and vital documents
- accept electronic Health Care Provider (HCP) signatures

GUIDANCE

Policy Supplement Available [ ] Yes [x] No

There are many choices in electronic communication and equipment. The WIC Coordinator or VMA Director should ensure the needs of the population are met by communicating with WIC participants in a manner that is comfortable and convenient, such as using texting platforms and social media.


Local agency staff may use video conferencing platforms in accordance with security and confidentiality policies.

When sending confidential participant information securely, best practice is to use a confidentiality notice with outgoing correspondence such as:

NOTICE OF CONFIDENTIALITY: The documents accompanying this facsimile may contain information of a personal and sensitive nature related to an individual's health. Redisclosure without additional patient authorization is prohibited. This message is intended for the use of the person or entity to which it is addressed and must be maintained in a secure and confidential manner. If you have received this facsimile in error and are not the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited.

OR

CONFIDENTIALITY NOTICE: This email and any attachments may contain confidential information that is protected by law and is for the sole use of the individuals or entities to which it is addressed. If you are not the intended recipient, please notify the sender by replying to this email and destroying all copies of the communication and attachments. Further use, disclosure, copying, distribution of, or reliance upon the contents of this email and attachments is strictly prohibited.

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## RESOURCES

### WIC Program Manual Sections:

- #1200: Participant-Centered Nutrition Education and Counseling
- #1217: Criteria for WIC Education Materials
- #1043: Confidentiality, Releasing/Disclosure of Information
- #1040: Civil Rights and Nondiscrimination Statement
- #1401: Record Retention
- #1450: Administrative Computer Guidelines

### Other:

- [NYS-P03-002 Information Security Policy](#)
- [NY Electronic Signatures and Records Act \(ESRA\) Regulation](#)
- [NYS-G10-001 Secure Use of Social Media Guideline](#)
- [Copyright Law of the United States](#)

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<b>User Account Security and Guidelines</b>		

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## POLICY

1. All staff must comply with security requirements mandated by New York State for their user accounts.
2. Local Agency Coordinators/Vendor Management Agency Directors are responsible for assigning, monitoring, and deactivating user accounts.

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## REGULATIONS

Other Provisions, [7CFR §246.26 \(d\)\(e\)](#)

Information Security Policy, [NYS-P03-002](#)

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

**LA/VMA Policy Required**       Yes       No

1. Anti-virus and firewall software must be installed, configured, and maintained on computers used to access user accounts.
2. Staff must protect participant confidentiality and account security. User accounts and passwords are the responsibility of the assigned individual and may not be shared with others.
3. Staff with user accounts must receive computer security training upon hire and annually thereafter. Documentation of completion must be kept on file by the Agency.
4. LA Coordinators/VMA Directors are responsible for assigning, monitoring, and deactivating user accounts.
  - The LA Coordinator/VMA Director must complete and submit the NY.gov Applications Access Form to request new accounts, changes to an account or to deactivate an account.
  - Management Information System (MIS) access must be limited to functions within the individual's job title.
  - The LA Coordinator/VMA Director must conduct and document an annual review of MIS accounts and user roles assigned to all staff.

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- When staff are on temporary leave or permanently leave the WIC program, the LA Coordinator/VMA Director must:
  - i. Immediately deactivate staff MIS access by setting their MIS account to inactive.
  - ii. Submit an NY.gov Applications Access Form to their DOH Contract Manager to disable the staff's NY.gov account within five (5) business days of the staff person's last day.

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## **GUIDANCE**

*Policy Supplement Available*  Yes  No


1. Staff actions while logged into the MIS may be monitored; there is no expectation of privacy.
2. Staff are responsible for the integrity and accuracy of data entered using their user account.
3. Access to specific screens in the MIS are controlled by assigned Agency and user role(s).
  - If LA/VMA staff work at multiple agencies, they will be provided a single NY.gov account.
    - Primary agency must be chosen for NY.gov and all associated applications.
    - Access to the secondary agency in the MIS will need to be assigned by Central Office staff.
    - An LA/VMA staff member's user role(s) in the MIS will be the same for all assigned user agencies.
4. User account questions should be directed to the WIC Help Desk at 1-800-886-8799 or submitted via the Self-Service portal.

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## **RESOURCES**

### **WIC Library:**

- NY.gov Applications Access Form

	<b>WIC Program Manual</b>	
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<b>Local Agency Staff</b>		

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## POLICY

1. Local agencies must maintain adequate staffing levels to provide quality nutrition services while ensuring compliance with federal regulations.
2. Local agencies must have a WIC Coordinator to oversee program operations.
3. Local agencies must have access to a Qualified Nutritionist.
4. Local agencies must recruit staff that meet the minimum qualifications for the position and follow New York State WIC Program hiring procedures.
5. Local agencies must fill all vacancies within 90 days.
6. Local agencies must maintain documentation of all WIC staff qualifications including credentials, trainings and continuing education credits.
7. Local agencies must keep each position title within the scope of practice.

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## REGULATIONS

*Definitions, [7CFR §246.2](#) – Competent professional authority*

*Agreements with local agencies, [7CFR §246.6](#) – Provisions of agreement*

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.


Paraprofessional (Peer Counselors) – An individual without extended professional training in health, nutrition, or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals (WIC Breastfeeding Model for Peer Counseling).

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## PROCEDURE

LAWMA Policy Required  Yes  No

1. The local agency must obtain approval from the New York State (NYS) Department of Health (DOH) for all new WIC Coordinator, Qualified Nutritionist (QN) and Competent Professional Authority (CPA) hires, including those who transfer from another WIC agency or are promoted, and student interns.
2. Minimum qualifications are required when hiring or promoting all staff, as outlined for each position below.

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**WIC Coordinator**

There are no minimum qualifications for the WIC Coordinator as local agencies vary in size and need for managerial staff. It is preferred that the WIC Coordinator has a public health, public administration or nutrition degree.

**Preferred Qualifications:**

- Bachelor's degree in public health, public administration or nutrition from an accredited college or university  
AND
- 2 years of supervisory experience  
OR
- Master's degree in public health, public administration or nutrition from an accredited college or university  
AND
- 1 year of supervisory experience


**Job Description:**

- oversee all WIC services and ensure compliance with all federal regulations and state policies
- provide supervision and ensure all staff are trained and competent in their role
- ensure that each staff member has a training plan tailored to their needs
- define staff responsibilities, work schedules and clinic hours
- work in collaboration with sponsoring agency and DOH to develop and manage WIC budget and caseload
- establish clear procedures on appointments scheduling and reminders, walk-ins, late arrivals and monitor clinic flow regularly
- participate in the development and implementation of the annual Local Agency Compliance and Self-Assessment (LACASA)
- act as a mentor to all staff and provide necessary guidance to deliver quality services to WIC participants
- provide direct leadership to maintain program integrity
- maintain Local Agency Policy and Procedure Manual, and ensure staff are familiar with requirements outlined in the manual
- ensure collaboration with intra-agency staff, healthcare providers and community-based organizations
- other duties as assigned

**Qualified Nutritionist (QN)**

**Minimum Qualifications:**

- Registered Dietitian Nutritionist (RD/RDN) OR
- Bachelor's, Master's, or Doctoral degree in Nutrition from an accredited college or university

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Job Description:

- may conduct all duties of CPA, Nutrition Assistant and Program Support staff
- develop and implement individual care plans (ICPs) and oversee high-risk care to all participants
- provide oversight and guidance to CPA and Nutrition Assistant staff
- coordinate nutrition education, including breastfeeding promotion and support, that is responsive to the identified needs/interests of each high-risk participant
- refer high-risk participants to other health-related and social services, as necessary
- track high-risk participants' progress in improving their health and document for outcomes
- ensure the efficient flow of the assessment and education processes
- provide leadership in planning, conducting, and evaluating participant-centered nutrition services
- provide leadership and assist in orienting, training and mentoring new local agency (LA) staff
- provide leadership in developing, conducting and evaluating nutrition training for LA staff in nutrition education topics
- other duties as assigned

**Competent Professional Authority (CPA)**

Minimum Qualifications:

- Registered Nurse (RN) with a Bachelor's degree from an accredited college or university OR
- Nutrition and Dietetics Technician, Registered (DTR/NDTR) OR
- Bachelor's degree in an appropriate health-related field from an accredited college or university with at least 6 credit hours in nutrition

Job Description:

- may conduct all duties of Nutrition Assistant and Program Support staff
- conduct a complete nutrition assessment, determine nutrition risk and enroll participants
- conduct a breastfeeding assessment, and provide participant-centered counseling that helps a mother initiate breastfeeding, establish a milk supply, exclusively breastfeed and continue breastfeeding
- address common breastfeeding concerns and issue breast pumps
- prescribe, tailor, authorize, issue, and reissue all food packages
- review and approve formula requests requiring medical documentation in consultation with the Health Care Provider
- identify the need for an individual care plan and refer to a QN, as appropriate
- carry out ICPs established by the QN, provide participant centered counseling for high-risk participants, and work in conjunction with the QN to ensure continuity of care and to decide when the ICP can be closed
- provide and document participant-centered nutrition education/counseling (individual/family sessions and facilitated group discussions) for participants
- document nutrition services provided, including referrals and follow-up to referrals
- ensure referrals for lead testing and immunizations are provided, as appropriate
- track participant's progress, and document outcomes
- develop, conduct and evaluate nutrition training for LA staff in nutrition education topics



**Local Agency Staff**

- provide guidance to Nutrition Assistant staff in collecting nutrition assessment data
- orient, train, and mentor Nutrition Assistant staff
- other duties as assigned

**Nutrition Assistant (NA)**

Minimum Qualifications:

- High School Diploma OR Licensed Practical Nurse AND
- experience working in the healthcare field, including volunteer experience
- experience with providing customer service and computer data entry, including volunteer experience

Job Description:


- may conduct all duties of Program Support staff
- provide clinic and office support to QN and CPA staff
- provide excellent customer service to participants
- review Rights and Responsibilities with participants
- conduct program orientation, including explaining program benefits, issuing WIC card, setting up WIC2GO and providing list of authorized vendors
- collect information for the nutrition assessment process, including obtaining anthropometric and hematological data, as trained
- participate in breastfeeding promotion and support activities
- complete issuance of food packages that do not require medical documentation, once prescribed by the QN or CPA
- assist by issuing WIC benefits as part of a QN/CPA-led facilitated group discussion, when no food package changes are needed
- provide referrals to health and social services, and document in participant's record
- identify and refer participants to a QN or CPA, when appropriate
- assist QNs and CPAs in planning and evaluating participant-centered nutrition education (such as FitWIC, food demos, etc.)
- provide additional program information on such topics as WIC benefits and the Farmers' Market Nutrition Program
- issue Farmers' Market benefits to participants
- other duties as assigned

**Program Support**

Minimum Qualification:

- High School Diploma OR  
GED



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Preferred Qualification:

- experience with providing customer service and computer data entry, including volunteer experience

Job Description:

- general reception duties such as answering phones, scheduling appointments, following-up on missed appointments, and greeting participants
- review Rights and Responsibilities with participants
- conduct program orientation, including explaining program benefits, issuing WIC card, setting up WIC2GO and providing list of authorized vendors
- collect information for the certification process including verifying identity, income and residency
- provide referrals to health and social services, and document in participant's record
- complete issuance of food packages that do not require medical documentation, once prescribed by the CPA or QN
- provide additional program information on such topics as WIC benefits and the Farmers' Market Nutrition Program
- issue Farmers' Market benefits to participants
- other duties as assigned

**Breastfeeding Peer Counselor**

Minimum Qualifications:


- is a paraprofessional, as defined by the [WIC Breastfeeding Model Components for Peer Counseling](#)
- recruited and hired from WIC's target population, and, to the extent possible, represent the same racial/ethnic background as the participants they support
- have breastfed at least one baby
- is trained based on the FNS WIC Breastfeeding Curriculum

Job Description:

- provide basic breastfeeding information and support to pregnant and breastfeeding participants
- are available to WIC participants outside usual clinic hours and outside the WIC clinic environment
- counsel prenatal and postpartum participants via email, phone, home visits, hospital visits, and ~~face-to-face~~
- refer participants to the Designated Breastfeeding Expert (DBE), QN/CPA, or other community breastfeeding resources for situations outside the peer counselor's scope of practice
- follow upon participant referrals in a timely manner
- document interactions and referrals to other staff in the management information system (MIS)
- other duties as assigned

3. Staff must complete the following continuing education requirements every year:

- WIC Coordinator, Qualified Nutritionist and Competent Professional Authority—12 hours

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- Nutrition Assistant, Program Support and Breastfeeding Peer Counselor –6 hours
4. The LA must develop written descriptions of job duties that adhere to the scope of practice outlined in this policy for all staff. The duties described in this section are intended to identify the appropriate scope of practice for each title, but do not necessarily reflect all of the duties and responsibilities of each title.
  5. The LA must comply with WIC Program Manual (WPM) 1467 Staff Training and, train all new staff on WIC Program policies and procedures within six months of employment. New staff can provide services in the WIC clinic as they attain competencies.
  6. The LA must comply with WPM 1401 Record Retention and develop a system for maintaining records for staff qualifications including resumes, transcripts, DOH approvals, professional licenses, registrations, certifications, training and continuing education.
  7. Applicants with foreign degrees must have an independent foreign degree evaluation agency validate their degree as equivalent to a Bachelor's or Master's degree conferred by a US regionally accredited college or university.
  8. The local agency must designate a staff member for the following roles:
    - Training Coordinator
      - It is recommended that the WIC Coordinator serve as the Training Coordinator for the LA, although duties may be delegated to the Nutrition Coordinator as necessary
    - Nutrition Coordinator (NC)
    - Breastfeeding Coordinator (BFC)
    - Designated Breastfeeding Expert (DBE)
    - Peer Counselor Coordinator (PCC)
      - PCC is not a required role; it is based on caseload and is necessary only if the LA needs to have a separate person to help manage the Breastfeeding Peer Counselor Program
    - Outreach Coordinator
    - National Voter Registration Act Coordinator
  9. The NC and BFC are required to spend adequate time each week to perform the duties and responsibilities of the position.

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## GUIDANCE

Policy Supplement Available

Yes  No

This policy is intended to establish minimum qualifications for the hiring and promotion of staff within these titles.

These titles do not necessarily reflect an organizational hierarchy, except that it is expected that a QN or CPA oversee the work of Nutrition Assistants and that the Nutrition Coordinator is responsible for ensuring that procedures are in place to provide WIC participants with the highest possible quality

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participant-centered nutrition services. All WIC nutrition staff must possess the skills, knowledge and confidence to carry out the duties assigned to them.

The first choice for a Qualified Nutritionist is a Registered Dietitian Nutritionist (RD/RDN).

International Board Certified Lactation Consultant (IBCLC) or Certified Lactation Counselor (CLC) is a preferred qualification for a QN and a CPA.

If the minimum qualifications are questionable, local agencies are encouraged to consult with DOH prior to interviewing potential hires. Transcripts should be obtained and reviewed for all potential CPA hires with a health-related degree. Hires must have 6 credit hours from pertinent nutrition courses. Thesis writing does not count towards these 6 credits.

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## RESOURCES

WIC Program Manual Sections and Policy Supplements:


- #1020 Participant-Centered WIC Environment
- #1135 Nutrition Assessment Process
- #1186 Substance Use Screening, Education and Referral
- #1216 High Risk Care
- #1401 Record Retention
- #1406 Compliance and Self-Assessment
- #1452 User Account Security and Guidelines

WIC Library:

- WIC Staff Competencies

Other:

- [Code of Ethics for the Nutrition and Dietetics Profession](#)
- [Foreign Degree Evaluation Agencies](#)
- [WIC Nutrition Services Standards](#)

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<b>Student Interns</b>			

## POLICY

1. Student Interns are required to maintain confidentiality and follow state and local agency policies and procedures.
2. The WIC Coordinator or designated supervisor must develop a job description based on the learning plan for each Student Intern and provide appropriate training(s) for the job description.
3. Student Interns may only be granted access to the management information system with the Student User Role and only when the job description includes nutrition assessment or nutrition education duties.
4. Local agencies are responsible for all acts, errors and/or omissions due to the actions of Student Interns.
5. Student Interns must not serve as a proxy for any WIC participants served by the local agency.

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## REGULATIONS

Confidentiality of applicant and participant information, §246.26(d)(1)(ii) - The State agency must restrict the use and disclosure of confidential applicant and participant information to persons directly connected with the administration or enforcement of the WIC Program whom the State agency determine have a need to know the information for WIC Program purposes.

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LAWMA Policy Required  Yes  No

1. Local agencies (LAs) must follow all applicable policies of the sponsoring agency.
2. The LA must follow a learning plan that reflects the responsibilities of the Student Intern and the learning outcomes as determined by the Student Intern's curriculum. The LA Coordinator must ensure that it does not impact services to WIC participants.
3. The LA Coordinator must request a management information system user account for the Student Intern by submitting the *NY.gov Applications Access Form* to the Department of Health for approval.
4. The LA Coordinator will be notified when a user account has been created for a Student Intern. The Student Intern will be notified by the New York State Department of Health (NYS DOH) via email to log into NY.gov to activate the account.

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<b>Student Interns</b>		

5. Student Interns granted access to participant records must adhere to confidentiality policies and computer security policies.
6. LAs are required to provide an orientation to Student Interns to ensure they understand WIC Program policies and procedures. The Student Intern's training(s) must be documented and kept on file at the LA. Documentation may include, but is not limited to, confidentiality statement, job description, password security log, Annual Computer Security training, and assessment(s).
7. The LA Coordinator or designated supervisor must assess the roles, responsibilities, performance, and competencies achieved of each Student Intern throughout the course of the internship. The outcome of the assessment(s) must be documented and kept on file at the LA.
8. The LA Coordinator must deactivate the Student Intern's management information system account immediately when the Student Intern leaves the LA, or any time deemed necessary. The LA Coordinator must notify the NYS DOH to remove the user account by completing the *NY.gov Applications Access Form*.
9. If a Student Intern is offered any permanent position at the LA, the LA Coordinator must update the staff information in the management information system and submit a new *NY.gov Applications Access Form* to the NYS DOH to remove the Student user-role and assign the new role.

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## **GUIDANCE**


Policy Supplement Available  Yes  No

Current shifts in population demographics and health risk factors, along with escalating healthcare costs, have shifted the focus of health care and public policy toward promoting health, preventing disease, and eliminating health disparities at the population level. These shifts require a highly competent workforce with the goal of protecting and improving the nutrition and health of communities and diverse populations. Appropriate learning opportunities in WIC are crucial for students to gain the needed experience to meet the skills and competencies required for public health practitioners, including public health and community nutritionists. Interning at WIC provides students with the opportunity to work with diverse populations, and provides them with the practical experiences needed to become successful in the field.

Local agencies are encouraged to provide interning opportunities to qualified students to ensure that they are exposed to, and have a good understanding of the WIC Program, and that they are prepared to meet the needs of an increasingly diverse population. Providing these opportunities also allows LAs to build a strong and competent workforce in their communities, while developing leadership and management skills of current staff.

Local agencies should use discretion while screening and selecting Student Interns who have access to participant and/or applicant information.

Student Interns' learning plans should reflect the opportunity to gain knowledge and experience in the WIC Program and other community-based programs that promote health and well-being of low-income families.

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<b>Student Interns</b>		

Student Interns may assist in participant-centered nutrition services such as developing posters and assisting groups and food demonstrations, under the supervision of the Nutrition Coordinator.

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## RESOURCES

### WIC Program Manual Sections and Policy Supplements:

- #1040: Civil Rights and Nondiscrimination Statement
- #1043: Confidentiality, Releasing/Disclosure of Information
- #1401: Record Retention
- #1452: WIC MIS Passwords and Security
- #1467: Staff Training

### WIC Library:

NY.gov Applications Access Form

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<b>Employee Participants</b>		

## **POLICY**

1. WIC employees must not complete any certification activities to determine eligibility for themselves, relatives, close friends, or foster children in their care.

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## **REGULATIONS**

State plan, [246.4\(a\)\(27\)](#) - The State agency's policies and procedures for preventing conflicts of interest at the local agency or clinic level in a reasonable manner. At a minimum, this plan must prohibit the following WIC certification practices by local agency or clinic employees, or provide effective alternative policies and procedures when such prohibition is not possible:

- (i) Certifying oneself;
- (ii) Certifying relatives or close friends; or,
- (iii) One employee determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers or supplemental food for the same participant.

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAWMA Policy Required  Yes  No

1. All WIC Program certifications and subsequent certifications for employee participants, their relatives, close friends, or foster children in their care, must be reviewed by the WIC Coordinator within two weeks.
2. The WIC Coordinator must ensure that employee participants meet all program requirements and do not participate in the determination of their own eligibility or benefit issuance.
3. In the event that the WIC Coordinator is an employee participant or foster parent, the WIC Coordinator's supervisor is responsible for reviewing the transactions and documenting the review.
4. The WIC Coordinator or WIC Coordinator's supervisor must document the review in the management information system (MIS) to confirm that proper procedures were followed.
5. The local agency must develop a written policy on handling employee participants to ensure program integrity. This policy must be kept on file and be available for review in the Local Agency Policy and Procedure Manual.

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## **GUIDANCE**

Policy Supplement Available  Yes  No

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<b>Employee Participants</b>		

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## **RESOURCES**

**WIC Program Manual Sections and Policy Supplements:**

- #1100:WICCertification Overview



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	<b>Section 1467</b>	
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<b>Staff Training</b>		

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## **POLICY**

1. The local agency and vendor management agency must designate a Training Coordinator, who shall be responsible for overseeing new staff training, annual staff training plans and documentation of training.
2. WIC local agency and vendor management agency staff must have a documented individual training plan that contains training goals to support job proficiency.
3. All new WIC local agency and vendor management agency staff must complete an orientation training program.
4. WIC local agency and vendor management agency staff must comply with mandated trainings identified in this policy and as directed by New York State Department of Health.
5. WIC local agency staff must obtain continuing education credits appropriate for their WIC program responsibilities.
6. Documentation of trainings attended by each agency staff person must be maintained by the agency and available for New York State Department of Health review.

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## **REGULATIONS**

Nutrition Education, [§7CFR 246.11](#)

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAVMA Policy Required  Yes  No

1. In accordance with WPM #1460 Local Agency Staff, the local agency or vendor management agency must designate a Training Coordinator. It is recommended that the WIC Coordinator serve as the Training Coordinator for the agency, although duties may be delegated to the Nutrition Coordinator as necessary. It is recommended that the VMA Director serve as the Training Coordinator for the vendor management agency, although duties may be delegated to other supervisory staff as necessary. Agencies must notify the New York State Department of Health when the agency designates a new Training Coordinator.
2. All staff must have a documented individual staff training plan specific to their job role and responsibilities. The training plan must be developed to ensure that all staff involved in program operations have the requisite abilities, skills, and knowledge to perform their assigned duties.

<b>WIC Program Manual</b>	
<b>Section 1467</b>	
<b>Date: 03/2021</b>	<b>Page 2 of 3</b>
<b>Staff Training</b>	

Once developed, the plan must be re-evaluated and updated annually thereafter, as part of the annual training plan cycle. Training plans for local agency staff must include topics that address performance problems identified in Quality Assurance (QA) observations and record reviews.

3. WIC Coordinators, VMA Directors, and supervisors must work continuously with staff in the annual training plan cycle, which includes planning and preparing for the training, attending the training, and supporting staff post-training.
4. NYSDOH may mandate local agency and vendor management agency staff attend specific trainings in addition to trainings identified in staff training plans.
5. The following mandatory trainings prescribed by law, policy and regulations must be completed by all staff:

<b>Training Topic</b>	<b>WPM#</b>	<b>Frequency</b>
Program Complaints and Suspected Fraud or Abuse	1038	Annually
Civil Rights and Non-Discrimination Statement	1040	Upon hire, thereafter annually
Offering the Opportunity to Register to Vote	1110*	NVRA Coordinator – annually; As needed for staff involved in voter registration activities
User Account and Security Guidelines	1452	Upon hire, thereafter annually
Breastfeeding Education, Promotion, and Support	1224*	Upon hire, thereafter annually

*\*Local agency staff only; does not include Vendor Management Agency staff*

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## **GUIDANCE**

Policy Supplement Available       Yes  No

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## **RESOURCES**

### **WIC Program Manual Sections and Policy Supplements**

- #1200: Nutrition Education Contacts and Materials
- #1200: Nutrition Education Contacts and Materials Policy Supplement
- #1406: Compliance and Self-Assessment
- #1460: Local Agency Staff
- #1460: Local Agency Staff Policy Supplement


## **Staff Training**

### **WIC Library:**

- Recommended Trainings for New Staff Hires
- Staff Training Guidance
- Breastfeeding Coordinator Competency Set Final
- Breastfeeding Peer Counselor Competency Set Final
- Support Staff and Nutr Asst Competencies updated 2020
- QNCPA Competencies updated 2019
- WIC Coordinator Competencies updated 2020

### **Other:**

- [NYS WIC Training Center website](#)
- [USDA FNS Nutrition Services Standards](#)

	<b>WIC Program Manual</b>	
	<b>Section 1500</b>	
	<b>Date: 03/2023</b>	<b>Page 1 of 2</b>
<b>Farmers' Market Nutrition Program</b>		

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## **POLICY**

1. Local agencies must issue Farmers' Market Nutrition Program (FMNP) checks during the state-designated issuance period.
2. Local agencies must refer to the annual Farmers' Market Nutrition Program Procedure Guidance Document to determine if checks are to be issued to households or individuals.
3. Local agencies must instruct participants on the proper use of Farmers' Market Nutrition Program checks.

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## **REGULATIONS**

Federal Regulations 7CFR Part 248 implements the mandates of the Farmers Market Nutrition Act of 1992. The New York State WIC FMNP is designed to provide the nutritional benefits of fresh fruits and vegetables to WIC families and to promote the purchase of New York State grown fresh fruits and vegetables from farmers at authorized farmers' markets and roadside stands throughout the state.

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## **DEFINITIONS**


Refer to Acronyms and Definitions located in Section 1011.

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## **PROCEDURE**

LAVMA Policy Required       Yes    No

1. Market schedules listing the locations, days, hours, and contact information of participating farmers' markets must be provided to all participants who receive FMNP checks. These materials will be provided by the Department of Agriculture and Markets.
2. During the FMNP issuance season, an authorized staff member must determine, at each participant appointment, whether the participant is eligible to receive FMNP checks. Refer to the annual Farmers' Market Nutrition Program Procedure Guidance Document to determine eligibility criteria.
3. Local agency staff must instruct participants on the purpose and proper use of FMNP checks, and where the checks can be used, at the time of issuance.
4. Local agency staff must provide nutrition education regarding purchasing fruits and vegetables at Farmers' Markets.

	<b>WIC Program Manual</b>	
	<b>Section 1500</b>	
	<b>Date: 03/2023</b>	<b>Page 2 of 2</b>
<b>Farmers' Market Nutrition Program</b>		

5. Local agencies must implement policies and procedures, as outlined in WPM 1500 Policy Supplement, to ensure that the inventory of FMNP checks is stored in a secure locked location and that checks are signed in and out of storage by local agency staff in the Local Agency Policy and Procedures Manual.
6. Local agencies must not replace lost or stolen FMNP checks.
7. Local agencies must report all unissued, lost, and stolen checks to the NYS Department of Agriculture and Markets after the FMNP season. Thefts and losses of unissued checks must be immediately reported to NYS DOH Central Office.

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## GUIDANCE

Policy Supplement Available       Yes    No

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## RESOURCES

### WIC Library:

- Farmers' Market Nutrition Program Procedure Guidance Document for the current year

	<b>WIC Program Manual</b>	
	<b>Section 2001</b>	
	<b>Date: 07/2021</b>	<b>Page 1 of 2</b>
<b>Vendor Management and Stakeholder Communications</b>		

## **POLICY**

1. Vendor management agencies must establish and maintain a positive working relationship with WIC vendors and stakeholders to provide information on WIC program requirements.
2. Vendor management agencies must establish and maintain a cooperative working relationship with WIC local agencies to ensure participant access to supplemental foods and formula.

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## **REGULATIONS**

Program referral and access, Food Delivery Methods [246.12\(g\)](#) requires State agencies using a retail food delivery system must authorize an appropriate number and distribution of vendors in order to ensure the lowest practicable food prices consistent with adequate participant access to supplemental foods and ensure the effective state management, oversight and review of its authorized vendors.

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## **DEFINITIONS**

Refer to Acronyms and Definitions located in Section 1011.

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## **PROCEDURE**

LAMMA Policy Required  Yes  No

1. Vendor management agencies must respond to vendor questions and requests for information within three days of receipt of the request.
2. Vendor management agencies must provide vendors the opportunity to communicate face to face with staff during annual vendor training.
3. Vendor management agencies must respond to local agency staff questions and requests for information within a three days of receipt of the request.
4. Vendor management agencies must collaborate with local agency staff and vendors to facilitate arrangements for special formula required by participants.
5. Vendor management agency staff must attend or participate in WIC coordinator meetings as scheduled to answer questions and provide feedback regarding vendor related issues.

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## **GUIDANCE**

Policy Supplement Available  Yes  No

	<b>WIC Program Manual</b>	
	<b>Section 2001</b>	
	<b>Date: 07/2021</b>	<b>Page 2 of 2</b>
<b>Vendor Management and Stakeholder Communications</b>		

In addition to annual vendor training, vendor management staff should utilize vendor monitoring opportunities to provide technical assistance, clarification, education and reinforcement of program obligations with WIC vendors.

Vendor management staff should offer local agency staff the opportunity to attend annual vendor trainings held in their area so they can better understand the complexities of the vendor management program and vendor expectations.

A list of active vendors, which is updated weekly is available on the New York State Vendor's website at <https://nyswicvendors.com/find-a-wic-store/> so participants and local agency staff can easily identify authorized WIC vendors. Additional vendor communications can also be found on the NYS WIC Vendor website at [nyswicvendors.com](https://nyswicvendors.com).

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## **RESOURCES**

WIC Program Manual Sections:

- #2004 Vendor Training
- #2005 Vendor Monitoring

Other Resources:

- [www.health.ny.gov](http://www.health.ny.gov)
- [nyswicvendors.com](https://nyswicvendors.com)
- Vendor Handbook

	<b>WIC Program Manual</b>	
	<b>Section 2002</b>	
	<b>Date: 05/2021</b>	<b>Page 1 of 4</b>
<b>Participant Access</b>		

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## **POLICY**

1. Vendor management agencies must authorize vendors in areas where participant access is not met.
2. Vendor management agencies must assess participant access when reviewing a Request for Vendor Application, before denying an application for authorization, or terminating an authorized vendor.
3. Vendor management agencies must assess and apply exception criteria if the vendor applicant is not needed for participant access, regardless of whether the vendor applies inside or outside the designated Open Application Period. Exception criteria include cultural, geographic, sales and other exception criteria as defined by the Commissioner.
4. Vendor management agencies must only apply the Minimum Authorization Criteria when authorizing vendors needed for participant access.
5. Vendor management agencies must expedite the authorization process for vendors determined to be needed for participant access or meeting exception criteria.
6. Vendor management agencies must attempt to recruit vendor applicants in geographic areas where there is inadequate participant access.

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## **REGULATIONS**

Food Delivery Methods - [§246.12](#) states that the State agency must authorize an appropriate number and distribution of vendors in order to ensure the lowest practicable food prices consistent with adequate participant access to supplemental foods and to ensure effective State agency management, oversight, and review of its authorized vendors

Food Deliver Methods - [§246.12](#) states that the State agency must develop procedures for processing vendor applications outside of its timeframes when it determines there will be inadequate participant access unless additional vendors are authorized.

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## **DEFINITIONS**

Refer to Acronyms and Definitions located in Section 1011

**Cultural Exception Criteria** – criteria used when an applicant vendor applies outside their Open Application Period (OAP) and is not needed for participant access. Cultural exception criteria identifies a vendor that serves 25 or more WIC participants that cannot be properly served by another authorized vendor located within a one (1) mile radius due to a barrier stemming from language, ethnicity, nationality, or religious belief.

**Minimum Authorization Criteria** – criteria defined in Federal Regulations and used by the Department of Health to authorize vendors located in areas identified as having inadequate participant access and



	<b>WIC Program Manual</b>	
	<b>Section 2002</b>	
	<b>Date: 05/2021</b>	<b>Page 2 of 4</b>
<b>Participant Access</b>		

includes compliance with minimum stock requirements, compliance with prohibition of providing incentive items by Above-50-Percent Vendors and assisting vendors with compliance of competitive price criteria and Electronic Benefit Transfer (EBT) capability.

**Non-Open Application Period** – a specified timeframe during which vendor applicants located within an identified geographic area, as defined by the Department of Health, can not apply for authorization.

**Open Application Period** – a specified timeframe during which vendor applicants located within an identified geographic area, as defined by the Department of Health can apply for authorization.

**Participant Access** – the minimum number of vendors to be authorized by a state to ensure participant access to WIC foods.

**Rural Urban Commuting Area (RUCA) Code** – codes developed by the United States Department of Agriculture (USDA) to measure geography and capture labor and food commodity market differences that contribute to food price differences.

**Sales Exception Criteria** – criteria established by the Department of Health allowing corporations with more than \$5 million in food sales during the previous year and demonstrating Electronic Benefit Transaction (EBT) readiness to apply for authorization.

**Store Exception Criteria** – criteria established by the Department of Health to be used when selecting vendors for authorization i.e., the store is currently authorized as a WIC vendor or the store is currently authorized as a WIC vendor and there is a change in ownership within the last 60 days.

**Vendor Authorization Criteria** – criteria established by the Department of Health to be used when selecting vendors for authorization.

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## PROCEDURE

LA Policy Required       Yes  No

1. Staff must assess participant access using guidance and zip code lists developed by the Department of Health. Zip codes are included on the list if they have more than 100 eligible individuals per cash register, or at least 100 eligible individuals and no cash registers, AND any part of the zip code is located more than one mile from the nearest authorized WIC vendor in an urban area, or ten miles from the nearest authorized WIC vendor in a rural area.
2. Staff must consider physical barriers or other conditions that make ground travel to another authorized vendor within one mile of another urban vendor and ten miles of a non-urban vendor impossible, and discuss these barriers or conditions with the contract manager. Geographic barriers may include, but are not limited to, multi-lane highway or roadway; bridge or railroad crossing not suitable for foot traffic; a mountain or unbridged body of water; or prolonged or frequent road closure.

### Participant Access


3. Staff must apply participant access criteria:
  - a. when reviewing a Request for Vendor Application received during an OAP OR a Non-OAP;
  - b. prior to terminating an authorized vendor's contract
  
4. Staff must evaluate all vendor applicant Requests for Application submitted during AND outside the designated OAP to determine if the applicant meets any of the following exception criteria:
  - a. Cultural Exception Criteria
  - b. Sales Exception Criteria
  - c. Store Exception Criteria
  - d. other exceptional circumstances as defined by the Commissioner that warrants authorization (contact Department of Health for guidance)
  
5. Staff must authorize vendors needed for participant access who do not meet competitive price selection and continue to work with vendors to meet competitive price. Staff must only apply the following minimum stock criteria (a), and must ensure compliance in areas (b) and (c) when authorizing a vendor needed for participant access:
  - a. compliance with minimum stock:
    - i. two different fruits
    - ii. two different vegetables and
    - iii. one whole grain cereal authorized by the state
  - b. for A50 vendors only, compliance with prohibition of providing incentive items
  - c. compliance with EBT capability; the vendor management agency must assist vendors deemed necessary for participant access with complying to these criteria
  
6. For vendors determined to be needed for participant access or meeting exception criteria, staff must authorize the applicant or reapplicant vendor:
  - a. immediately following the completion of all authorization milestones AND
  - b. prior to the first day of the new contract period for the vendor's assigned Vendor Contract Period.
  
7. If denying a vendor's application or terminating an authorized vendor would result in inadequate participant access, the vendor management agencies must:
  - a. request approval from the Department of Health before denying or terminating the vendor;
  - b. attempt to recruit an additional vendor applicant within the same geographic area.
  
8. Staff must document assessment of participant access including zip code, physical barriers, or selection criteria in the vendor record as specified by the Department of Health.

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## GUIDANCE

Policy Supplement Available


Yes  No

	<b>WIC Program Manual</b>	
	<b>Section 2002</b>	
	<b>Date: 05/2021</b>	<b>Page 4 of 4</b>
<b>Participant Access</b>		

**RESOURCES**

WIC Program Manual Sections and Policy Supplements:

- 2003:Vendor Authorization

	<b>WIC Program Manual</b>	
	<b>Section 2003</b>	
	<b>Date: 11/2023</b>	<b>Page 1 of 3</b>
<b>Vendor Authorization</b>		

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## POLICY

1. The vendor management agency must respond to inquiries from retail food vendors and pharmacies seeking information on becoming a WIC authorized vendor.
2. The vendor management agency must review all Requests for NYS WIC Vendor Application to determine if the vendor applicant meets the Open Application Period for the geographic area in which they are applying; or meets participant access or exception criteria or identifies unique circumstances beneficial to the program as defined by the New York State Department of Health.
3. The vendor management agency must provide eligible applicants with a NYS WIC Vendor Application and upon return, review the application in accordance with procedures defined by the New York State Department of Health.
4. The vendor management agency must apply authorization criteria defined by the New York State Department of Health when authorizing vendors.
5. The vendor management agency must authorize an appropriate number of vendors to ensure participant access and in areas where participant access is not met, use minimum authorization criteria defined in Federal Regulations and used by the New York State Department of Health.
6. The vendor management agency must use a standard contract document developed by the New York State Department of Health when contracting with approved vendors.

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## BACKGROUND

**Retail food delivery systems: Vendor authorization [246.12](#)** The State agency must authorize an appropriate number and distribution of vendors in order to ensure the lowest practicable food prices consistent with adequate participant access to supplemental foods and to ensure effective State agency management, oversight, and review of its authorized vendors.


---

## DEFINITIONS

Refer to Acronyms and Definitions located in Section 1011.

**Minimum Authorization Criteria** - criteria defined in Federal Regulations and used by the Department of Health to authorize vendors located in areas identified as having inadequate participant access. Criteria includes compliance with minimum stock requirements; compliance with prohibition of providing incentive items by Above-50-Percent Vendors; provision of equipment for Electronic Benefit Transfer (EBT) capability and authorizing and continuing to work with vendors needed for participant access who do not meet competitive price criteria.

**Vendor Authorization Criteria** - criteria established by the Department of Health to be used when selecting vendors for authorization.

	<b>WIC Program Manual</b>	
	<b>Section 2003</b>	
	<b>Date: 11/2023</b>	<b>Page 2 of 3</b>
<b>Vendor Authorization</b>		

## PROCEDURE

VMA Policy Required     Yes     No

1. Staff must direct applicants interested in applying for WIC authorization to the NYS WIC Vendors website for information on how to complete a Request for NYS WIC Vendor Application.
2. Staff must review all Requests for NYS WIC Vendor Application to determine if the applicant meets the Open Application Period (OAP) for the geographic area in which the applicant is located or meets participant access or other exception criteria or unique circumstances beneficial to the program defined by the New York State Department of Health (NYS DOH).
3. Based on the review of an applicant's Request for NYS WIC Vendor Application, staff must provide eligible applicants with a NYS WIC Vendor Application and notify ineligible applicants of their status.
4. Staff must review the NYS WIC Vendor Application to ensure all required authorization criteria defined by the NYS DOH are met or criteria outlined as meeting unique circumstances approved by NYS DOH Required Authorization criteria include:

Grocers:


- eWIC readiness
- Current SNAP authorization
- Minimum stock requirements
- Reasonable hours of operation (defined as at least 6 days per week, 8 hours per day)
- Competitive pricing
- Provision of incentive items A50 vendors - prohibited
- Business integrity – background check

Pharmacies:

- eWIC readiness
- Pharmacy Registration License
- Minimum stock requirements
- Reasonable hours of operation (defined as at least 6 days per week, 8 hours per day)
- Competitive pricing
- Business integrity – background check

5. Staff must deny vendor applications that do not meet all required vendor authorization criteria or criteria meeting unique circumstances and notify the applicant in writing of the denial.
6. Staff must review vendor applications that meet participant access criteria, and only apply the following minimum stock criteria (a). Staff must authorize vendors that do not meet competitive price selection and continue to work with the vendors until competitive price selection is met. Staff must ensure compliance in areas (b) and (c) when authorizing a vendor needed for participant access.

a) Compliance with minimum stock:

	<b>WIC Program Manual</b>	
	<b>Section 2003</b>	
	<b>Date: 11/2023</b>	<b>Page 3 of 3</b>
<b>Vendor Authorization</b>		


- i. two different fruits,
    - ii. two different vegetables, and
    - iii. one whole grain cereal authorized by the state.
  - b) Compliance with prohibition of providing incentive items for A50 vendors.
  - c) Compliance with EBT capability; the vendor management agency must assist vendors deemed necessary for participant access with complying to these criteria.
7. Staff must attempt to recruit applicant vendors in geographic areas where a participant access issue exists, or another vendor has been authorized or allowed to remain authorized using minimum authorization criteria.
  8. Staff must use standardized contract documents developed by the NYS DOH when contracting with approved vendors.
  9. Staff must document the vendor authorization process in the vendor's file.

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## RESOURCES

### WIC Program Manual Sections:

- #2002: Participant Access Policy

	<b>WIC Program Manual</b>	
	<b>Section 2004</b>	
	<b>Date: 7/2021</b>	<b>Page 1 of 4</b>
<b>Vendor Training</b>		

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## POLICY

1. Vendor management agency staff must provide direct and interactive training to each vendor applicant during the initial contract authorization process and at least once every 12 months to authorized WIC vendors.
2. Vendor management agencies must offer two consecutive training opportunities to vendor applicants and three consecutive training opportunities to authorized Women Infants and Children (WIC) vendors.
3. Vendor management agencies must provide training to vendor applicants prior to conducting an initial monitoring of the applicant's store.
4. Vendor management agencies must provide technical assistance any time there are participant or public complaints made or when deficiencies or problems are detected by vendor monitors or local agency staff.
5. Vendor management agencies must use the curricula and standardized vendor training developed by the state for training purposes and must retain documentation relevant to the vendor training.

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## REGULATIONS


*Retail food delivery systems: Vendor training, [7 CFR §246.12\(i\)](#) require the state agency to provide training to vendors to prevent program errors and noncompliance and to improve program service. The content of the training must include instruction on the following topics:*

1. Purpose of the WIC Program
2. Vendor contract terms
3. Procedures for processing electronic WIC benefits
4. WIC-acceptable foods authorized by the state agency
5. Infant Formula Supplier List
6. Stocking requirements for WIC-acceptable foods
7. Use of incentive items, coupons/bonuses
8. Vendor complaint process
9. Claims procedures
10. Penalties and sanctions that can be imposed by the state for WIC Program abuse and violations
11. Any changes to program requirements since the last training

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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

	<b>WIC Program Manual</b>	
	<b>Section 2004</b>	
	<b>Date: 7/2021</b>	<b>Page 2 of 4</b>
<b>Vendor Training</b>		

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## PROCEDURE

LAVMA Policy Required       Yes  No


### Methods and Types of Training

1. Vendor management agencies (VMAs) are required to train vendors to ensure compliance with program regulations.
2. Methods for vendor training may include classroom training, web-based training programs, on-site training at a vendor store, newsletters, and technical assistance including, but not limited to, letters and telephone contacts.
3. The training method used by VMAs will vary according to the specific type of training provided and includes three types of training:
  - initial training provided to vendor applicants during the authorization process.
  - routine interactive training provided to existing vendors at least once every 12 months.
  - technical assistance as needed to correct specific deficiencies or to clarify policy.
4. VMAs must train vendors using the NYS WIC Vendor Standardized Training provided by the state agency.
  - VMAs may incorporate an interactive component into the training talking points to enhance the vendor training through use of examples.
  - VMAs must not make any changes to the standardized vendor training.
5. VMAs must conduct technical assistance as needed and to correct complaints and any deficiencies noted during vendor monitoring visits.
  - technical assistance is regarded as supplemental and does not replace the routine training requirements.
  - VMAs must use miscellaneous vendor contacts as technical assistance opportunities.
  - technical assistance should focus on the initial specific problem or information request and may be expanded to educate the vendor, representative, or employee on other program requirements and provide appropriate guidance.

### Scheduling Vendor Training

1. VMAs must provide training to all vendors at least once every 12 months.
2. VMAs may require vendors to attend more frequent training if deficiencies are identified.
3. VMAs must use the following procedure to schedule training for vendors and to reschedule vendors who fail to attend scheduled training sessions:
  - establish a regular schedule for conducting classroom or remote training sessions.



	<b>WIC Program Manual</b>	
	<b>Section 2004</b>	
	<b>Date: 7/2021</b>	<b>Page 3 of 4</b>
<b>Vendor Training</b>		

- schedule group training sessions at a central location within the geographic region to minimize travel time and cost for VMA staff and vendors.
- schedule enough sessions to provide training within required timeframes.
- schedule sessions at various times to accommodate vendors' schedules.
- establish a method to track and schedule vendors due for training.
- inform vendors of scheduled and rescheduled training sessions by mail and/or electronic communication stating the place, date, and time of session.

### **Documentation**


1. VMAs are required to maintain comprehensive documentation on training provided to vendors.
2. VMAs must maintain a central WIC vendor training file. A single file may contain training documentation for all the VMA's contracted vendors. The file must include the names of individuals who conducted the training sessions, the date of the training, the vendors invited, and the vendors in attendance.
3. The individual vendor file must include a signed copy of the "Certificate of Training." Individual vendor files and the central WIC vendor training files must be made available to state personnel for review.

### **An Authorized Vendor Fails to Attend Training**

1. After the first missed training the VMA will schedule the vendor for next training session.
2. After the second missed training the VMA will send a notice to the vendor.
3. The VMA will advise the vendor that failure to attend the third training session will result in the vendor's termination from the WIC Program in accordance with the vendor contract.
4. If the vendor fails to attend the third training, a termination letter must be mailed to the vendor and the VMA will change the contract status in the current Management Information System (MIS) to pending termination with an explanation in the vendor file.

### **A Vendor Applicant Fails to Attend Training**

1. After the first missed training the VMA will send a notice to the applicant advising the vendor applicant that failure to attend the second training session will result in their application being withdrawn.
2. If the vendor fails to attend the second training an Application Withdrawn Letter must be sent to the vendor applicant and the VMA will update the application status in the current MIS to withdrawn with an explanation in the vendor file.

	<b>WIC Program Manual</b>	
	<b>Section 2004</b>	
	<b>Date: 7/2021</b>	<b>Page 4 of 4</b>
<b>Vendor Training</b>		

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## **GUIDANCE**

Policy Supplement Available       Yes  No

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## **RESOURCES**

[New York State Department of Health Standardized Vendor Training](#)

	<b>WIC Program Manual</b>	
	<b>Section 2005</b>	
	<b>Date: 10/2021</b>	<b>Page 1 of 3</b>
<b>Vendor Monitoring</b>		

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## POLICY

1. Vendor Management Agencies must conduct monitoring visits to ensure compliance with program requirements.
2. Vendor Management Agencies must conduct monitoring visits prior to vendor authorization and periodically throughout the vendor authorization period.
3. Vendor Management Agencies must conduct vendor monitoring visits in accordance with guidance and tools provided by the Department of Health.
4. Vendor Management Agencies must document all monitoring activities in a format approved by the Department of Health and must notify the Department of Health when vendor deficiencies are identified.

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## REGULATIONS

Routine Monitoring- [7 CFR §246.7\(j\)](#) - the State agency must conduct routine monitoring visits on a minimum of five percent of the number of vendors authorized by the State agency as of October 1 of each fiscal year in order to survey the types and levels of abuse and errors among authorized vendors and to take corrective actions, as appropriate. The State agency must develop criteria to determine which vendors will receive routine monitoring visits and must include such criteria in its State Plan in accordance with §246.4(a)(14)(iv).


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## DEFINITIONS

Refer to Acronyms and Definitions in Section 1011.

**Minimum Authorization Criteria** – criteria defined in Federal policy and used by the Department of Health to ensure vendors located in areas identified as having inadequate participant access meet compliance with minimum stock requirements, compliance with prohibition of providing incentive items by Above-50-Percent Vendors, compliance of competitive price criteria and Electronic Benefit Transfer (EBT) capability.

**Vendor Authorization Criteria** – criteria established by the Department of Health to be used when selecting vendors for authorization.


	<b>WIC Program Manual</b>	
	<b>Section 2005</b>	
	<b>Date: 10/2021</b>	<b>Page 2 of 3</b>
<b>Vendor Monitoring</b>		

## PROCEDURE

LAVMA Policy Required

Yes  No

1. Vendor Management Agency (VMA) staff must conduct monitoring visits to review and confirm the accuracy of information provided in the vendor application, or contained in the vendor's file.
2. VMA staff must conduct unannounced monitoring visits to ensure compliance with all program requirements.
3. VMA staff must conduct monitoring visits for applicant vendors after the applicant has completed initial vendor training, and prior to authorization.
4. VMA staff must conduct monitoring visits within 90 days of authorization for newly contracted vendors. Newly authorized vendors must receive one additional monitoring during the first year of their contract to fulfill the annual monitoring requirement.
5. VMA staff must conduct an annual monitoring visit for each authorized vendor no later than 45 days prior to the vendor contract renewal date.
6. VMA staff must conduct any additional monitoring visits as needed, to follow up on specific deficiencies or complaints; or as directed by the Department of Health.
7. VMA Staff must conduct vendor monitoring visits in accordance with guidance and using forms provided by the Department of Health. During the monitoring visit, staff must:
  - collect shelf prices of WIC acceptable foods and formula.
  - determine if the vendor is charging reasonable prices.
  - summarize findings and provide feedback to the vendor at each visit.
  - provide the owner or authorized representative with a copy of the monitoring results.
  - obtain a signature indicating receipt of the monitoring visit results from the owner or authorized representative at each monitoring visit.
  - document results of all monitoring visits in the vendor's electronic file.
8. VMA Staff must complete appropriate documentation of any failed pre-authorization monitoring visits. If a vendor applicant fails the first pre-authorization monitoring visit, staff must ask the owner/authorized representative if they would like to move forward with the application process:
  - if the applicant vendor chooses not to move forward with the application process, staff must notify the applicant vendor within 30 days that the application has been withdrawn.
  - if the applicant chooses to move forward with the application process, staff must return within 30 days and complete a second pre-authorization monitoring visit.
  - If the applicant vendor is needed for participant access, and failed the second pre-authorization monitoring based on the Vendor Selection Criteria defined by the Department of Health, the VMA must authorize the vendor.

	<b>WIC Program Manual</b>	
	<b>Section 2005</b>	
	<b>Date: 10/2021</b>	<b>Page 3 of 3</b>
<b>Vendor Monitoring</b>		

- If the applicant vendor is needed for participant access, and failed the monitoring due to not meeting the competitive price criteria, VMA staff will work with vendors to negotiate the best possible prices for supplemental foods.
  - If the applicant vendor failed the pre-authorization monitoring visit based on one or more of the Minimum Authorization Criteria, the VMA must notify the vendor in writing that the application for authorization is denied.
9. VMA Staff must conduct a second monitoring visit of any authorized vendor who fails a routine monitoring within 30 days of the previously failed monitoring.
  10. VMA Staff must assess participant access for any authorized vendor who fails a second consecutive monitoring visit.
    - If the vendor is not needed for participant access, VMA staff must terminate the vendor contract.
    - If the vendor is needed for participant access and failed the monitoring visit based on the Minimum Authorization Criteria, VMA staff must terminate the vendor contract.
    - If the vendor is needed for participant access and failed the monitoring due to not meeting the competitive price criteria, VMA staff will work with vendors to negotiate the best possible prices for supplemental foods.
    - If the vendor is needed for participant access and failed the monitoring based on the Vendor Authorization Criteria established by the Department of Health, the VMA must
      - i. maintain the vendor's existing contract.
      - i. Continue to monitor the vendor as directed by the Department of Health

## GUIDANCE

Policy Supplement Available  Yes  No

## RESOURCES

### WIC Program Manual Sections:

- #2004: Vendor Training

### WIC Library:

- NYSWIC Acceptable Foods Card
- Minimum Stock Requirements – Grocery and Pharmacy
- Vendor Initial Monitoring Guidance

	<b>WIC Program Manual</b>	
	<b>Section 2006</b>	
	<b>Date: 04/2021</b>	<b>Page 1 of 2</b>
<b>Vendor File Review and File Maintenance</b>		

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## **POLICY**

1. Vendor management agencies must maintain vendor files for all applicant, authorized and inactive vendors.
2. Vendor management agencies must maintain vendor files for the year in which they were created plus six additional years.
3. Vendor management agencies must establish a record disposition schedule, which must be maintained in the agency's Policy and Procedure Manual.
4. Vendor management agencies must review files of all authorized vendors in a designated Open Application Period using documents and guidance provided by the Department of Health.
5. Vendor management agencies must request any missing or out of dated documents from the authorized vendor to ensure the file contains the most current information.
5. Vendor management agencies must make all vendor files available for United States Department of Agriculture and New York State Department of Health personnel to inspect, audit and copy.

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## **REGULATIONS**

Record retention CFR [7§246.25](#)

Confidentiality of vendor information, CFR [7§246.26\(e\)](#).

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## **DEFINITIONS**

Refer to Acronyms and Definitions in Section 1011.

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## **PROCEDURE**

LAMMA Policy Required  Yes  No

1. Vendor management agencies must complete a review of all authorized vendors in a designated Open Application Period (OAP) using checklists and guidance documents created by the Department of Health.
2. Vendor management agencies must follow up with authorized vendors to obtain all missing or out of date documents identified during the file review and upon receipt, upload these documents into the electronic file.
3. Vendor management agencies must document completion of the file review in the vendors electronic file.

	<b>WIC Program Manual</b>	
	<b>Section 2006</b>	
	<b>Date: 04/2021</b>	<b>Page 2 of 2</b>
<b>Vendor File Review and File Maintenance</b>		

4. Vendor management agencies must maintain individual vendor files for all WIC vendors. Vendor files must contain the following documentation:
  - original, current and complete WIC vendor application
  - original, current WIC vendor contract and any all appropriate appendices, amendments and/or attachments
  - original, expired vendor contract(s)
  - copy of Supplemental Nutrition Assistance Program (SNAP) Authorization or proof of application for SNAP (authorized grocers)
  - copy of current pharmacy registration (authorized pharmacies)
  - original infant formula supplier invoices, receipts or letter presented upon application to the program
  - desk audit documentation if available
  - training certificate
  
5. Vendor management agencies must establish and maintain a disposition schedule in the agency's Policy and Procedure Manual as outlined in WPM 1401.
  
6. When a sponsor agency closes or no longer performs VMA services, arrangements must be made, prior to ceasing operation of a VMA, to retain VMA records in accordance with the retention requirements outlined in WPM 1401.

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## Guidance

Policy Supplement Available       Yes  No

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## RESOURCES

WIC Program Manual Sections:

- #1401: Record Retention
- #1451: Electronic Communications Use

	<b>WIC Program Manual</b>	
	<b>Section 2008</b>	
	<b>Date: 08/2021</b>	<b>Page 1 of 2</b>
<b>Vendor Contract Agreement</b>		

## **POLICY**

1. Vendor management agencies must enter into a non-transferrable written agreement with authorized vendors in their designated service areas for a period not to exceed three years.
2. Vendor management agencies may contract with multiple stores authorized under the same Federal Employer Identification Number (FEIN) using one contract but must specify all vendors included within the contract.
3. Vendor management agencies may add or delete an individual vendor under the same contract without affecting the remaining vendors.
4. Vendor management agencies must ensure the contract is signed by a representative with legal authority to obligate the vendor.
5. Vendor management agencies must use only contract documents and amendments created and approved by New York State.

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## **REGULATIONS**

Retail Food Delivery Systems: Vendor Agreements [246.12\(h\)\(1\)](#) requires State agencies to enter into agreements with authorized vendors for a period not to exceed three years. The agreement must be signed by a representative who has legal authority to obligate the vendor and the State agency. When the vendor representative is obligating more than one vendor, the agreement must specify all vendors covered under the agreement. When more than one vendor is specified in the agreement, the State agency may add or delete an individual vendor without affecting the remaining vendors.

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## **DEFINITIONS**

Refer to Acronyms and Definitions located in Section 1011.

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## **PROCEDURE**

LAWMA Policy Required  Yes  No

1. VMAs must enter into non-transferable written agreements with authorized vendors for a period not to exceed three years using only contract documents and amendments created and approved by New York State.
2. The contract is made between the WIC authorized Vendor and the VMA named in Appendix 1 of the contract. For multiple stores authorized under the same FEIN, the VMA must review and verify the individual store information contained in Appendix 2 is correct.
3. VMAs must ensure the contract is signed by a representative with legal authority to obligate the vendor.



	<b>WIC Program Manual</b>	
	<b>Section 2008</b>	
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<b>Vendor Contract Agreement</b>		

4. VMA must ensure the contract is dated and notarized and the date of the signature must be the same date as the date of the notary.
5. Vendor management agencies must return the original executed WIC vendor contract signatory page to the vendor for their records.

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## **GUIDANCE**

Policy Supplement Available     Yes  No

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## **RESOURCES**

### **WPMS Sections:**

- 2003 Vendor Authorization

### **Other Resources:**

- WIC Vendor Contract - Vendor Management SharePoint/Foms & Letters
- [www.health.ny.gov](http://www.health.ny.gov)
- [nyswicvendors.com](http://nyswicvendors.com)
- Vendor Handbook

	<b>WIC Program Manual</b>	
	<b>Section 2010</b>	
	<b>Date: 12/2023</b>	<b>Page 1 of 2</b>
<b>Conflict of Interest with Vendors</b>		

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## POLICY

1. The vendor management agency must ensure no conflict of interest or appearance of a conflict of interest exists between vendor management agency personnel and authorized vendors or vendor applicants.
2. The vendor management agency must require that employees fully disclose any potential conflict of interest that exists between any vendor management agency personnel and authorized vendors or vendor applicants.
3. Vendor management agency staff must annually sign an attestation of conflict of interest.

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## REGULATIONS

Conflict of Interest section [246.12 \(h\) \(xx\)](#) states that the State agency is mandated to terminate an agreement if the state agency identifies a conflict of interest, as defined by applicable state laws, regulations, and policies, between the vendor/participant and the state agency or its local agencies.

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## DEFINITIONS


Refer to “Acronyms and Definitions” located in Section 1011

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## PROCEDURE

LAVMA Policy Required      Yes   No

1. The vendor management agency must require that employees fully disclose any potential conflict of interest that exists between vendor management agency personnel and authorized vendors or vendor applicants.
2. Vendor management agency staff must sign an attestation of conflict of interest on an annual basis.
3. The vendor management agency must maintain and make available to state staff conflict of interest statements for each employee. The vendor management agency must notify the state when a conflict of interest has been identified.
4. The vendor management agency must handle all declared conflicts of interest on a case by case basis.
5. The vendor management agency must establish and maintain policies and procedures for managing disclosed conflicts of interest.

	<b>WIC Program Manual</b>	
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<b>Conflict of Interest with Vendors</b>		

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## **GUIDANCE**

Policy Supplement Available    Yes    No

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## **RESOURCES**

**WIC Program Manual Sections:**

- # 2003: Vendor Authorization Policy

**Forms:**

- Conflict of Interest Attestation Statement

	<b>WIC Program Manual</b>	
	<b>Section 2011</b>	
	<b>Date: 1/2018</b>	<b>Page 1 of 3</b>
<b>VendorDesk Audits</b>		

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## POLICY

1. Vendor management agencies must conduct desk audits of every authorized vendor at least once in each three-year vendor contract period.
2. Vendor management agencies must conduct desk audits in accordance with Department of Health guidance and procedures, including use of letters as supplied by the Department of Health.
3. Vendor management agencies must discontinue desk audits in progress if a vendor contract is terminated or not renewed, or if a vendor is disqualified from the WIC program.

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## BACKGROUND

Federal Regulation Section 246.12 (j) requires that the state agency (or its delegate) monitor vendors for compliance with program requirements to prevent fraud. New York State Regulations require that vendors retain invoices and purchase slips for WIC food items for three years, and allow unobstructed inspection of these records by state, federal, and vendor management agencies. Federal Regulation Section 246.12 (g) directs the state agency to provide a list of authorized infant formula wholesalers, distributors, or retailers to WIC vendors, and Section 246.4 (a) mandates that WIC vendors provide only infant formula purchased from those on this list in exchange for WIC food instruments specifying infant formula. Federal Regulation Section 246.12 (h) authorizes higher penalties when program funds of over \$100 have been fraudulently obtained.

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## DEFINITIONS

**Desk Audit (Vendor)** – The examination of invoices or other proof of purchase documents to determine if a vendor has purchased sufficient quantities of authorized supplemental foods from an authorized supplier to substantiate check redemptions by that vendor during a specified period of time.

**Inventory Audit (Vendor)** – The examination of a vendor’s physical inventory, in addition to invoices or other proof of purchase documents to determine if a vendor has purchased sufficient quantities of authorized supplemental foods from an authorized supplier to substantiate check redemptions by that vendor during a specified period of time.


Refer to Acronyms and Definitions located in WPMS Section 1011.

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## PROCEDURE

### Identification of Vendors for Audits

1. The Department of Health will select vendors for desk audits.
2. The Department of Health will supply WIC food item redemption quantities and dollar amounts for each vendor selected for audit to the vendor management agencies.

	<b>WIC Program Manual</b>	
	<b>Section 2011</b>	
	<b>Date: 1/2018</b>	<b>Page 2 of 3</b>
<b>Vendor Desk Audits</b>		

**Initiating a Desk Audit**

1. Vendor management agencies must inform vendors that they have been selected for audit. This letter includes the audit timeframe and WIC food items of interest, allowing the vendor 21 calendar days from receipt of the letter to supply invoices and purchase slips for designated WIC food items.
2. If the vendor does not provide requested information within 21 calendar days, vendor management agencies must contact the vendor and send a second written notice letter with a request for information, allowing the vendors 14 calendar days from receipt of the letter to provide the documentation. This letter includes a warning that failure to comply could result in contract termination.
3. If the vendor fails to comply with a second request for information, the vendor management agency will initiate contract termination proceedings in consultation with DOH.

**Desk Audit Process**


1. Vendors must submit all invoices and purchase slips for designated WIC food items to the vendor management agency.
2. The vendor management agency must verify that vendor redemptions are substantiated by purchase slips and invoices provided by the vendor.
3. The vendor management agency must issue the vendor a no findings letter if the quantities purchased meets or exceeds redemptions during the designated time period. No follow up action is required by the vendor.

**Procedures for Unsubstantiated Redemptions**

1. The vendor management agency must determine if the quantities purchased are less than the quantities of WIC food items redeemed during the designated time period.
2. The vendor management agency must notify the Department of Health in writing of those vendors that have unsubstantiated redemptions and send all audit documentation to the Department of Health within 14 calendar days.

**Infant Formula Supplier Verification**

1. Vendor management agencies must verify whether formula suppliers utilized by a vendor were approved by the Department of Health at the time of purchase.
2. The vendor management agency must exclude invoices and purchase slips from suppliers that are not approved from the audit documentation.
3. The vendor management agency must issue a warning letter to the vendor if all redemptions are substantiated but unapproved infant formula supplier(s) were used.

	<b>WIC Program Manual</b>	
	<b>Section 2011</b>	
	<b>Date: 1/2018</b>	<b>Page 3 of 3</b>
<b>Vendor Desk Audits</b>		

## **GUIDANCE**

The Department of Health may opt to expand the timeframe or reinstate an audit if warranted, and will perform these enhanced audits.

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## **RESOURCES**

WIC Program Manual Sections:

- WPM1038- Program Complaints and Suspected Fraud or Abuse
- WPM2003- Vendor Contract Review Process

Guidance Documents:

- Vendor desk audit procedure
- Vendor desk audit letters
- Comparison spreadsheet
- Desk audit tracking spreadsheet
- Desk audit worksheet

	<b>WIC Program Manual</b>	
	<b>Section 2012</b>	
	<b>Date: 08/2021</b>	<b>Page 1 of 2</b>
<b>eWIC Equipment and Certification</b>		

## POLICY

1. Vendor management agencies must assess eWIC capabilities for all new WIC vendors.
2. Vendor management agencies must maintain point of sale system (POS) information for all WIC vendors and update any changes in system information for existing authorized vendors.
3. Vendor management agencies must ensure the number of eWIC stand beside devices does not exceed the number of lanes in a vendor location.
4. Vendor management agencies must contact state staff for vendors requesting more than one stand beside device.

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## REGULATIONS

EBT food delivery methods: Vendor requirements: [246.12\(z\)](#)

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## DEFINITIONS


**eWIC Capable** – the WIC vendor demonstrates their cash register system or payment device can accurately and securely obtain WIC food balances associated with an EBT card, maintain the necessary files such as the authorized product list and successfully complete WIC EBT purchases.

**Stand Beside Device** – is a payment device separate from the cash register, which includes a barcode scanner, card reader, printer and PIN pad that is used by authorized WIC vendors solely for use with the WIC Program.

**Integrated Cash Register System** – an electronic cash register system that can transact multiple tenders, such as, cash, credit card, SNAP and WIC.

**Third Party Processor (TPP)** – A company that interfaces between the vendor and the EBT processor to accept payments on behalf of the vendor and deposit it into the vendor's bank account.

**Point of Sale (POS)** – is a vendor's cash register system for conducting transactions and payments.

	<b>WIC Program Manual</b>	
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	<b>Date: 08/2021</b>	<b>Page 2 of 2</b>
<b>eWIC Equipment and Certification</b>		

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## PROCEDURE

LAMMAPolicy Required       Yes  No

In order to assess new vendor eWIC capability, vendor management agencies must take the following steps:

- provide new vendors or vendors reapplying with the eWIC Readiness Survey to complete and submit with their WIC application
- review eWIC Readiness Surveys to determine whether the vendor will be using an integrated cash register system or a stand beside device.
- record eWIC readiness information in the management information system.
- compare integrated cash register information provided against the current list of certified Third Party Processors (TPPs) and Electronic Cash Registers (ECRs) to ensure vendors will be eWIC ready after authorization.
- enter new vendor information in the eWIC database to start the process for the EBT Processor review and Level 3 Certification or stand beside equipment shipment and training.
- inform integrated vendors whose system has not previously been certified that they cannot transact WIC until they have been certified by the State.
- determine if the vendor requesting a stand beside device is needed for participant access.
- ensure vendors requesting more than one stand beside device does not exceed the number of cash register lanes that are reported for the store.
- refer to State staff for minimum lane coverage requirements for any vendors requesting more than one stand beside device.

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## GUIDANCE

Policy Supplement Available       Yes  No


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## RESOURCES

Other:

- [NYS WIC Vendor Website – eWIC certified TPPs & ECRs](#)



	<b>WIC Program Manual</b>	
	<b>Section 2013</b>	
	<b>Date: 07/2021</b>	<b>Page 1 of 5</b>
<b>Fair Hearing Process for Vendors</b>		

## POLICY

1. Vendor management agencies or the Bureau of Special Investigations must provide written notification to the applicant, or authorized vendor of their right to request a fair hearing if they are deemed ineligible for program authorization.
2. Vendor management agencies or the Bureau of Special Investigations must refer an applicant or authorized vendor's request for fair hearing to the New York State Department of Health.

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## REGULATIONS

Program referral and access, [7CFR246.18](#)  
 Program referral and access, [10 NYCRR Section 60-1.8](#)  
 Program referral and access, [10 NYCRR Section 60-1.10](#)  
 Program referral and access, [10 NYCRR Section 60-1.11](#)  
 Program referral and access, [10 NYCRR Section 60-1.12](#)  
 Program referral and access, [10 NYCRR Section 60-1.13](#)

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## DEFINITIONS


Refer to Acronyms and Definitions in Section 1011.

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## PROCEDURE

LA Policy Required  Yes  No

1. Because the Bureau of Adjudication opts not to provide abbreviated administrative reviews, the vendor management agency or Bureau of Special Investigations must notify an applicant or authorized vendor of their right to a fair hearing with full administrative review in all of the following circumstances:
  - Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods (246.12(g)(3)(i)), or on a determination that the vendor is attempting to circumvent a sanction (246.12(g)(6))
  - Termination of an agreement for cause
  - Disqualification
  - Imposition of a fine or a civil monetary penalty in lieu of disqualification
  - Denial of authorization based on the vendor selection criteria for business integrity or for current SNAP disqualification or civil monetary penalty for hardship
  - Denial of authorization based on the application of the vendor selection criteria for competitive price
  - The application of the 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

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<b>Fair Hearing Process for Vendors</b>		

- 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 State agency
- A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification under 246.12(l)(91)(vii)
- Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.


2. Actions not subject to administrative review are listed at 7 CFR 268.18(a)(1)(iii).

3. The vendor management agency or Bureau of Special Investigations must include the following information using the Department of Health developed written notice to the applicant or authorized vendor of the right to request an appeal:

- a description of the adverse action, the effective date and the reasons for it
- the statement "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP." when the vendor is subject to disqualification.
- a reference to and explanation of the requirements for a vendor in the WIC program
- a statement that the vendor has the right to request a fair hearing either verbally or in writing
- an explanation of the purpose and procedures of a fair hearing
- a statement that the applicant or authorized vendor or a representative (including a relative, friend, legal counsel, or other spokesperson) may present positions or arguments at the Fair Hearing
- the Department of Health's office location and phone number to request a Fair Hearing.
- a notice that the request for Fair Hearing must be made within 15 days of the date the notice of adverse action is received and that failure to make the request within that timeframe will result in loss of the right to the Fair Hearing

4. The vendor management agency or Bureau of Special Investigations must properly document and keep on file the reasons for an applicant or authorized vendor's ineligibility.


## Fair Hearing

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<b>Fair Hearing Process for Vendors</b>		

1. If the applicant, authorized vendor, or representative requests a Fair Hearing within 15 days of receiving the notice of the right to request a Fair Hearing, the Department of Health must forward the Fair Hearing Request documentation to the Bureau of Adjudication within one business day.
2. The Bureau of Adjudication will send a written notice of the hearing by certified mail or encrypted email with read receipt, to the applicant or authorized vendor, their representative, and the vendor management agency at least 10 days before the date of the hearing.
3. The Notice of Hearing will:
  - give the date, time and place of the hearing
  - state briefly the issues that are the subject of the hearing
  - explain how the Fair Hearing will be conducted
  - advise the applicant or authorized vendor of their right to:
    - be represented by an attorney, relative, friend, or other spokesperson
    - testify, present evidence, offer arguments, produce witnesses, and question or disprove any testimony or evidence
    - cross-examine adverse witnesses
    - examine, before and during the hearing, the documents supporting the action under appeal
    - at least one opportunity to reschedule the administrative review date upon specific request
  - state that the failure of the applicant or authorized vendor or representative to appear at the hearing will forfeit the applicant or authorized vendor's right to a hearing
4. The role of the vendor management agency is to present evidence to support the agency's decision to deny authorization or reauthorization. The vendor management agency must work with the Department of Health's Bureau of Special Investigations to gather appropriate evidence.

#### **Notification of Fair Hearing Outcome**

1. A copy of the Fair Hearing Decision and Order must be sent to the applicant or authorized vendor, their representative, and the vendor management agency or Bureau of Special Investigations within 45 days of the date the hearing request was received by the Department, unless the hearing has been postponed by the Bureau of Adjudication.
2. The Fair Hearing Decision and Order issued by the Bureau of Adjudication must inform that vendor that it may be able to pursue judicial review of the decision in the New York State courts using an Article 78 proceeding.
3. When the Fair Hearing Decision and Order is that authorization or reauthorization was incorrectly denied or terminated, the vendor management agency must continue the application process or reinstate the vendor immediately.

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<b>Fair Hearing Process for Vendors</b>		

4. When the Fair Hearing Decision and Order is that authorization or reauthorization was correctly denied or terminated, the vendor management agency must ensure that the vendor record is appropriately documented.
5. When the Fair Hearing Decision and Order is that the civil money penalty was incorrectly imposed, the Bureau of Special Investigations must rescind the civil money penalty and issue repayment to the vendor immediately.
6. When the Fair Hearing Decision and Order is that the disqualification was incorrectly applied, the Bureau of Special Investigations must rescind the disqualification and reinstate the vendor immediately.
7. When the Fair Hearing Decision and Order is that the civil money penalty or disqualification was correctly applied, the Bureau of Special Investigations must ensure the vendor record is appropriately documented.
8. Records of the Fair Hearing must be kept at the vendor management agency or Bureau of Special Investigations for seven years from the date of the Decision and Order.

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## GUIDANCE

Policy Supplement Available     Yes  No

### Dismissing a Fair Hearing request

1. A request for a Fair Hearing will be denied or dismissed by the Department of Health if the:
  - request is not received by the Department of Health within 15 days of the date the vendor management agency notifies the applicant or authorized vendor in writing of the adverse action
  - applicant or authorized vendor or their representative fails, without good reason, to appear at the scheduled hearing
  - request is withdrawn in writing to the Bureau of Adjudication by the applicant or authorized vendor or is stated for the record at the hearing

### Recording a Fair Hearing

1. The vendor management agency or Bureau of Special Investigations must keep a log of all Fair Hearings which includes:
  - Name(s) of involved parties
  - Reason(s) for adverse action
  - Date of request for hearing
  - Date of scheduled hearing
  - Decision and Order issued by the Bureau of Adjudication

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<b>Fair Hearing Process for Vendors</b>		

## **RESOURCES**

### **WIC Program Manual Sections:**

- #1038:WICProgram Integrity-ReportingFraudandAbuse
- #1040:CivilRightsand NondiscriminationStatement
- #2003:VendorAuthorization

### **WIC Library:**

- NYSWICVendorHandbook
- NYSWICVendorFairHearingRequest Form
- NYSWICVendorDenial Letter
- NYSWICVendorTerminationLetter