

**Special Supplemental Nutrition
Program for Women Infants
and Children (WIC)
State Plan: Section II**

DUNS #089993752

**Submitted to:
USDA- Food and Nutrition Service
Western Region Office**

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Chapter 1: Certification, Eligibility and Coordination of Services

A. Standards

Participation

Participants (clients) means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving supplemental foods or food instruments (checks/fruit & vegetable checks) under the Program, the breastfed infants of a participant breastfeeding woman and breastfeeding women who receive no supplemental foods or food instruments (checks/fruit & vegetable checks), but whose breastfed infant(s) receives supplemental food or food instruments (checks/fruit & vegetable checks).

Policy

Pregnant women, infants less than 6 months, and migrants will be screened and deemed eligible, ineligible or placed on a waiting list within 10 days of the date of request for services. All other applicants must be notified of their status within 20 days of the request for services. All clients will be certified and deemed eligible or ineligible using STARS.

Request for Services

The initial request for services begins with the initial oral or written request for WIC services. The date of initial request for services, the applicant's name, address, phone number, date of birth and category at the time of the request will be recorded in STARS.

Appointments

Applicants who miss their first certification appointment will be contacted via phone or mail to reschedule their missed appointment. All applicants and clients will be offered same day appointments, as available. Appointment date and time will be made with input from the client and consider transportation needs, work and school hours and

coordination with other appointments. Applicants and clients will be offered appointment reminders in the form of text messages or emails, in addition to automated phone reminders.

Data Entry

Staff will carefully enter all data especially names, addresses and dates of birth from proofs to ensure accuracy of information at each certification visit. Key demographic data including name, address, phone number and data of birth will be verified verbally with client at each visit to ensure correctness. Staff will notify ITCA as soon as it becomes known that incorrect data entry resulted in benefits received when the client was not eligible to receive benefits.

Components

The following are components of certification:

- ✓ Physical Presence/Identification
- ✓ Categorical Eligibility
- ✓ Residency Requirement
- ✓ Racial/Ethnic Data
- ✓ Income Determination
- ✓ Nutrition Assessment
- ✓ Risk Determination
- ✓ Referrals and Coordination
- ✓ Voter Registration
- ✓ WIC Rules and Regulations

Separation of Duties

To ensure program integrity, local agencies must ensure that key duties of the certification process involve two individuals whenever possible. For single staff clinics, periodic checks must be completed.

Multi-staff Agencies

- The staff person who determines income eligibility of the client must be different than the staff person who completes the nutrition assessment and assigns risk(s).

Requirements for single staff clinics at multi-staff agencies

- Staff must rotate at field clinics at least bi-monthly or at each clinic scheduled if the clinic is scheduled on a less frequent basis; and
- The Local Agency WIC Director must conduct a post review of the records of all non-breastfeeding infants and 20% of all other clients, but a minimum of one record per clinic day, within two weeks of the certification completion date.
 - Local agencies will be provided with an ad hoc report weekly that lists clients who had the same staff member complete income eligibility and risk assignment. This report will be used to determine the number of records for review.
 - The Separation of Duties Review Form, Chapter 1, Attachment N, must be completed for each review period by either reviewing the files or calling the clients and will be maintained on file.
 - A note will be entered in the Notes section of STARS documenting that a post review was completed.

Single Staff Agencies

Single staff agencies are Yavapai Apache Nation, Hualapai Tribe, Havasupai Tribe and Native Americans for Community Action.

- The Local Agency WIC Director or RD or ITCA staff person (Havasupai only) must conduct a post review of the records of all non-breastfeeding infants and 20% of all other clients, but a minimum of one record per week, within two weeks of the certification completion date.
 - Local agencies will be provided with an ad hoc report weekly that lists clients who had the same staff member complete income

eligibility and risk assignment. This report will be used to determine the number of records for review.

- The Separation of Duties Review Form, Chapter 1, Attachment N, must be completed for each review period by either reviewing files or calling clients.
- A note will be entered in the Notes section of STARS documenting that a post review was completed.

Special Populations Definitions

Certain populations may require alternative eligibility documentation or determination and food package assignment as described in other sections of this manual. Definitions of these populations are below:

- Homeless – A woman, infant or child who lacks a fixed or regular nighttime residence or whose primary nighttime residence is:
 - A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designed to provide a temporary living accommodations;
 - An institution that provides a temporary residency for individuals intended to be institutionalized;
 - A temporary accommodation of not more than 365 days in the residence of another individual;
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human being
- Migrant – A family that has at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who establishes, for the purposes of such employment, a temporary home.

Clinic Environment**Policy**

Local WIC agencies will ensure that their clinics are welcoming, clean, aesthetically pleasing and child friendly by meeting the criteria listed below.

- **Building**
 - ✓ Outside signage makes the clinic easy to locate
 - ✓ Restrooms are available, clean and sanitary and include a diaper changing area
- **Waiting Room and General Clinic Area**
 - ✓ Toys, books and other activities are available
 - ✓ Videos played reflect appropriate nutrition and physical activity messages
 - ✓ Waiting time is reasonable; clients are notified when wait times exceed 15 minutes and are updated frequently on how long they will have to wait following the initial notification
 - ✓ Public areas are free from clutter
 - ✓ Clinic is clean and in good repair
 - ✓ Nutrition and breastfeeding messages are displayed in frames and are kept up-to-date
 - ✓ Display and bulletin boards are limited to an appropriate number and should contain single messages
 - ✓ Clients are welcomed in a friendly manner and with a smile
 - ✓ Phone is answered in a friendly manner
 - ✓ All signage is positive in nature
- **Offices**
 - ✓ Toys, books and other activities are available
 - ✓ Offices are free of clutter and clean

- ✓ Nutrition and breastfeeding messages are displayed in frames and are kept up-to-date
- ✓ Desks are positioned so staff faces the client
- ✓ Office spaces allow for confidentiality

Participant Centered Services**Policy**

Local WIC agencies will ensure that interactions with applicants and clients follow the practices of participant centered services (PCS) which include at a minimum the following, additional PCS practices and skills are strongly encouraged:

- ✓ Rapport building – appropriate techniques will be used to develop rapport between the staff and applicants/clients
- ✓ Setting the agenda – staff will inform clients about the length of the appointment and what will ensue during the appointment
- ✓ Asking permission – staff ask permission various times during the appointment, including but not limited to taking measurements, explaining growth grids and providing education

B. Physical Presence/Identification

Policy

All applicants must be physically present and show proof of identification at certification visits according to the following standards.

Physical Presence

All applicants seeking participation in the WIC Program must be physically present at each certification visit in order for eligibility to be determined.

Exemptions to Physical Presence

Persons with permanent or temporary disabilities that make it difficult to come to a WIC clinic for certification including but not limited to the following are exempt from the physical presence requirement:

- ✓ a woman or child currently in the hospital
(See special rules for check/fruit & vegetable check issuance below)
- ✓ a physical or mental impairment that substantially limits one or more major life activities
- ✓ an infant under 4 weeks of age
(See special rules for checks/fruit & vegetable check issuance below)
- ✓ a medical condition that necessitates the use of medical equipment that is not easy to transport
- ✓ a medical condition that requires confinement to bed rest
- ✓ a serious illness or medical condition that may be exacerbated by coming in to the clinic
- ✓ a contagious illness that may be communicated to others by coming in to the clinic

Documentation of Need for Exemption

The local agencies must document the reason for the exemption from the physical presence rule on the Complete WIC Certification Screen in STARS.

Certification of Women and Children in the Hospital

Local agencies are encouraged to work closely with hospitals to enroll clients as soon as possible after delivery. However, food packages should not be issued to clients for use in the hospital since it is the responsibility of the medical coverage to provide foods to the client in the hospital.

Certification of infants under 4 weeks of age

Certification of infants under four weeks age not present is a non-standard practice; however, if the infant is not present during the certification only one month of checks/fruit & vegetable checks shall be issued. The infant's length and weight must be taken at the next visit and documented in STARS.

Identification

All applicants must present identification at the initial certification appointment. The CNW must document that the client showed proof of identification on the Client Proofs screen in STARS. An acceptable form of identification is one of the following:

- ✓ Driver's License or state issued identification card
- ✓ Birth certificate
- ✓ Work or school identification card
- ✓ Foster Care/Adoption Papers
- ✓ Hospital or immunization record
- ✓ Tribal enrollment card
- ✓ Passport
- ✓ Social Security Card
- ✓ Green Card
- ✓ AHCCCS card

The WIC Identification Folder may be used as identification for the caregiver and clients at subsequent certifications and at check/fruit & vegetable checks pick-up.

Applicants with No Proof of Identification

Occasionally, special circumstances may exist when an applicant has no proof of identity such as a victim of theft, loss or disaster. In these cases, applicants must complete and sign the Self Declaration of Identity Form (Attachment A) that prints from STARS attesting to his/her identity, which includes a notation explaining why the applicant could not produce proof of identity. This documentation must be kept in the daily, weekly or monthly file.

Did not Bring Proof of Identification at Certification

If the applicant does not bring proof of identification to the certification, the applicant's proof of identification will be marked as proof pending if the applicant meets all other eligibility criteria. Only one month of checks/fruit & vegetable checks will be issued to the client. The client will sign the Proof Pending Form (Attachment A) and be notified that he/she must bring the proof of identification within 30 days or he/she will be terminated from the program. The applicant will not be provided with the standard 15 - day advance notice of this action and will not receive WIC benefits while awaiting a fair hearing decision as specified in Chapter 8. Under no circumstances can a second, subsequent 30-day certification period be used if the applicant fails to provide the required documentation of identification.

C. Categorical Eligibility**Policy**

All clients must fit into one of the categories listed below:

- ✓ Pregnant woman
- ✓ Postpartum woman until six months after the end of the pregnancy
- ✓ Breastfeeding woman until infant is one year old

- ✓ Infant
- ✓ Child less than 5 years old

Pregnant Woman

A pregnant woman is a woman that is visibly pregnant, provides proof of a positive pregnancy test or has a signed referral. Women applying for the WIC program, who are not visibly pregnant have a maximum of 60 days to provide written documentation of pregnancy during which time they will be enrolled as a pregnant woman. If documentation is not provided and the woman is still not visibly pregnant, she will be terminated from the program.

Breastfeeding Woman

A woman who is breastfeeding on the average of at least once a day up to 12 months postpartum. (Includes wet nurse, adoptive mother and/or a foster mother who chooses to breastfeed and the infant's biological mother is not certified as breastfeeding).

Postpartum Woman

A woman who is postpartum up to six months after the end of the pregnancy.

Infant

An infant from birth to 12 months of age.

Child

A child from 12 months to less than 5 years old.

D. Residency/Ethnic Data Collection

Policy

All clients must reside in the project service area and will be categorized by race and ethnicity.

Residency

At each certification visit, all caregivers, with the exception of homeless individuals, will prove that they live in the project service area by showing one of the items listed below. The proof can show the caregiver or applicant's name, domestic partner's name, spouse's name or if under 18, the parent or guardian's name. The proof must include the caregiver or applicant's current address:

- ✓ Driver's License or State issued ID Card
- ✓ Utility bill
- ✓ Payroll stub
- ✓ Rent/lease receipt
- ✓ Rental/lease agreement
- ✓ Tribal enrollment card
- ✓ Letter from social services/housing
- ✓ DES or Tribal Social Services Eligibility Letter
- ✓ Social Security statement/document
- ✓ Court document
- ✓ Department of Motor Vehicles document
- ✓ School letter or document
- ✓ Proof of insurance
- ✓ Tribal, state or federal correspondence
- ✓ Letter or notification addressed to the client
- ✓ Letter from homeowner that person resides within their home

The CNW must document that the applicant showed proof of residency in the Client Proofs screen of STARS.

Residency for People Living on the Reservation without an Address

Applicants and clients living on the reservation will show proof of their P.O. Box using one of the approved documents listed above and by stating the village that they live in at each certification visit. Information will be recorded on the demographics tab as follows: The village will be recorded in the city field of the street address. The P.O. Box will be recorded in the mailing address field. Proof will be recorded as “Resides on Reservation”.

Applicants with No Proof of Residency

Occasionally, special circumstances may exist when an applicant has no proof of residency such as a victim of theft, loss or disaster. In these cases, applicants must sign the Self Declaration of Residency Form printed from STARS (Attachment B), attesting to his/her residency, which includes a notation explaining why the applicant could not produce proof of residency. This documentation must be in the daily, weekly or monthly file.

Did not Bring Proof of Residency at Certification

If the applicant does not bring proof of residency to the certification, the applicant’s proof of residency will be marked as proof pending if the applicant meets all other eligibility criteria. Only one month of checks/fruit & vegetable checks will be issued to the client. The client will sign the Proof Pending Form (Attachment B) and be notified that he/she must bring the proof of residency within 30 days or he/she will be terminated from the program. The applicant will not be provided with the standard 15 -day advance notice of this action and will not receive WIC benefits while awaiting a fair hearing decision as specified in Chapter 8. If the applicant provides proof of residency and is determined to be ineligible for the program based on service area, the standard steps for ineligible

applicants outlined on Page 31 will be followed. Under no circumstances can a second, subsequent 30-day certification period be used if the applicant fails to provide the required documentation of residency.

Race/Ethnicity Determination

Ethnicity of clients will be recorded on the Client Race/Ethnicity screen in STARS based on visual, personal recognition, or self-declaration as Hispanic or not Hispanic. The race of clients will be recorded in the same manner according to the following categories:

- ✓ American Indian or Alaska Native
- ✓ Asian
- ✓ Native Hawaiian or Pacific Islander
- ✓ African American
- ✓ White

E. Income Eligibility

Policy

Applicants will be determined either income eligible or income ineligible at all certification visits for the WIC program based on the procedures described in this section. All applicants will provide documentation of income through one of the following methods:

- utilizing special circumstances for Indian WIC agencies,
- documenting adjunctive eligibility, or
- providing proof of income

Mid-certification Determination of Income Eligibility

Income will not be re-determined as a standard procedure during a certification period. However, if a client volunteers information about a change in income, the income eligibility, including adjunctive eligibility, of the entire economic unit should be re-determined. In addition, if information is received that a client's income has drastically changed for a limited time, such as during a furlough or strike, documentation should be added to STARS to reassess income later in the certification. If the client/economic unit is found to be ineligible for the program, the client and other members of caregiver's family on the WIC program will be deemed ineligible for the program and terminated using the procedures outlined in Chapter 1, Section L. However, if the information is received 90 days or less before the expiration of the certification, reassessment of income is not required.

Special Circumstances

American Indian families living on certain reservation lands are eligible for an alternative method of income determination. The following local agencies must use this alternative method of income determination for all American Indian applicants residing on reservation lands in their service area.

- Tohono O'odham Nation
- Gila River Indian Community

- Pascua Yaqui Tribe
- Hopi Tribe
- San Carlos Apache Tribe
- White Mountain Apache Tribe
- Yavapai Apache Nation

The procedure for using the special circumstances for determining WIC income eligibility for American Indians residing on the reservation is described below.

Special Circumstances Procedure:

1. Determine the household size and enter it in the Number in Family field of STARS.
2. Enter the income source.
3. Enter the income period and amount as self-reported by the caregiver.
4. Leave the proof of income field blank.
5. Check the Self-declared box.
6. Calculate income eligibility.
7. Upon save, a Self-Declaration of Income box will appear. Select the down arrow on the Reason for No Proof box. Select “American Indian living on reservation and stated income meets guidelines provided for WIC eligibility.”
8. The Self Declaration of Income Form will appear on the screen. Select Capture Signature and have the caregiver sign using the electronic signature pad. Click save.
9. If the signature cannot be captured electronically, select the Manual Signature box and click Save. The form will print from STARS (Attachment C) and must be signed by the caregiver. The paper statement must be kept in the daily, weekly or monthly file.

Agencies Requiring Proof of Income

Agencies located off of Indian reservations or electing not to utilize the special circumstances for Indian WIC agencies should require applicants to provide proof of income through adjunctive eligibility or through other means. These procedures are outlined below.

Adjunctive Eligibility

The applicant will be determined adjunctively income eligible if they provide current written proof that they meet one of the following criteria or if a staff person utilizes automated computer or phone systems to determine eligibility:

- certified eligible to receive SNAP (previously Food Stamps), TANF, Medicaid (AHCCCS) or FDPIR
- have a family member(s) who is certified eligible to receive TANF, SNAP or FDPIR
- have a pregnant woman or infant in the family who is certified eligible to receive Medicaid (AHCCCS)
- presumptively eligible (pending completion of the eligibility determination) to receive TANF or Medicaid (AHCCCS)

Documentation of Adjunctive Eligibility

Acceptable proof of adjunctive eligibility is any of the following:

- Medicaid (AHCCCS), TANF, SNAP or FDPIR notification of eligibility letter.
- FDPIR card showing current eligibility dates
- Signed documentation from Department of Economic Security (DES) or tribal social services program
- Verification by computer or phone by WIC staff person

The proof shown will be documented on the income screen in STARS.

Income Determination

If the applicant does not meet one of the above criteria, he/she is income eligible if the caregiver shows proof that the household's current income is 185 percent or less of the current Health and Human Services poverty guidelines (see Page 21) based on gross income and household size. Current income is defined as income received by the household during the month (30 days) prior to the date the application for WIC benefits is made. If the income assessment is being done prospectively (e.g. the sole support of the family has just been laid off but has been authorized to

receive unemployment benefits for the next six months), “current” refers to income that will be available to the family in the next 30 days. Annual income is appropriate in situations where a family member is on a temporary leave of absence from employment, self-employed persons or for a family member who does not work 12 months out of the year (e.g. teacher or student).

Income Documentation

The CNW must document that the applicant showed one of the following types of proof of income for all members of the economic unit recorded in STARS. Income from multiple sources that is received at different frequencies must be entered into STARS individually at the frequency for that income source. Income sources may not be annualized or converted to a monthly or other interval prior to entering into STARS. Proof of income can be any of the following:

- ✓ Current pay stub including the pay time frame (includes computer generated pay statement)
- ✓ Most recent years income tax return/W-2 form
- ✓ Letter from employer
- ✓ Check stub/award letter from Social Security
- ✓ Recent Leave and Earnings Statement (LES) for military personnel
- ✓ Foster child documentation
- ✓ Alimony Documentation
- ✓ Scholarship letter
- ✓ Accounting records/Statement for self-employed
- ✓ Child Support Documentation
- ✓ Tribal per Capita Check Stub
- ✓ Unemployment Form/Check Stub
- ✓ Bank Statement

Applicant Reporting Zero Income

All applicants reporting zero income must be asked to describe in detail their living situation and how they obtain food, shelter, clothing, medical care, etc. Zero income will be recorded in STARS.

Applicant Reporting Zero Income Procedure:

1. Determine the household size and enter it in the Number in Family field of STARS.
2. Check the Zero Income box.
3. Calculate income eligibility.
4. Upon save, a Self-Declaration of Income box will appear. Select the down arrow on the Reason for No Proof box. Select “Has no income” and check the “other” box.
5. Document how/where client receives food, shelter and other needs from and other applicable information.
6. The Self Declaration of Income Form will appear on the screen. Select “Capture Signature” and have client sign using the electronic signature pad. Click Save once the signature is completed.
7. If the signature cannot be captured electronically, select the Manual Signature box and click Save. The form will be printed from STARS (Attachment C) and must be signed by the caregiver. The paper form must be kept in the daily, weekly or monthly file.

Did not Bring Proof of Income at Certification

If the applicant does not bring proof of income to the certification, the applicant will self-declare all household income. If total household income is under the income eligibility guidelines, the applicant’s proof of income will be marked as proof pending if the applicant meets all other eligibility criteria. The client will sign the Proof Income Pending Form (Attachment N) indicating that the self-declared amount is correct and be notified that he/she must bring the proof of income within 30 days or he/she will be terminated from the program. Only one month of checks/fruit & vegetable checks will be issued to the client. If the total household income is above the income eligibility guidelines, the applicant will be determined ineligible for the Program. The applicant can reapply with proof of total household income. The applicant will not be provided with the standard 15 -day advance notice of this action and will not receive WIC benefits while awaiting a fair hearing decision as specified in Chapter 8. If the applicant brings in proof of income and is determined to be ineligible for the program based on income, the standard steps for ineligible

applicants outlined on Page 211 will be followed. Under no circumstances can a second, subsequent 30-day certification period be used if the applicant fails to provide the required documentation of income.

Unable to Provide Proof of Income

In certain rare situations where an applicant is unable to provide written documentation of income (such as homeless persons, migrant farm workers or people who work for cash) the applicant may self-declare income.

Unable to Provide Proof of Income Procedure:

1. Determine the household size and enter it in the Number in Family field of STARS.
2. Enter the income source.
3. Enter the income amount as self-reported by the caregiver.
4. Leave the proof of income field blank.
5. Check the Self-declared box.
6. Calculate income eligibility.
8. Upon save, a Self-Declaration of Income box will appear. Select the down arrow on the Reason for No Proof box. Select the applicable box that states the reason the applicant is unable to provide proof. If “other” is select, enter the reason in the note box.
9. The Self Declaration of Income Form will appear on the screen. Select “Capture Signature” and have client sign using the electronic signature pad. Click Save once the signature is completed.
10. If the signature cannot be captured electronically, select the Manual Signature box and click Save. The form will be printed from STARS (Attachment C) and must be signed by the caregiver. The paper statement must be kept in the daily, weekly or monthly file.

Income Verification

The local agency may, at its option, verify the income of a client by contacting the client's employer. Income (amount, source and number in family) should be verified through an external source of information other than the applicant if the information is questionable.

Economic Unit

The economic unit is a group of related or non-related individuals who are living together as one economic unit and share income and consumption of goods and services except that residents of homeless facilities or institutions shall not all be considered as members of a single family. This number should be documented in the Number in Family field of STARS. An individual does not have to receive cash to be part of the economic unit of others, since it is the pooling of income or sharing of the goods and services that creates an economic unit. Conversely, it is possible for two separate economic units to reside under the same roof, although the determination of such is usually not a clear-cut process. Each economic unit, including minors, must have its own source of income.

Use the following information as a guide:

- A child is counted in the household size of the parent or guardian with whom he/she lives.
- A minor who does not have her own income and enough available income to sustain an economic unit would be considered part of the parent's or caregiver's economic unit.
- In joint custody cases, the child is counted as part of either the mother's or father's household, not both, when determining the WIC household size for each parent. (The child cannot receive dual benefits.)
- A child residing in a school or institution, who is being supported by the parent, guardian, or caretaker, is counted in the household size of the parent, guardian or caretaker.

- A foster child, living with a family but remaining the legal responsibility of a welfare or other agency, is considered a household size of one. The payments made by the agency are considered to be the income of that child.
- An adopted child or a child for whom a family has accepted the legal responsibility is counted in the household size with whom he/she resides.
- When an unmarried couple lives together as one economic unit, use the income of both parties and count both in the household size.
- Pregnant women who do not meet the traditional income standard may have income eligibility reassessed increasing the economic unit by the number of babies she is carrying. Proof of multiple births is required. Note: In instances where the applicant has a cultural or religious objection to increasing the household size, this will not be done.
- Persons living in homeless shelters or institutions will be counted as their own economic unit according to the guidelines above and not part of the whole shelter or institution. For example, a woman and her two children living in a homeless shelter will count as an economic unit of three. A married woman who is residing in a shelter for battered women alone and separated herself from her husband would count as an economic unit of one.

What counts as Income?

Income is gross cash income earned by any and all members of a family before deductions for taxes, employees' social security taxes, insurance premiums, bonds, etc., and included the following:

- ✓ Monetary compensation for services, including wages, salary, commissions, or fees
- ✓ Net income from farm and nonfarm, self-employment (Net income, after deductions, is used to determine income)
- ✓ Tribal per capita
- ✓ Social Security benefits

- ✓ Dividends or interest on savings or bonds, income from estates or trusts or net rental income
- ✓ Public assistance or welfare payments (including TANF, cash assistance payments)
- ✓ Unemployment compensation
- ✓ Government civilian employee or military retirement or veterans' payments
- ✓ Private pensions or annuities
- ✓ Alimony or child support
- ✓ Regular contributions from persons not living in the household
- ✓ Net royalties
- ✓ Strike benefits from union funds
- ✓ Total gross income of absent military family member including military family allotment or child allotment
- ✓ Student financial assistance such as grants and scholarships for room/board and/or dependent care expenses, not to include student loans (See Attachment D for scholarships that are exempt)
- ✓ Net gambling or lottery winnings
- ✓ Capital gains
- ✓ Assets (savings, investments, etc.) drawn as withdrawals from a bank
- ✓ Gifts and lump-sum inheritances
- ✓ Worker's compensation for lost wages
- ✓ Severance pay
- ✓ Insurance payments for "pain and suffering"
- ✓ Loans to which the applicant has constant or unlimited access
- ✓ Other cash income. Other cash income includes, but 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.

Note: WIC regulations do not permit a household's gross income to be reduced for hardships, high medical bills, child care payments, taxes, child support, alimony, insurance or other deductions.

Not Considered Income

The following items are not considered income:

- ✓ Sale of property, a house, or a car and the money used to replace the same type of asset
- ✓ An employer-paid or union-paid portion of health insurance or other employee fringe benefits
- ✓ Food or housing in lieu of wages
- ✓ Food and fuel produced and consumed on farms
- ✓ Imputed value of rent for owner-occupied non-farm or farm housing
- ✓ Medicare, Medicaid, SNAP (previously Food Stamps), and school lunches
- ✓ Housing assistance
- ✓ Certain student financial assistance received from any program funded in whole or part by Title IV of the Higher Education Act of 1965 as listed in Attachment D and other college scholarships for tuition, books, and supplies
- ✓ Value of child care block grant payments
- ✓ Military Housing Allotments for both on- and off-base housing (Family Subsistence Supplemental Allowance (FSSA))
- ✓ Lump sum payment that represent reimbursements (e.g., amounts received from insurance companies for loss or damage of real or personal property, such as a home or auto, and payments that are intended for a third party to pay for a specific expense incurred by the household, such as payment of medical bills resulting from an accident or injury)
- ✓ Military Combat Pay as defined in Attachment D
- ✓ Military OCONUS COLA (cost of living allowance for outside U.S)

Note: In determining income eligibility, payments or benefits provided under certain Federal programs or acts are excluded from consideration as income by legislative prohibition (Attachment D).

Instream Migrants

Instream migrants with expired VOCs can be eligible as long as their income was determined within the last 12 months.

Seasonal Income/Lump Sum Payments

Seasonal income (firefighters, etc.) and lump sum payments (gifts, inheritance, lottery winnings, severance pay, worker's compensation for lost wages, insurance payments for "pain and suffering", gaming, gambling, bingo) shall be counted as annual income.

Note: Lump sum payments that represent reimbursements for lost assets or injuries should not be counted as income. This includes amounts received from insurance companies for loss or damage of personal property or payment for medical bills resulting from an accident or injury.

F. Poverty Guidelines

The WIC income guidelines effective from May 1, 2016 are as follows:

Size of Family Unit	Annual	Monthly	Twice per Month	Bi-Weekly	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
9	\$83,343	\$6,946	\$3,473	\$3,206	\$1,603
10	\$91,039	\$7,587	\$3,794	\$3,502	\$1,751
11	\$98,735	\$8,228	\$4,114	\$3,798	\$1,899
12	\$106,431	\$8,870	\$4,435	\$4,094	\$2,047
13	\$114,127	\$9,511	\$4,756	\$4,390	\$2,195
14	\$121,823	\$10,152	\$5,076	\$4,686	\$2,343
15	\$129,519	\$10,794	\$5,397	\$4,982	\$2,491
16	\$137,215	\$11,435	\$5,718	\$5,278	\$2,639
17	\$144,911	\$12,077	\$6,039	\$5,574	\$2,787
18	\$152,607	\$12,719	\$6,360	\$5,870	\$2,935
19	\$160,303	\$13,361	\$6,681	\$6,166	\$3,083
20	\$167,999	\$14,003	\$7,002	\$6,462	\$3,231

Note: No standard deduction or hardship deductions are allowed when calculating a family's income using 185% of the poverty income guidelines.

G. Nutritional Assessment

Policy

In order to be certified eligible for the program, applicants must meet income guidelines and be determined to have a nutritional risk. The local agency will determine the nutritional risk of an applicant after a medical and/or nutritional assessment. The nutritional assessment consists of anthropometric and hematological measurements as well as a health interview.

Qualified Staff

The following persons are authorized to determine nutritional risk and prescribe supplemental foods:

- ✓ Physicians
- ✓ Registered Dietitian
- ✓ Registered Nurses
- ✓ Certified Physician's Assistants
- ✓ Community Nutrition Workers
- ✓ WIC Program Directors

Anthropometric Measurements

Local agencies must perform height and weight measurements on all applicants at certification visits using the procedures specified in Competency Unit #4:

Anthropometric Procedures. Pregnant women should be weighed at each clinic visit.

Infants must be weighed and measured again at 2-4 months of age, at mid-certification (6-8 months) and at the health assessment (9-12 months). Breastfeeding women and children must be weighed and measured again at the 6-8 month mid-certification. Staff will document the client's anthropometric measurements in the STARS system.

Hemoglobin or Hematocrit

Hemoglobin or hematocrit must be measured for all clients according to the schedule below using the procedures outlined in competency Unit # 5: Hemoglobin Testing or through referral data from the client's primary care provider. Staff will document the client's hematologic measurements in the STARS system.

Pregnant Women

The hemoglobin/hematocrit will be taken at the certification visit.

Breastfeeding/Postpartum Women

The hemoglobin/hematocrit will optimally be taken at 4-6 weeks postpartum. However, if this is not possible, the measurement may be taken after this time period as long as it is within 90 days of the certification date. The hemoglobin measurement must also be retaken if the previous postpartum hemoglobin was low for all breastfeeding women, ideally at 6-8 months postpartum.

Infants

The hemoglobin/hematocrit for infants will be taken between 9 and 12 months of age.

Children

The hemoglobin/hematocrit for children will be taken within 90 days of each certification visit. The hemoglobin/hematocrit taken between 9 and 12 months of age for an infant may be used to certify a child who is less than 15 months old if the hemoglobin/hematocrit taken during infancy was normal. Children over 2 years of age only need to be tested annually *if* the prior hemoglobin/hematocrit results were normal. If a child has a low hemoglobin/hematocrit at certification, a mid-certification test may be performed to determine if hemoglobin value increased.

SUMMARY TABLE FOR HEMOGLOBIN/HEMATOCRIT (HGB) MEASUREMENTS	
Category	Optimal time for measurement
Pregnant Women	At certification
Postpartum Women Breastfeeding Women	4-6 weeks postpartum, repeat at 6-8 months PP if cert value was low.
Infants	9-12 months
Children	<p>Children less than 15 months old: Infant Hgb taken at 9-12 months can be used to certify a child who is less than 15 months old if that Hgb was normal.</p> <p>Children 15 to 23 months old: Children need a hemoglobin taken about 18 months of age (at mid-certification) or approximately 6-8 months after the infant test.</p> <p>Children 2 years of age and older: Children 2 years of age and older can be tested every 12 months if previous Hgb was normal otherwise they must be tested every six months.</p>

Referrals for low hemoglobin levels

Clients with hemoglobin levels below 9.0 should be referred to the RD and the client's primary care provider.

Retesting during a certification period

Clients may have a repeat hemoglobin screening one time during a certification period. If the Hgb at that time has not increased or is lower than the previous level, the client should be referred to the R.D. or the primary care provider.

Medical Exemption from Hemoglobin Testing in WIC

Applicants who may be harmed by having the hemoglobin test performed due to a documented medical condition may be exempt from the testing while they have the condition. Medical documentation must be provided by the health care provider at each certification for temporary conditions and at the initial certification for lifelong conditions (hemophilia). The medical condition must be documented in the notes section of the Blood work screen in STARS and “Medical Reason” should be selected for the reason blood work is missing. The staff should make every effort to obtain a valid blood value from the health care provider. The following are possible medical reasons for not completing the hemoglobin test for a client as specified above.

- hemophilia
- thalassemia
- aplastic anemia
- sickle cell anemia
- idiopathic thrombocytopenic purpura
- leukemias
- Von Willebrand disease
- fragile bones (osteogenesis imperfecta)
- serious skin disease
- serious burns to areas of skin where testing will be done
- Other valid reason documented by physician

Religious Exemption

Applicants who have religious beliefs that do not allow him or her to have blood drawn are exempt from this requirement. A statement of the refusal must be entered in the Notes section on the Blood work screen in STARS. “Religious Beliefs” should be entered as the reason blood work is missing.

Health Interview

Local agencies must conduct a health interview on each client according to client category. The Health Interview, including the Alcohol, Tobacco, and Other Drugs screen must be completed in the STARS system. Mandatory health interview questions include:

- Breastfeeding status (infant and child)
- Household smoking (infant and child)
- TV viewing (child only)
- Multivitamin Use (all women)
- Education (all women)
- Number of Infants (breastfeeding and postpartum)
- Birth outcome (breastfeeding and postpartum)
- Month medical care began (all women)
- Number of previous pregnancies (all women)
- Date of last pregnancy, if applicable (all women)
- Diabetes and Hypertension Information (all women)

H. Risk Assignment

Policy

Each applicant/client will be assigned all of the nutrition risk(s) that apply according to guidelines in the ITCA Nutrition Risk Factors Manual at all certification and midcertification visits and at any time a new risk is identified. Some nutrition risks will be automatically determined by STARS. Other risks will be identified using the Nutrition Assessment Questionnaires (Attachment E) or Nutrition Assessment Questionnaire Supplements (Attachment F).

Procedure

Each applicant will be asked questions from the Nutrition Assessment Questionnaire/Nutrition Assessment Questionnaire Supplements and health interview screen in STARS. Nutrition risks will be identified using the procedures outlined in competency Unit 6: Risk Factors. For all infants and pregnant women, the questions on the Nutrition Assessment Questionnaire will be asked at every visit.

Documentation

Documentation required for each risk can be found in the Nutritional Risk Factors Manual. All risks requiring a physician's diagnosis may be documented by a nurse, physician's assistant, etc. on a referral form based on information found in the medical record, recorded on a Special Formula Authorization Form by a health care provider or may be self-reported by the client. All nutrition risks will be documented on the Risk Screen in STARS.

Self-reporting of Medical Diagnosis

Self-reporting of a diagnosis by a medical professional 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. A self-reported medical diagnosis "My

doctor says that I have/my son or daughter has...” Should prompt the CPA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

Self-reporting for “History of...” conditions should be treated in the same manner as self-reporting for current conditions requiring a physician’s diagnosis, i.e., the applicant may report to the CPA that s/he was diagnosed by a physician with a given condition at some point in the past. As with current conditions, self-diagnosis of a past condition should never be confused with self-reporting.

Trimesters

The Centers for Disease Control and Prevention (CDC) defines a trimester as a term of three months in the prenatal gestation period with the specific trimesters defined as follows in weeks:

- First Trimester: 0-13 weeks
- Second Trimester: 14-26 weeks
- Third Trimester: 27-40 weeks

Further, CDC begins the calculation of weeks starting with the first day of the last menstrual period. If that date is not available, CDC estimates that date from the estimated date of confinement (EDC). This definition is used in interpreting CDC’s Pregnancy Nutrition Surveillance System data, comprised primarily of data on pregnant women participating in the WIC Program.

I. Certification Periods

Policy

WIC program services are based on the following certification time frames.

Category	Eligibility Period
Pregnant Women	Duration of pregnancy until the last day of the month in which the infant becomes six weeks old or the pregnancy ends
Postpartum, Non-Breastfeeding	Up to the last day of the six month after the baby is born or the pregnancy ends
Breastfeeding	Up to the last day of the month in which the infant turns one year old or until the women ceases breastfeeding whichever comes first
Infant	Up to the last day of the month in which the infant turns one year old
Child	First birthday to the last day of the month in which the child turns five years old

Extended or Shortened Certifications

Certifications can be completed up to 30 days prior to or after the end of the certification period for breastfeeding women, infants and children in order to align family members' certifications.

Expiration of Certification Notification

Clients or their caregivers will be notified verbally at the last appointment prior to the end of the certification that their eligibility for WIC will expire. An appointment will be made for the client for recertification if the client is still categorically eligible.

J. Referrals and Coordination

Policy

All clients or their caregivers will receive information on the following programs:

- ✓ SNAP (previously Food Stamps)
- ✓ Temporary Assistance for Needy Families (TANF)
- ✓ Medicaid (AHCCCS) Income Guidelines
- ✓ Child Support Enforcement

The information should include at least the following:

- ✓ A program name
- ✓ Address or location
- ✓ Telephone number
- ✓ Days and hours of service
- ✓ Description of program benefits

If a referral is made it must be documented in STARS.

Each local agency will keep an updated list of agencies in their community to which they refer WIC clients (Attachment).

Medical Referrals Policy

Clients will be referred to AHCCCS, IHS or a private provider (if insured) if they do not have health care. Pregnant women should be referred to a prenatal clinic and family planning services. Infants and children should be referred to Well Child/EPSTD and dental services.

Documentation

Document all referrals. Medical referrals to other programs need:

- An applicant/client name
- Date of birth
- Date of referral
- Reason for the referral

- Identified risk and what was done to address the risk
- Names of person doing the referral
- Names of person or program to which the referral is directed
- Requested Responses

Other Resources

The local agencies will coordinate program operations with the following list of agencies by providing a handout that includes the program name, brief description, location and phone number.

- ✓ Food Banks/Donated Food *
- ✓ Homeless Shelters *
- ✓ Emergency Food *
- ✓ Non-WIC Nutrition Programs *
- ✓ Food Distribution Programs on Indian Reservations (FDPIR) *
- ✓ Expanded Food and Nutrition Program
- ✓ Immunizations
- ✓ Family Planning
- ✓ Prenatal Care
- ✓ Well-child Clinic
- ✓ Community Breastfeeding Support
- ✓ Tribal and Bureau of Indian Affairs Social Services
- ✓ Child Protective Services
- ✓ Social Security Office
- ✓ Alcohol/Drug Abuse Treatment Programs
- ✓ Early Childhood Education/Head Start
- ✓ Diabetes Prevention Program
- ✓ Tribal Health Programs
- ✓ Mental Health Programs
- ✓ Employment Office
- ✓ General Assistance

- ✓ Farm Worker Organizations
- ✓ Healthy Start
- ✓ Indian Health Service/Tribal Contracted Health Care
- ✓ Dental Services

Note: If the ITCA WIC Program has a waiting list, the programs marked with an asterisk (*) are mandatory referrals.

Immunization Screening and Referral

Policy

All clients under the age of 24 months will be screened for the status of their immunization at all certification and mid-certification visits and any time an immunization record is presented. An immunization record is a paper or computerized record in which actual vaccination dates are recorded, this includes a caregiver's hand-held immunization record.

Procedure

The immunization status will be screened by counting the number of doses of DTaP (diphtheria, tetanus toxoids and acellular pertussis) the client has received in relation to their age, according to the table

By 3 months of age, the infant should have at least 1 dose of DTaP.

By 5 months of age, the infant should have at least 2 doses of DTaP.

By 7 months of age, the infant should have at least 3 doses of DTaP.

By 19 months of age, the infant should have at least 4 doses of DTaP.

If the infant or child is under-immunized:

1. Provide the immunization schedule to the caregiver
2. Provide a referral for immunization services, ideally to the child's usual source of medical care

If the immunization record is not provided by the caregiver:

1. Provide the immunization schedule to the caregiver.
2. Provide a referral for immunization services, ideally to the child's usual source of medical care.
3. Encourage the caretaker to bring the immunization record to the next certification or mid-certification visit.

Documentation

The immunization status will be documented on the Immunization Screen in STARS.

The status will be documented as one of the following:

- Current for Age
- Behind for Age
- Record Not Available

If the status is "behind" one of the following will be selected

- In process / upcoming appointment
- Referred
- Shot provide
- Other (note is system is required if selected)

K. Voter Registration

Policy

All applicants and caregivers will be provided the opportunity to register to vote for federal elections at the time of client certification, recertification, transfer or change of address.

Procedure

1. Federal and Arizona Voter Registration Forms will be available at the reception desk, waiting area or other prominent location if there is not a waiting area or reception desk in the clinic.
2. A sign indicating that voter registration is available will be posted in the waiting area or if there is no waiting area, in a prominent location at each WIC clinic.
3. At certification, recertification, transfer or change of address, each caregiver will be provided with the Offer of Voter Registration (Attachment M).
4. The applicant/caregiver should be encouraged to mark on the Offer of Voter Registration whether he/she is currently registered and whether he/she requests or declines the opportunity to register to vote.
5. The applicant/caregiver shall sign and date the form, indicating that he/she was offered the opportunity to register to vote.
6. If the applicant/caregiver refuses to complete or sign the Offer of Voter Registration, the staff person shall:
 - a. Provide the client with a Voter Registration Form.
 - b. Initial the form to indicate that the applicant/caregiver declined to complete the Offer of Voter Registration and was offered the Voter Registration Form.
 - c. Write the client ID# of the caregiver or one of the clients if the caregiver is not in STARS on the form.
7. Local agency staff shall indicate in the Voter Registration drop down box in STARS, the response provided by the applicant/caregiver.
8. Local agency staff shall:

- a. Provide the state or federal Voter Registration Forms to any caregiver, applicant or other person that comes to the office and requests to register to vote.
 - b. Assist applicants/caregivers in completing Voter Registration Forms as requested to the degree that the assistance is provided in completing the WIC application. If an applicant/caregiver does not want assistance in completing the Voter Registration Form, the individual may take the form and complete it at his or her discretion.
 - c. Review the Voter Registration Form for completeness and signature.
 - d. Accept and mail Voter Registration Forms, regardless of completeness and regardless of whether the person is a WIC applicant or caregiver to the appropriate County Recorder's Office within five (5) calendar days of receipt of the form.
 - e. Ensure that completed Offers of Voter Registration are kept separate from other WIC Program documents.
 - f. Mail the completed Offers of Voter Registration by certified mail to ITCA WIC Director at least quarterly.
 - g. Ensure the confidentiality of the voter registration process.
 - h. Advise applicants/caregivers that voter registration is separate from the WIC eligibility process.
9. Staff shall not:
- a. Seek to influence an applicant's or caregiver's political preference or party registration.
 - b. Wear or display any materials that:
 - i. Identifies past, present, or future seekers of partisan elective office
 - ii. Contains logos or other graphics that may be identified with a political party or preference
 - iii. Would reasonably be associated with a political party or preference
 - iv. Identifies a political issue or ballot measure

- c. Make any statement to applicant or caregiver or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.

L. Ineligibility

Policy

Applicants/clients found ineligible for the WIC Program during a certification because they are not income eligible, categorically eligible or do not have a nutrition risk will be advised of their ineligibility in writing.

Procedure

The “Notification of Ineligibility Form” (Attachment G) will be used to explain the reason for ineligibility and the right to a fair hearing per 7CFR 246.7 (I) (5) and 7CFR 246.9(c). The form will be given to the client.

M. WIC Rules and Regulations

Policy

At certification, and as necessary during follow-up visits, the local agency staff will instruct the WIC client in a language the client understands on the following items using the Rights and Responsibilities Form (Attachment H) and other available educational materials. After these items are explained, the client or caregiver will electronically sign the form. If the signature cannot be captured electronically, the form will be printed for manual signature. (See Chapter 2, Section A for further detail):

- Clinic hours, locations, scheduling options, and how to report problems
- Clients cannot participate in more than one WIC program or WIC and CSFP at the same time
- Information on other available health services
- Nutrition education and breastfeeding support
- ITCA authorized WIC foods
- Authorized ITCA WIC vendors by name and location
- Check/fruit & vegetable check issuance procedures, time frames, retention and replacement guidelines
- Proper procedure for use of the WIC checks/fruit & vegetable checks
- Acceptance of cash, SNAP (previously food stamps), personal checks and credit/debit cards for foods paid for with WIC fruit & vegetable checks
- The right to report individuals attempting to commit program abuse and problems with vendors
- Sharing of information with other agencies
- Policy and procedure on the following if applicable:
 - ✓ Use of a proxy
 - ✓ How to verify marks if the applicant cannot write his or her names.
 - ✓ Use of mailed or bimonthly issued checks/fruit & vegetable checks.

- ✓ Actions that may cause the client to become disqualified or suspended
- ✓ Responsibility of the primary caregiver for actions of other caregivers that he/she authorizes.

N. Caregiver

Policy

Each client will have an assigned primary caregiver who requests and receives benefits. A secondary caregiver may also be assigned at the request of a primary caregiver. Both primary and secondary caregivers may request and receive benefits and cash checks/fruit & vegetable checks at the store.

Primary Caregiver

The primary caregiver requesting services must be one of the following:

- Parent of a minor child
- Legal guardian
- Foster parent
- Appointed case worker of a foster child
- Person appointed by the parent or legal guardian of a minor child and who cares for the child

When there is change in the primary caregiver (custody changes, foster placement), a new Rights and Responsibility Form must be signed at the time of the change.

Legal Guardian and Foster Parent

A legal guardian or foster parent must show legal documentation that he/she has physical custody or is the foster parent of the child.

Person Appointed by Parent or Legal Guardian

A parent or legal guardian may appoint an alternate person to request and receive benefits for the client. The alternate must have a notarized letter from the parent or legal guardian stating his/her consent for the alternate to receive benefits for the child. The alternate

must be a person who cares for the child a significant amount of time, has knowledge of the child's medical, health and nutrition information and is able to use the nutrition education provided by the program to benefit the health of the child.

Secondary Caregiver

A secondary caregiver can be selected by the primary caregiver at any time. Both the primary and secondary caregivers must be present at the same visit.

Procedure

1. At certification, the local agency will confirm verbally that the caregiver is the parent of the client. If the caregiver is not the parent, the appropriate proof will be obtained as described above and a note will be entered in the client's file describing the proof obtained.

2. A second caregiver may be selected by the primary caregiver.
 - If the second caregiver is selected at a certification visit, the primary caregiver will sign the Rights and Responsibilities Form acknowledging and accepting responsibility for any named caregivers. An acceptable form of identification, as outlined in chapter one, from both caregivers must be presented and both caregivers must sign the Identification Folder. The two caregivers must be instructed by WIC staff on the rules and regulations of the WIC program and all other information pertaining to cashing the WIC checks/fruit & vegetable checks.

 - If the second caregiver is selected at a visit other than the certification visit, the primary caregiver must be present. The new (second) caregiver must present an acceptable form of identification and then both caregivers must sign a new Identification Folder. The second caregiver must be instructed on the rules and regulations of the WIC program and all other information pertaining to cashing the WIC checks/fruit & vegetable checks. A note must

be entered into the client's record stating the second caregiver's name and date that the second caregiver was added.

O. Proxies

Policy

The ITCA WIC program will allow a designated individual (proxy) to pick up food instruments (checks/fruit & vegetable checks) in situations where it is not possible for the caregiver to pick up his or her checks/fruit & vegetable checks. A proxy can be used **only once** during a certification period.

Procedure

- ✓ A proxy must bring a permission letter from the client stating that the proxy has permission to obtain checks/fruit & vegetable checks along with the WIC ID Folder.
- ✓ The proxy must prove that he/she is the person stated in the letter by showing one of the forms of identification listed on Page 5-7 of this chapter.
- ✓ A proxy will be given the same instructions as a client. The proxy will sign a “Proxy Certification Form” (see Attachment I) each time they obtain WIC checks/fruit & vegetable checks. A copy of the proxy form will be given to the proxy to use as identification when cashing WIC checks/fruit & vegetable checks.
- ✓ Local agency staff will document in the notes section of the client’s STARS file that a proxy obtained the WIC checks/fruit & vegetable checks. The signed letter from the client will be stapled to the copy of the proxy form and placed in the daily, weekly or monthly file.

Proxy for Nutrition or Breastfeeding Counseling

Nutrition and breastfeeding counseling should be provided directly to the caregiver whenever possible. In situations where this is not possible due to mandatory bed rest or another serious condition preventing the client or caregiver from coming to the clinic, the staff should provide information via the telephone or video conferencing if possible. If these methods are not available, a proxy may receive nutrition education if the proxy meets one of the following requirements below:

- ✓ The proxy is the spouse, boyfriend, or significant other of the pregnant, breastfeeding or postpartum woman and lives with the woman or is the parent or guardian of a minor woman.
- ✓ The proxy either lives with the client or is responsible for caring for the client for extended periods of time.

P. Transfer of Certification

Transferring in from non-ITCA agency

Local agencies will accept the verification of certification (VOC) from clients (including migrants) who have been participating in a non-ITCA WIC program including military or overseas WIC until the certification period expires. A client with a valid VOC who resides in the service area shall not be denied participation in the ITCA WIC Program because the person does not meet the ITCA eligibility criteria. If a waiting list is in place, the transferring client will be placed on the list ahead of all waiting applicants.

The VOC **should** contain the following information:

- The name of the client*
- Date client was certified
- Date of income determination
- Nutrition risk factors
- Date the current certification expires*
- The signature and printed or typed name of the certifying local agency official
- Local WIC agency name and address*
- Client identification number

*This information is necessary for a transfer of certification.

Procedure

1. Verify the person's identity using the procedures on Pages 5-7 of this Chapter.
2. Contact the WIC agency the client is transferring from to verify the following:
 - ✓ Date of last food instruments (checks/fruit & vegetable checks) issued
 - ✓ Any missing information that is required on the VOC.

If unable to reach the transferring agency, enroll the transfers using the self-declared information, and then verify within 30 days that the information provided was correct.

3. Enter the client certification information into STARS as an Out of State Transfer.

Transferring out to a non-ITCA agency

Caregivers who are part of a migrant family in which there is a migrant farmworker or who are likely to transfer to a non-ITCA agency during the certification period will be issued a VOC Card (see Attachment J). Caregivers in all other situations will be provided with a VOC Card upon request from STARS which contains all the information necessary to transfer to another agency. Records with additional information about clients should be emailed or faxed to the receiving WIC program within five working days of the request from the receiving agency or client.

ITCA Local Agency to Local Agency Transfers

Clients may transfer from one ITCA local agency to another using the In State Transfer in STARS.

Q. Presumed Eligible

Policy

A pregnant woman who meets the income eligibility standards may be considered presumptively eligible to participate in the program. The woman may be certified immediately without an evaluation of nutritional risk for a period up to 60 days.

Documentation

The risk factor of 'Presumptive Eligibility for Pregnant Women' will be documented in the STARS system.

Time Period

A presumed eligible woman may receive two months of checks/fruit & vegetable checks *at most* before a full assessment is completed. A nutritional assessment must be completed no later than 60 days after the woman is certified for participation. If no nutritional assessment is made, or if no qualifying risk factor is identified, the woman shall be determined ineligible and may not participate in the program.

R. Client Waiting List

Policy

A waiting list may be initiated when the total number of participants reaches the maximum caseload. The local agency may initiate a waiting list only when the local agency is above its assigned caseload and receives approval from ITCA to start a waiting list. Local agencies shall initiate a waiting list when instructed to do so by ITCA. ITCA shall receive approval from USDA prior to initiating a waiting list at the state or local level. The waiting list will be based on the priority system assuring that those persons at greatest nutritional risk receive program benefits first.

Procedures

1. ITCA will determine which priorities, categories and/or ages are to be served and will implement the cutoffs in STARS.
2. The waiting list will be ranked by priority first, followed by sub-prioritization including age and/or category. For example, all priority 6 and priority 5 PP women and children between 36-59 months may be placed on the waiting list. The agencies would continue serving priority 1, 2, 3, 4 and priority 5 children age 12-35 months.
3. ITCA will instruct local agencies that a waiting list is in effect and will turn on the wait list in STARS.
4. The waiting list will apply to applicants only. Clients in a valid certification will not be placed on a waiting list until they reapply for benefits when their current certification expires. See Section S for information on terminating clients in valid certifications due to funding shortages.
5. Applicants requesting services do not have to be placed on the waiting list if it is likely that their priority, category and/or age group are not going to be served within the next 60 days; however, any individual who specifically requests to be placed on a waiting list in person must be added to the list, regardless of their status.
6. Clients in current certifications transferring from ITCA or non-ITCA agencies will be served before those clients on the waiting list, regardless of priority.

7. Clients transferring from the WIC Overseas Program will be placed ahead of all other transfers on the waiting list.
8. Clients that need to be recertified are considered applicants and treated the same as a new applicant. New applicants must be provided the same access to appointment slots as clients that are already receiving services.
9. Applicant information will be entered into STARS on the following screens- demographics, residency, income, health interview, risk, measurements, and bloodwork. Civil rights regulations do not allow staff to ask race or ethnicity information as part of the waiting list procedures. The applicant will be placed on the waiting list if it is determined that their category, priority and/or age are not being served.
10. The waiting list will include (Attachment K):
 - ✓ Applicant's Name
 - ✓ Applicant Address
 - ✓ Applicant Phone Number
 - ✓ Category and Age
 - ✓ Date placed on list
11. Applicants will be notified of their placement on the waiting list within 20 days after they visit the clinic during office hours to request WIC services. Applicants will be given a waiting list letter (Attachment L) indicating the date they are placed on the list.
12. Local agencies shall explain to applicants why placement on a waiting list is necessary and shall explain the realistic possibilities of receiving future benefits including the probable time frame.
13. Clients placed on the waiting list should be referred to health, social and food programs that the client may be eligible for.
14. When an opening occurs at the local agency, the agency shall contact applicants to schedule a certification appointment using the Waitlisted WIC Applicant Report. Applicants will be contacted based on highest priority first followed by the date placed on the waiting list (oldest date to most recent). If a client misses their appointment, they will be removed from the waiting list and must reapply for placement on the list.

15. The local agency will continue with the waiting list until notified by ITCA to discontinue the list.
16. ITCA will discontinue or modify the waiting list by turning it off or adjusting the category, priority and/or age in STARS depending on the funding available to serve caseload.

S. Caseload Reduction

Policy

If ITCA determines that there are inadequate WIC program funds, clients in valid certifications may be terminated or suspended from the program based on the priority system in order to continue serving clients in higher priorities that are in valid certifications. ITCA will ensure that the fewest number of participants are affected to meet the reduction required by the funding shortage. Local agencies shall not reduce caseload without permission from ITCA. All caseload reductions will be submitted to USDA for approval. Waiting lists for new applicants will be considered prior to implementing a caseload reduction that affects clients in valid certifications.

Procedures

1. ITCA will determine the categories, priorities and/or ages that will be disqualified or suspended from the program to meet the needed caseload reduction.
2. The WIC Director will notify each local agency of the client groups affected by the caseload reduction.
3. The local agency will identify the clients that will be affected by the reduction in caseload using the WIC Certification Guided Ad Hoc report to determine those affected and to obtain names and addresses for mailing notification letters.
4. The local agency will notify the clients affected in writing not less than 15 days before the termination of benefits by sending a letter including the following information:
 - Date of disqualification/suspension
 - Approximate length of time of the suspension

- Reason for the action
 - Criteria for group of clients affected by the reduction
 - Right to a fair hearing as outlined in Chapter 8, Section A
5. The local agency shall retain a copy of each letter in the daily file or in an electronic file. Letters that are returned by the postal service shall be retained as well.

Chapter 2: Client Education

A. Program and Food Delivery Education

Policy

At certification, and as needed at follow-up visits, the local agency staff will instruct all WIC caregivers on the rules and regulations of the WIC program, relevant local agency policies and the food delivery system. This instruction must be conducted in a language the client understands. In addition, the local agency staff will read or have the caregiver read the Rules and Regulations (R&R). After the rules and regulations are explained to the caregiver, the caregiver will electronically sign the R&R Form indicating that he or she understands what was said. If the signature cannot be captured electronically, the R&R will be printed and the manual signature will be obtained. The form will be filed in the daily, weekly or monthly file. By signing the R&R form, the caregiver also assumes responsibility for actions of other caregivers she/he authorizes.

1. Program Education Topics

The local agency shall inform each caregiver of the following information at every certification visit:

- **Clinic Information**

The clients will be informed of the hours the clinic(s) are open, the locations of clinics, scheduling options, and how to report problems.

- **Fair Hearings**

The client will be advised of the right to a fair hearing. (See Chapter 8, Page 179)

- **Proxies**

The client will be advised of the right to have a proxy and the policies and procedures regarding proxies. (See Chapter 1, Page 33-34)

- **Reasons for Disqualification**

The client will be informed of the possible reasons they may be disqualified including dual participation. (See Chapter 11, Pages 204-207)

- **Transfers**

Clients may transfer to another WIC program. Upon request from the client, a Verification of Certification (VOC) will be provided, which will have all of the necessary information to complete a transfer. (See Chapter 1, Page 35)

- **Nutrition Education Contacts**

The client will be advised that they will receive nutrition education / breastfeeding support during the certification period.

- **Available Health Services**

The clients will be provided with information regarding available health services.

- **Sharing of Information**

The client will be provided a list showing agencies that WIC may provide information to. (See Chapter 12, Section B)

2. Food Delivery Education

The caregiver will be informed of the following at the initial certification visit and as needed at subsequent certification and monthly visits.

- **WIC Foods**

The client will be educated on the allowable foods including sizes, brands and types of foods and will be provided with an authorized ITCA WIC food list. Inform clients that the WIC foods are only for their personal use when appropriate.

- **WIC Nutrients**

The client will be informed of the target nutrients of the WIC program and which foods provide these nutrients.

- **Vendors**

The client will be provided a list of the authorized ITCA WIC vendors and their locations and will be informed that they can shop only at those vendors.

- **WIC Checks/Fruit & Vegetable Checks**

The staff will explain the WIC check/fruit & vegetable check including the valid use dates, the food quantities and description, the date of use, dollar amount and signature boxes.

- **Use of WIC Checks/Fruit & Vegetable Checks**

The local agency staff will inform the client or caregiver of the proper procedures to use the checks/fruit & vegetable checks. The following topics must be covered:

- **WIC Identification**

The client or caregiver must have the WIC Identification Folder or Proxy Form with them at the store to redeem the check/fruit & vegetable check. If the Identification Folder or proxy form is not presented, the Vendor will refuse the check/fruit & vegetable check.

- **Valid Use Dates**

Checks/fruit & vegetable checks are valid for 30 days and cannot be used before the 'First Date to Use' or after the 'Last Date to Use' printed on the check/fruit & vegetable check.

- **Separate WIC foods**

Authorized foods listed on the check/fruit & vegetable check should be selected and separated at the register for each check/fruit & vegetable check. WIC foods should be separated from other groceries.

- **Enter Dollar Amount and Date of Use**

The cashier must enter the date of use and the actual dollar amount of the purchase on the check/fruit & vegetable check. However, for fruit and vegetable checks, the actual dollar amount or the maximum value of the check, whichever is less, will be entered into the actual purchase price box on the face of the check.

- **Client Signature**

The client should sign the check/fruit & vegetable check only after the dollar amount and date of use have been entered and confirmed.

- **If a mistake is made on the dollar amount**

To correct amount on the check/fruit & vegetable check, the cashier will draw a single line through the incorrect dollar amount. The cashier will write the correct dollar amount in the correction box and put his/her initials in the Cashier Initials box. The dollar amount that the cashier fills in on the

check/fruit & vegetable check must match the total on the cash register receipt with the exception of the fruit & vegetable check. The amount for the fruit & vegetable check should be the total on the cash register receipt or the dollar amount of the check, whichever is the lowest amount.

▪ **If a mistake is made on the date of use**

To correct the date of use on the check/fruit & vegetable check, the cashier will draw a single line through the incorrect date. The cashier will write in the correct date and initial next to the correction.

▪ **If a mistake is made on the signature**

If the signature does not match the WIC folder or was previously signed, the client or caregiver will draw a single line through the original signature and re-sign the check/fruit & vegetable check. The check/fruit & vegetable check will be re-signed either above the original signature or to the left of the signature box, where the foods are listed.

▪ **Fruit/Vegetable Check**

The fruit and vegetable check will be redeemed as any other check except as outlined below.

- The fruit and vegetable check has an associated dollar amount. The client should choose an amount of fruits and vegetables that will total close to the dollar amount on the check.
- The client may get less than the dollar amount on the check or may go over the dollar amount on the check and pay for the remainder in any other valid form of payment taken by the store including cash, SNAP (previously Food Stamps) EBT card, debit card, credit card or personal check.
- The cashier should enter either the actual purchase price or the maximum dollar value of the check, whichever is lower, in the “Actual \$ Amount” box.

➤ If the fruit/vegetable purchase is less than the value of the fruit & vegetable check, the vendor cannot provide cash change to the WIC client.

▪ **Unused Checks/Fruit & Vegetable Checks**

The checks/fruit & vegetable checks that are not used by the 'Last Date to Use' should be returned to the local agency WIC clinic.

▪ **Lost or damaged Checks/Fruit & Vegetable Checks**

The checks/fruit & vegetable checks are like cash and cannot be replaced if lost or stolen. Damaged checks/fruit & vegetable checks may be replaced if they are within the valid dates and the client has at least 1/3 of the check/fruit & vegetable check with the serial number on it in their possession.

▪ **Cash for WIC**

Do not exchange foods paid for with a check/fruit & vegetable check for cash or credit. Cash may only be exchanged between a WIC client or caregiver and the Vendor for WIC purchases made with a fruit and vegetable check/fruit & vegetable check as outlined above.

▪ **Reporting Problems or Abuse**

The client or caregiver should report any problems and have the right to report individuals or entities attempting to commit program abuse.

B. Nutrition Education

1. Standards

Policy

Individual and group sessions and the provision of materials are designed to improve the health status and achieve positive change in dietary and physical activity habits, and emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

Nutrition Services Plan

Each local agency will develop a nutrition plan that includes goals and objectives that address the identified needs and health risks of the clients. The plan will also have an evaluation component that documents the progress toward attainment of the goals and objectives. The plan will be submitted to ITCA annually with the reapplication packet.

Qualified Staff

All nutrition services must be overseen by a registered dietitian (R.D.). The R.D. may be employed by the WIC program, other tribal programs, Indian Health Service, ITCA or may be a private consultant. These qualifications also apply to the person providing high-risk counseling services.

WIC staff persons qualified to provide standard nutrition education are the CNW, DTR (Dietetic Technician Registered), B.A., B.S., or M.S. in Nutrition or an R.D. Staff from other agencies may also provide nutrition education if there is an agreement between that agency and the WIC program and the standards in this section are complied with by the outside educator.

Frequency

Clients will receive a minimum of one nutrition education session every three months during the certification period for a minimum of two nutrition education sessions during a six-month certification period and four nutrition education sessions during a one-year certification period.

Format

Individual counseling and/or group classes may be utilized for nutrition education.

Individual counseling may be in person or via video conferencing.

Individual Education Sessions

Individual education sessions will meet the following standards:

- Previous education is assessed and progress is discussed with client
- Tools such as wands, circle charts, sort cards, facial expression cards, etc. will be utilized with the client to assist in generating topic ideas
- Information provided coincides with current nutritional recommendations and guidelines
- Nutrition education is interactive and individualized to meet client's needs and considers the educational level, lifestyle, cultural beliefs, support system, living environment and other factors affecting nutrition of each client
- Client receives positive feedback as often as possible to reinforce healthy nutrition practices and encouragement to promote behavior change.
- Appropriate and clear ways to meet goal that reflect the desired health outcome are established that are measurable and reflect the goal.
- Client ways to meet goal are developed with the involvement of the client.
- Appropriate materials are used to enhance and reinforce nutrition education message and as applicable provided to the client
- Innovative methods in providing nutrition education are used whenever possible
- Nutrition education provided coincides with any materials used and the goal and ways to meet the goal set with the client

Group Education Sessions

Group nutrition education sessions can be provided for clients or caregivers including children clients.

Group education classes for children will meet the following standards:

- Classes must follow the lesson plans and guidelines in the Fit WIC Manual unless a local agency created lesson plan is approved by a local agency or ITCA Registered Dietitian.
- The creation of the snack as part of the Fit WIC class must
- Group education for adults will use a facilitated discussion format and will meet the following standards:
 - Written facilitated discussion sessions with set goals and objectives approved by ITCA will be used
 - Facilitators will be trained and competent in facilitating groups
 - Open-ended questions will be used for discussion
 - All clients will be encouraged to contribute to the discussion
 - Erroneous information will be corrected in a positive way
 - Facilitator will guide the discussion to ensure that the objectives of the session are met
 - A summary of the discussion will be provided at the end
 - Appropriate materials will be distributed if pertinent to the discussion

On-Line Nutrition Education

On-line nutrition education sessions may be used to provide follow-up nutrition education for clients or caregivers clients. On-line education will be available on kiosks within some of the WIC clinics.

On-line education sessions will follow these procedures:

- The CNW, RD or WIC Director will determine if the client is eligible for online education. Eligible clients include but are not limited to, non-high risk clients and clients that do not need a mid-certification or health assessment.

- The client or caregiver will provide a certificate of completion of the on-line course.
- A CNW, RD or WIC Director will ensure the course is appropriate for the client's category. Refer to the Health Bites Topics handout (Attachment E) for the list of appropriate topics based on category and the corresponding STARS topic name.
- On-line education session completion will be documented in the nutrition topic screen of STARS.
- The WIC staff will discuss what the client or caregiver would like to focus on and answer any questions.
- If the topic selected does not correspond with the category of the client, the CNW, RD or WIC Director will document in the comments section of the nutrition topic screen the reason the topic was selected.

Videoconferencing Nutrition Education Sessions

Video conferencing education sessions can be provided by an R.D. for high risk clients, caregivers of high risk clients or those identified as needing counseling by an R.D.

Video conferencing must meet the following standards:

- Documentation must be in the STARS system and follow a SOAP note format
- Session must be provided by a registered dietitian
- Information provided coincides with current nutritional recommendations and guidelines
- Nutrition education is interactive and individualized to meet client's needs and considers the educational level, lifestyle, cultural beliefs, etc. of each client
- Client receives positive feedback as often as possible to reinforce healthy nutrition practices and encouragement to promote behavior change.
- Innovative methods in providing nutrition education are used whenever possible

Individualized Education

The education will be individualized for the client and consider the client's culture, language, educational level, socioeconomic level, literacy and other pertinent factors.

Nutrition assessment will be completed prior to providing nutrition counseling. The

information gathered in the assessment will be utilized to provide the appropriate education.

Mandatory Topics

Federal guidelines require that certain categories of individuals receive specific education delineated in the chart below.

Category	Nutrition Education Topics
All clients/caregivers	Substance abuse (see page 59 for specifics)
Infants (9 months and older who are receiving the FVC)	Finger Foods using the “Finger Foods... bring your baby to the table” materials (finger food readiness, first foods and progression, safety)
Pregnant women	Breastfeeding (two contacts)
Postpartum / Breastfeeding women	Exit counseling using the “After You Deliver” materials (Folate, breastfeeding, immunizations, health care, good nutrition)

Non-nutrition education topics

WIC rules and regulations, food delivery, referrals, etc. are appropriate to discuss with clients, but are not considered nutrition education.

Materials

Visual, audio visual, or written materials available from ITCA should be provided to enhance the nutrition message (Attachment A). Local agencies may produce their own materials, but these must be approved by the state agency (Attachment D).

Documentation

Nutrition education will be documented in the ITCA STARS system using the topics provided (Attachment B).

Refusal

Clients who refuse to accept nutrition education will not be denied checks/fruit & vegetable checks, but the refusal will be documented in the client's file.

Quality Assurance

Staff providing nutrition services will be monitored at least two times per year by the local agency RD or Director using the standardized form in Chapter 9, Attachment A to ensure that quality nutrition services are provided to clients.

2. Nutrition Care Plans

Purpose

Nutrition care plans are used to establish nutrition education goals for each client's individual risk(s) throughout the certification period.

Policy

All clients will have a goal selected with ways to meet that goal for each nutrition education visit during the certification period.

Documentation

Nutrition education visits and certifications/mid-certifications with nutrition education will be documented in the STARS system. The topic and handouts are selected and a nutrition education goal is chosen using interactive participation with the WIC client. Ways to meet the selected goal that were discussed with the client/caregiver are

documented. The flowsheet and/or next appointment type is used to document what will occur at the following visit.

3. High Risk Clients

Purpose

Certain clients identified as high-risk have counseling needs beyond the scope of the CNW. These clients benefit from more in-depth counseling provided by a RD.

Policy

All clients meeting the minimum high-risk criteria outlined below will be seen by an RD within 60 days of being identified as high risk.

High-Risk Referrals

Each local agency will develop written procedures for CNWs to refer high-risk clients to the RD. This plan should be evaluated at least two times per year to ensure that CNWs are following the appropriate procedures and high-risk clients are appropriately referred in a timely manner.

Non-WIC Registered Dietitian

Tribal, Indian Health Service or other R.D.'s meeting the guidelines above may provide the high risk counseling to WIC clients if written documentation in the form of a S.O.A.P. note or PCC is provided to WIC and entered into the STARS.

Special Cases

In certain cases, the client may no longer require in-depth nutrition counseling provided by the RD. (For example, a premature infant who is now at the 50th%ile.) In these cases, the RD must review the client's file within 60 days of certification and provide a nutrition care plan for the CNW to follow with specific criteria for referral back to the RD.

High-Risk No-Shows

Every effort should be made to reschedule high-risk clients who miss their scheduled appointment with the RD for the same month. If the client misses all scheduled appointments with the RD during the month, this should be documented in the client's file and the client should be scheduled for the next month.

High Risk Criteria

Pregnancy	<ul style="list-style-type: none"><input type="checkbox"/> Underweight (101)<input type="checkbox"/> Low Maternal Weight Gain (131)<input type="checkbox"/> Weight Loss During Pregnancy (132)<input type="checkbox"/> Hyperemesis Gravidarum (301)<input type="checkbox"/> Gestational diabetes (302)<input type="checkbox"/> History of Premature Delivery (311)<input type="checkbox"/> History of Low Birthweight (312)<input type="checkbox"/> Pregnancy at a Young Age (331)<input type="checkbox"/> Multifetal Gestation (335)<input type="checkbox"/> Fetal Growth Restriction (336)<input type="checkbox"/> Pregnant Woman Breastfeeding (338)<input type="checkbox"/> Nutrient Deficiency Diseases (341)<input type="checkbox"/> Gastro-Intestinal Disorders (342)<input type="checkbox"/> Diabetes Mellitus (343)<input type="checkbox"/> Thyroid Disorders (344)<input type="checkbox"/> Hypertension and Prehypertension (345)<input type="checkbox"/> Renal Disease (346)<input type="checkbox"/> Cancer (347)<input type="checkbox"/> CNS Disorders (348)<input type="checkbox"/> Genetic and Congenital Conditions (349)<input type="checkbox"/> Inborn Errors of Metabolism (351)<input type="checkbox"/> Infectious Disease (352)<input type="checkbox"/> Celiac Disease (354)<input type="checkbox"/> Eating Disorders (358)<input type="checkbox"/> Recent Surgery, Trauma, Burns (359)<input type="checkbox"/> Other Medical Conditions (360)<input type="checkbox"/> Depression (361)<input type="checkbox"/> Developmental Delays (362)
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Postpartum	<ul style="list-style-type: none">❑ Underweight (101)❑ Nutrient Deficiency Diseases (341)❑ Gastro-Intestinal Disorders (342)❑ Diabetes Mellitus (343)❑ Thyroid Disorders (344)❑ Hypertension and Prehypertension (345)❑ Renal Disease (346)❑ Cancer (347)❑ CNS Disorders (348)❑ Genetic and Congenital Conditions (349)❑ Inborn Errors of Metabolism (351)❑ Infectious Disease (352)❑ Celiac Disease (354)❑ Eating Disorders (358)❑ Recent Surgery, Trauma, Burns (359)❑ Other Medical Conditions (360)❑ Depression (361)❑ Developmental Delays (362)
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Breastfeeding	<ul style="list-style-type: none">❑ Underweight (101)❑ Pregnancy at a Young Age (331)❑ Multifetal Gestation (335)❑ Nutrient Deficiency Diseases (341)❑ Gastro-Intestinal Disorders (342)❑ Diabetes Mellitus (343)❑ Thyroid Disorders (344)❑ Hypertension and Prehypertension (345)❑ Renal Disease (346)❑ Cancer (347)❑ CNS Disorders (348)❑ Genetic and Congenital Conditions (349)❑ Inborn Errors of Metabolism (351)❑ Infectious Disease (352)❑ Celiac Disease (354)❑ Eating Disorders (358)❑ Recent Surgery, Trauma, Burns (359)❑ Other Medical Conditions (360)❑ Depression (361)❑ Developmental Delays (362)❑ Breastfeeding Complications (602)
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Infants	<ul style="list-style-type: none">❑ Underweight (103)❑ At Risk of Becoming Underweight (103)❑ Short Stature (121)❑ Failure to Thrive (134)❑ Inadequate Growth (135)❑ Low Birth Weight (141)❑ Very Low Birth Weight (141)❑ Prematurity (142)❑ Small for Gestational Age (151)❑ Nutrient Deficiency Diseases (341)❑ Gastro-Intestinal Disorders (342)❑ Diabetes Mellitus (343)❑ Thyroid Disorders (344)❑ Renal Disease (346)❑ Cancer (347)❑ CNS Disorders (348)❑ Genetic and Congenital Conditions (349)❑ Inborn Errors of Metabolism (351)❑ Infectious Disease (352)❑ Celiac Disease (354)❑ Recent Surgery, Trauma, Burns (359)❑ Other Medical Conditions (360)❑ Developmental Delays (362)❑ Fetal Alcohol Syndrome (382)❑ Breastfeeding Complications (603)
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Children	<ul style="list-style-type: none"><input type="checkbox"/> Underweight (103)<input type="checkbox"/> At Risk of Becoming Underweight (103)<input type="checkbox"/> Failure to thrive (134)<input type="checkbox"/> Inadequate Growth (135)<input type="checkbox"/> Low Birth Weight (141)<input type="checkbox"/> Very Low Birth Weight (141)<input type="checkbox"/> Prematurity (142)<input type="checkbox"/> Small for Gestational Age (151)<input type="checkbox"/> Nutrient Deficiency Diseases (341)<input type="checkbox"/> Gastro-Intestinal Disorders (342)<input type="checkbox"/> Diabetes Mellitus (343)<input type="checkbox"/> Thyroid Disorders (344)<input type="checkbox"/> Renal Disease (346)<input type="checkbox"/> Cancer (347)<input type="checkbox"/> CNS Disorders (348)<input type="checkbox"/> Genetic and Congenital Conditions (349)<input type="checkbox"/> Inborn Errors of Metabolism (351)<input type="checkbox"/> Infectious Disease (352)<input type="checkbox"/> Celiac Disease (354)<input type="checkbox"/> Recent Surgery, Trauma, Burns (359)<input type="checkbox"/> Other Medical Conditions (360)<input type="checkbox"/> Developmental Delays (362)<input type="checkbox"/> Fetal Alcohol Syndrome (382)
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Documentation

The RD will document the counseling session in the client's file using the S.O.A.P. note format in the Notes window.

Follow-up

The RD may continue to see the client or may refer the client back to the CNW. The RD should provide the CNW with a nutrition care plan to follow as well as criteria for referral back to the RD.

S.O.A.P. Note Format

S: Subjective Information

- Information the client tells you

O: Objective Information

- Measurable information
- Lab results, height, weight, Hgb, blood glucose, etc.

A: Assessment

- Nutritional assessment of client
- Interpretation of subjective and objective information as it relates to the client's nutritional status

P: Plan

- Outline the plan to correct the problems indicated in the assessment portion
- Follow-up information

S.O.A.P. Note Example

- S:** Client states that she is having difficulty eating enough food due to nausea and doesn't drink milk due to lactose intolerance, eats cheese occasionally.
- O:** Pre-preg wt: 125 lbs Hgb: 15.0
Wt (5/20/96): 124 lbs Ht: 5' 7"
- A:** 25 year old G₂ P₀ at 16 weeks gestation presents with 1 lb. weight loss from pre-preg wt. History of miscarriage two years ago. Excessive nausea likely cause of inadequate intake and therefore weight loss. Client also at risk for calcium deficiency with no good calcium sources in diet.
- P:** Encouraged client to eat 3 small meals and 3 snacks.
Gave nausea handout and encouraged trying these tips.
Encouraged client to try Lactaid milk and eat cheese to increase calcium and calorie intake.
CNW to monitor weight monthly, if less than 2 lb. weight gain, refer back to RD.

4. Substance Abuse Education

Purpose

Educating clients about the dangers of substance abuse and referring clients with substance abuse problems to appropriate programs is an important role of the WIC program and can reduce the incidence of a variety of problems including premature birth, Fetal Alcohol Syndrome, miscarriage, and congenital defects.

Policy

All WIC clients will be provided with information on substance abuse at the first new certification visit and as needed during consecutive recertification periods. The information will consist of the following:

- Information about the dangers of substance abuse
- Referral of those clients who may have a substance abuse problem to appropriate clinics, treatment programs, or counselors
- Distribution of substance abuse prevention materials at the WIC clinic
- Current list of local resources for substance abuse counseling and treatment (Attachment C)

Documentation

Substance abuse education will be documented in the basic contact screen of the ITCA STARS system. Substance abuse referrals will be documented in the referral screen of the database.

Follow-up

Those WIC clients who are referred to substance abuse programs will be asked if they contacted the agency to which they were referred. The outcome will be documented in

the referral screen of the database. Further follow-up information may be documented in the client's file.

5. Special Populations

Overview

Certain individuals may need nutrition education tailored to address their specific needs in order for the education to be effective.

Policy

The following individuals will be provided with nutrition education tailored to address their specific needs:

- Migrant farm workers
- Homeless individuals
- Substance abusing individuals
- Breastfeeding women

Methods

The following methods will be used to meet the needs of these special populations:

- Local agencies who serve these populations should address their special needs in the local agency nutrition education plans
- State and local agencies will arrange for special training for those who work with these populations
- Networking with other WIC local agencies
- Coordinating with other agencies who serve these populations

Chapter 3: Breastfeeding Promotion and Support

Introduction

The 1997 American Academy of Pediatrics breastfeeding policy statement supports breastfeeding as the preferred feeding method for at least the first year of life, and longer as mutually desired by mother and child. Research indicates that breastfeeding provides health, nutritional, developmental, social, economic, and environmental advantages unmatched by other feeding options. Therefore, the ITCA WIC program is committed to promoting and supporting breastfeeding.

ITCA Mission Statement

The mission of the Inter Tribal Council of Arizona WIC program is to be a tribal resource for breastfeeding support and to provide effective leadership in local communities in the area of breastfeeding to improve the health of Women, Infants and Children.

Policy

The Inter Tribal Council of Arizona, Inc. WIC program promotes, supports and protects breastfeeding exclusively for the first six months of life and continued breastfeeding for at least the first year. To ensure mother's milk supply is fully established, there will be no issuance of supplemental formula to breastfed babies in the first month of life. All local WIC agencies will promote and support breastfeeding by meeting the guidelines put forth in this section to the best of their ability with the resources available to that agency.

A. Breastfeeding Lead

Policy

Each local agency will appoint a Breastfeeding Lead (BFL) who serves to coordinate breastfeeding activities between the local agency and ITCA. The BFL, with the assistance of other local agency staff members, will actively promote breastfeeding in the WIC clinic and in the tribal community at large.

Overview

The BFL is a staff member who serves as a resource person and central contact for breastfeeding. The BFL should have special support from the local agency WIC Director and RD and the ITCA Breastfeeding Coordinator to ensure that the resources are available to perform the responsibilities listed below.

Responsibilities

1. Lead the organization, planning, and implementation of the local agency breastfeeding promotion and support plan.
2. Participate in the Breastfeeding Working Group by attending periodic meetings or conference calls.
3. Disseminate information and tasks for breastfeeding promotion projects to co-workers.
4. Maintain the breastfeeding resources such as posters, handouts, breast pumps, incentive items, etc. in order to optimally support breastfeeding women.
5. Work with the local agency director and staff to provide a “baby friendly” environment for breastfeeding women and infants in local agency clinics.
6. Serve as a resource to other local agency staff on breastfeeding issues.
7. Improve WIC breastfeeding education by assessing client knowledge and barriers, establishing a system for increased client contacts, and assessing/improving staff efforts in relation to promotion and counseling.

8. Identify breastfeeding advocates at area health care facilities. Work with the ITCA Breastfeeding Coordinator to coordinate efforts to improve breastfeeding promotion and support at the identified facilities.
9. Identify and utilize sources of community outreach such as newsletters and health fairs to promote breastfeeding within tribal communities and urban service areas.
10. Complete the Breastfeeding Follow-up Tracking Form each month and submit to the Local Agency WIC Director. This information will be submitted to ITCA in the Quarterly Program Narrative Report. (See Chapter 3, Attachment C).

Qualifications

1. Successfully completed the Certified Lactation Educator or Certified Lactation Counselor courses.
2. Completes a minimum of eight hours of continuing breastfeeding education per year. This can be in the form of conferences, meetings or classes. Examples include Le Leche League Conferences, ILCA Conferences, LATCH-AZ meetings, NWA Nutrition and Breastfeeding Conferences and Certified Lactation Counselor Courses.

B. Clinic Environment

Policy

Local WIC agencies will ensure that their clinics are breastfeeding friendly by meeting the criteria listed below.

- **Materials**

All print, audiovisual materials and posters, as well as office supplies will be free of bottle feeding photos and formula product names and pictures.

- **Bottle Feeding Equipment**

Formula and other bottle-feeding equipment will be stored out of view of WIC clients. Bottle-feeding equipment will not be distributed to clients. This includes incentives and gift bags with formula logos or names that include formula or include bottle-feeding equipment that are donated by other departments or agencies to the WIC clinic.

- **Acceptance of Formula by Staff**

Staff will not accept formula from formula manufacturer representatives for personal use.

- **Supportive Environment**

A supportive environment will be provided for women to breastfeed their infants. In addition, breastfeeding posters, handouts, bulletin boards, etc. will be prominently displayed to demonstrate the clinics support of breastfeeding.

- **Nature's Way Membership Breastfeeding Incentive Program**

Breastfeeding women enrolled on the WIC Program as 'mostly breastfeeding' or 'fully breastfeeding' are qualified to receive extra incentive items in addition to a larger food package. There are a total of seven breastfeeding incentive items moms can choose from at each clinic visit.

C. Breastfeeding Education and Support

Policy

All pregnant and breastfeeding clients will be given breastfeeding information and encouraged to exclusively breastfeed their infants unless medically contraindicated. During the prenatal period, a breastfeeding assessment will be completed at the initial certification and two mandatory breastfeeding education contacts will be conducted. A breastfeeding assessment will also be completed at each postpartum visit/contact as long as the client continues to breastfeed and when the client changes breastfeeding status.

Topics

All pregnant and breastfeeding clients will be provided with the following information, at a minimum:

Pregnant Clients

- Information addressing the individual concerns of each prenatal client related to breastfeeding (must first be identified)
- Benefits to baby, mom and family
- Contraindications to breastfeeding
- How to breastfeed
- How to tell if baby is getting enough
- Maintaining milk supply
- Available resources such as manual and electric breast pumps, support group meetings, referral contact for problems, etc.

Breastfeeding Clients

- Review of above topics as indicated
- How to solve breastfeeding problems (only discussed with clients experiencing problems)
- Maintaining lactation during times of separation from infant

Documentation

Breastfeeding education will be documented in the Nutrition Education Topics tab in the STARS System. Reasons for formula supplementation and/or breastfeeding cessation should be documented under comments in the Nutrition Education – goals tab in the STARS system under the infant’s record. The response of the WIC staff person to address the identified reasons for supplementing or changing to formula feeding should also be recorded.

D. Breastfeeding Follow-Up

Policy

All prenatal clients will be contacted by phone or mail within approximately a week after their estimated delivery date. Phone calls and postcards will serve to identify most breastfeeding problems that occur immediately postpartum and will potentially increase the duration of breastfeeding among WIC clients. Local Agencies may choose to use an alternate form of contacting these clients. If phone calls or postcards are not used, the agency must submit an alternative plan to ITCA for approval.

Procedure

Each local agency will define a protocol for recording prenatal clients' names, phone numbers, and contact dates. The STARS system can generate a report based on desired pregnancy end dates. Clients contacted by phone will be asked a series of questions using the Nutrition Assessment Questionnaires for Breastfeeding Women and Infants (Chapter 1, Attachment E). The Nutrition Assessment Questionnaires for Breastfeeding Women and Infants will be used in conjunction with the Maryland WIC Programs Breastfeeding Kardex. The information provided in the Kardex will be reviewed if any breastfeeding problems are identified. Referrals to a breastfeeding specialist or health care provider will be made whenever indicated in the Kardex. If a problem is identified that does not require a referral and information is provided to the client by the WIC staff, the client will be contacted again in a few days to determine if the problem was corrected. Letters will be mailed when clients cannot be reached by phone. The letter will include a contact name and phone number for breastfeeding questions and problems. Local agencies may choose to send postcards to clients rather than contacting them via phone. The postcards will include a contact name and phone number for breastfeeding questions and problems.

Documentation

The information obtained from the Nutrition Assessment Questionnaires for Breastfeeding Women and Infants will be documented on the Notes screen in the infant's

Chapter Three: Breastfeeding Promotion and Support

file. The Breastfeeding Follow-up Tracking Form will be completed each month and submitted to the Local Agency WIC Director. This information will be submitted to ITCA in the Quarterly Program Narrative Report. (See Chapter 3, Attachment C).

E. Training

Policy

Within 6 months of hire, all staff will attend the ITCA WIC Skills Building Workshop that includes an introduction to breastfeeding. In addition, all staff (including receptionists and clerks) will complete one of the following within two years of hire:

- Central Arizona College Certified Breastfeeding Counselor Course
- Certified Lactation Counselor Certification
- Certified Lactation Educator Program
- Other training approved by the ITCA Breastfeeding Coordinator

Minimum Topics

At a minimum, the following topics will be covered:

- Breastfeeding benefits for baby, mom and family
- Comparison of breastmilk and infant formula
- Barriers to breastfeeding
- Breast anatomy and physiology
- Contraindications to breastfeeding
- Milk production and maintenance of milk supply
- Latch-on and positioning
- Common problems (sore nipples, engorgement, etc.)
- Pumping and storage of breastmilk
- Counseling skills
- Situations requiring referral to lactation specialist or physician

Advanced Training

Local and state agency staff, especially the Breastfeeding Leads, will participate in advanced training opportunities as they are available and funding allows.

F. Breastfeeding Equipment Policies

Introduction

Manual and electric breast pumps will be available to breastfeeding WIC clients meeting certain specified conditions. Supplemental Nursing Systems (SNS) will be available to exclusively and partially breastfeeding WIC clients meeting certain specified conditions. The breastfeeding equipment supplied is intended to promote and support the duration of breastfeeding.

Distribution Guidelines

All staff should be aware of the breast pump program and distribution guidelines. The Breastpump Decision Tree Tool (Attachment A) should be used to determine whether or not a pump should be issued and which pump to issue for specific scenarios. The staff person issuing the pump should contact the client within 24 hours after the pump is issued to ensure that the mother is using the pump properly and that the pump is in good working order.

Manual Breast Pumps will be distributed to any breastfeeding client meeting one or more of the following conditions:

- Separation of infant and mother for short intervals infrequently.
- Mother needs to express milk to add to cereal or put in cup. (Mother could also use manual expression in this case.)
- Other reason approved by the ITCA WIC Breastfeeding Coordinator or ITCA WIC RD.

Single Use Electric Breast Pumps will be distributed to clients who have an established milk supply, are exclusively breastfeeding their babies and meet one or more of the following conditions:

- Separation of infant and mother for long periods due to the mother working or going to school.

- Other reason approved by the ITCA WIC Breastfeeding Coordinator or ITCA WIC RD.

Multi-user Electric Breast Pumps will be distributed to clients who do not have an established milk supply and are exclusively breastfeeding their babies or are working toward exclusive breastfeeding and meet one or more of the following conditions:

- Difficulty in establishing or maintaining milk supply for reasons such as prematurity, cleft palate, or other medical conditions.
- Separation of infant and mother for long periods due to hospitalization.
- Separation of infant and mother for long periods due to the mother working or going to school.
- Other reason approved by the ITCA WIC Breastfeeding Coordinator or ITCA WIC RD.

Supplemental Nursing Systems (SNS) will be distributed only by those individuals authorized to do so by the ITCA Breastfeeding Coordinator or ITCA WIC RD, including Certified Lactation Consultants or other health professionals with specialized training in breastfeeding. **Clients receiving the SNS should be closely monitored by the authorized individual issuing the SNS.**

No cost

Manual breast pumps, single user breast pumps, multi-user electric breast pump attachment kits and Supplemental Nursing Systems will be given to the clients free of charge. Multi-user electric breast pumps will be **loaned** to the clients at no cost to the client.

Reuse

Under no circumstances will the manual breast pumps, single user breast pumps, Supplemental Nursing Systems, or attachment kits to the multi-user electric breast pumps be reused or given to another client. Multi-user electric breast pumps will be provided on a loan basis and redistributed to other clients.

Breast Pump Issuance Procedures

All local agency WIC clinics must follow these steps when providing a breast pump to a client.

- Assess the need for a breast pump and determine what type of pump to issue. Refer to the Breast Pump Decision Tree Tool (Attachment A).
- Document the issuance of the pump on the Issue Breast Pump Screen in the mother's record in STARS.
- Complete and review the User's Agreement (Attachment B) with the client.
- The client will electronically sign the User's Agreement Form. If signature cannot be captured electronically, the form will be printed for manual signature and maintained in the daily, weekly or month files.
- A copy of the signed User's Agreement will be printed and provided to the client.
- Demonstrate how to assemble the breast pump. Take the breast pump apart and have the client assemble it.
- Review the directions for cleaning, use and assembly using the instruction sheet provided with the breast pump kit.
 - Discuss the client's plans for pumping breast milk (how often to pump, where to pump, length of pumping sessions, etc.)
 - Review with the client proper storage and handling guidelines for breast milk.

Inspection of Multi-User Electric Breast Pumps

A client receiving a multi-user breast pump must receive a single month of check/fruit & vegetable check issuance for the first month and must bring the pump for inspection at the next appointment. If a client fails to bring the pump to the WIC clinic for inspection, she should be given single monthly issuance until the pump is inspected. Once the breast pump has been determined to be in good working order, the client may receive bimonthly or trimonthly checks/fruit & vegetable checks at the discretion of the WIC staff person. Future inspections are at the discretion of the WIC staff person but must occur at least every 3 months.

Client Return of Multi-User Electric Breast Pumps

Multi-user electric breast pumps will be returned to the WIC clinic and made available to other clients when one of the following situations occur:

- There is no continued need for the pump as determined by a staff member.
- The infant separated from his mother by work or school is no longer being exclusively breastfed.
- The infant is no longer participating in the local agency WIC program where the pump was loaned.
- The infant has turned one year old.
- The electric breast pump becomes damaged, in which case the client can be issued another pump.

The pump must be returned within 7 days of request by requesting the pump in person or via a phone call. The request will be documented in the notes section of STARS.

If the client fails to return the pump in 7 days, a notification letter (Attachment D) and the signed User's Agreement will be sent to the client via certified mail. The WIC staff person sending the notification letter will make a copy of everything being mailed and staple the certified mail receipt to the copy of the letter and file. Documentation that the letter was sent will be entered in the notes section of STARS. If the client does not return the pump within 14 days of receipt of the letter, the client will be sent a second notification letter (Attachment D). If the client still does not return the pump by the requested date, a final notice letter will be sent to the client (Attachment D).

Documentation in the notes section of STARS will be completed each time notification letters are mailed to the client.

Staff Procedures for the Return of the Multi-User Electric Breast Pump:

- Record the return of the breast pump on the Issue Breast Pump Screen in the mother's record in STARS.
- Wear protective gloves as necessary when handling the pump.
- Place the entire pump and pump case inside a plastic bag, twist the bag for secure closure.
- Leave the pump in the plastic bag for 2-3 days.
- Visually check the pump for signs of insect or rodent infestation.
- Test the pump to ensure it is in good working order.
- If any infestation or damage is found, document the damage or infestation in the log book, contact and send the pump to the ITCA Breastfeeding Coordinator for repair as necessary.
- Follow the instructions below to clean the breast pump.

Cleaning of Pumps

Multi-user electric breast pumps will be cleaned using the procedures below prior to being returned to the general pump supply or storage area using a bleach solution or other medically approved sanitizer. Returned pumps that have not been cleaned should be stored in a location away from already cleaned pumps to minimize possibility of cross contamination.

- Thoroughly wash hands prior to cleaning an electric breast pump.
- Wear disposable gloves as a protective barrier while cleaning the pump.
- Remove the pump and case from the plastic bag.
- Clean the entire pump including the electrical cord and case with a bleach solution or other medically approved sanitizer.
- Thoroughly wash hands after cleaning the breast pump.

Education

Staff will complete the following when a breast pump is issued:

- Emphasize the importance of feeding the infant at the breast.

- Develop a pumping plan with the mother (how often to pump, where to pump, length of pumping sessions, etc.)
- Have the client demonstrate proper use, assembly and disassembly of the pump before she leaves.

All clients will be instructed on and receive written guidelines on:

- Assembly, use and cleaning of the equipment
- Storage, thawing and use of pumped breast milk

Inventory

The breast pump inventory will be maintained in STARS. The inventory shall be reconciled quarterly and multi-user pumps that are out beyond the return date will be followed-up on with clients.

Availability

Breastfeeding Equipment will be kept at the local agency clinics and the ITCA WIC office. Equipment will be available on a first come, first serve basis with priority given to hospitalized, premature, or medically unstable infants. Requests for additional equipment should be made to the ITCA WIC Breastfeeding Coordinator.

G. Contraindications to Breastfeeding

Policy

WIC staff should aggressively promote and support breastfeeding while informing mothers of conditions that are not compatible with breastfeeding.

Contraindications

Women with certain diseases or conditions should be counseled not to breastfeed their infants because of possible harm to the infant. The Review of the Medical Benefits and Contraindications to Breastfeeding in the US (Lawrence, 1997) states that the benefits of breastfeeding are so strong and compelling that **very few** situations definitively contraindicate breastfeeding. These rare instances are as follows:

1. Positive HIV/AIDS status (see this Chapter, Section I)
2. Any illegal drug use
3. Excessive alcohol use
4. Infants with special needs (galactosemia and intestinal lactase deficiency)
5. Human T-Cell Leukemia virus, type 1 (HTLV-1)

Temporary Contraindications

In some instances, the contraindication to breastfeeding may be temporary until the situation is resolved or treated. In these cases, the mother should be encouraged to maintain her milk supply without breastfeeding (by pumping and dumping) until breastfeeding can be reinitiated. These situations are as follows:

1. *A few medications are unsafe for infants
2. *Untreated, symptomatic* Tuberculosis
3. *Untreated* Hepatitis A and B
4. Herpes lesion on breast
5. Infectious Varicella-zoster (Chicken Pox)
6. *Therapeutic doses of radiopharmaceuticals

*See Medications in Mothers Milk, latest edition, by Thomas Hale

Not Recommended

Practices that are not contraindicated, but not recommended are:

1. Smoking
2. Excessive caffeine intake

See the La Leche League Answer Book, Third Revised Edition for more information.

H. Guidelines for HIV/AIDS and Breastfeeding Promotion

Policy

All women will be encouraged to know their HIV status and will be informed of the risks of HIV transmission to the infant through breast milk in HIV positive women. Women who have tested positive for HIV will be counseled **NOT** to breastfeed their infants.

Unknown HIV status

Women who do not know their HIV status will be encouraged to be tested as early as possible during pregnancy and will be provided with referrals to testing and counseling services. These women will be informed of the risks of HIV transmission to the infant through breast milk in HIV positive women.

Known HIV Positive

Women who are known to be HIV positive will be informed of the risk of HIV transmission to the infant through breast milk and counseled **NOT** to breastfeed their infants. Referrals to appropriate health care and counseling services will be provided.

Known HIV Negative

Women who are known to be HIV negative will be encouraged to breastfeed and to continue to monitor their HIV status.

Confidentiality

The WIC staff should not inquire about HIV status. Disclosure of this information is voluntary. As always, confidentiality of information regarding HIV status will be maintained.

Coordination and Referrals

The WIC program should coordinate with and refer clients to local programs that stress HIV risk reduction and provide testing and counseling for HIV.

Chapter 3, Supplement: Breastfeeding Peer Counseling

Overview

Introduction

Peer Counseling has been a significant factor in improving breastfeeding initiation and duration rates among women in a variety of settings, including economically disadvantaged and WIC populations representing diverse cultural backgrounds and geographical locations (Arlotti 1998). A peer counseling program has the potential to significantly impact breastfeeding initiation and duration rates among the targeted population.

ITCA Mission Statement

The mission of the Inter Tribal Council of Arizona WIC program is to oversee the development and subsistence of a peer counseling program in one local agency.

Policy

The ITCA WIC program will develop and support a peer counseling program in at least one local agency.

A. Breastfeeding Peer Counselor

Definition

A breastfeeding peer counselor is a paraprofessional; recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic. She is a woman in the community who provides information and support to pregnant and breastfeeding WIC mothers. She must have personal breastfeeding experience and is WIC eligible. Peer counselors help manage breastfeeding education needs and support. They are usually seen as a friend to mothers, offering support and encouragement outside of usual clinic hours and environment. Peer counselors also form important links to health services in the community.

Job Descriptions and duties are detailed in Chapter 3. Attachment D.

Overview

The peer counselor is a staff member who primarily serves as a resource person for breastfeeding support. The peer counselor should have special support from the local WIC Director and RD and the ITCA Breastfeeding Coordinator to ensure that the resources are available to perform the responsibilities listed below.

Environment

The peer counselor will perform work duties in the WIC clinic, home or hospital. This includes telephone contacts, text messaging, emails, one-on-one visits, and group education.

Responsibilities

1. Attends breastfeeding training classes to become a peer counselor.
2. Strictly adheres to the WIC client confidentiality policy.
3. Availability to maintain working hours throughout the day and night.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.

Chapter Three, Supplement: Breastfeeding Peer Counseling

5. Provide breastfeeding support and information to pregnant and breastfeeding WIC clients. Address specific concerns of expectant and breastfeeding mothers which may prevent them from breastfeeding (or continuing to breastfeed) and help new mothers to avoid common breastfeeding problems by:
 - Counseling pregnant and breastfeeding mothers on a one-on-one basis in clinic or home
 - Counseling new mothers in the hospital, if and when it is appropriate.
 - Counseling over the phone. Follow-up if necessary.
6. Support women during a normal breastfeeding experience. Identify breastfeeding experiences that are not the norm and make an immediate, appropriate referral by following the established algorithm (Chapter 3, Supplement, Attachment E), to the:
 - WIC RD or breastfeeding coordinator.
 - Lactation consultant.
 - The mother's or baby's physician or nurse.
 - Public health programs in the community.
 - Social service agencies.
7. Work within scope of practice (Chapter 3, Supplement, Attachment F)
8. Provide support and information to breastfeeding mothers who may need help continuing to breastfeed while working or going to school.
8. Teach use, cleaning and assembly of breast pumps and expression and storage of human milk.
9. Keeps and maintains accurate records of all contacts made with WIC clients.
10. Maintains accurate records of work time for submission to the local agency peer counselor coordinator.
11. Attends and assists with prenatal classes and breastfeeding support groups.
12. Attends monthly staff meetings, breastfeeding lead coordination meetings and breastfeeding conferences/workshops as appropriate.
13. May assist WIC staff in promoting breastfeeding through special projects and duties as assigned.
14. Work with the local agency staff to provide a "baby friendly" environment for breastfeeding women and infants in clinics.

15. Identify breastfeeding advocates at area health care facilities. Work with the local agency breastfeeding lead to coordinate efforts to improve breastfeeding promotion and support at the identified facilities.
16. Participate in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs.

B. Supervision of Breastfeeding Peer Counselors

Policy

The local agency WIC Director and Breastfeeding Lead shall oversee day-to-day supervision of breastfeeding peer counselors and develop protocols for peer counselor activities.

The protocols can be developed with the assistance of the State Breastfeeding Coordinator.

Procedure

The breastfeeding peer counselor supervisor develops protocols that at a minimum include:

1. How often peer counselors receive training.
2. How often the supervisor meets with the peers.
3. How follow-up and guidance is provided in the early days of the job.
4. How client contact documentation by peer counselor is monitored.
5. How the breastfeeding peer counselor receives and makes referrals.
6. How the program quality is monitored, including conducting quality assurance spot checks of client contacts by peers. (Attachment E: BFPC Quality Assurance Form) Quality Assurance Forms are to be submitted with each quarterly report.
7. The degree to which peer counselors participate in WIC staff meetings and clinic breastfeeding in-services and/or trainings.

Reports

Quarterly reports will be submitted to ITCA by the 20th of October, January, April and July of each year. (Attachment F: BFPC Quarterly Report)

C. Compensation and Reimbursement

Policy

The Breastfeeding Peer Counselor (peer counselor) will receive an hourly rate of \$7.00-\$9.00 or rate comparable to WIC clerical staff at local agency. The peer counselor will receive reimbursement for some pre-approved expenses.

Documentation

The peer counselor will be responsible for maintaining accurate records of her time and expenses as a peer counselor. These records are subject to approval by the local agency breastfeeding peer counselor supervisor.

Reimbursement

The peer counselor will be reimbursed for travel, training, phone and other pre-approved expenses.

D. Breastfeeding Education and Support

Policy

All pregnant and breastfeeding clients will be given breastfeeding information and encouraged to exclusively breastfeed their infants unless medically contraindicated.

Topics

All pregnant and breastfeeding clients will be provided with the following information, at a minimum:

Pregnant Clients

- Information addressing the individual concerns of each prenatal client related to breastfeeding (must first be identified)
- Benefits to baby, mom and family
- Contraindications to breastfeeding
- How to breastfeed
- How to tell if baby is getting enough
- Maintaining milk supply
- Available resources such as manual and electric breast pumps, support group meetings, referral contact for problems, etc.

Breastfeeding Clients

- Review of above topics
- How to solve breastfeeding problems (only discussed with clients experiencing problems)
- Maintaining lactation during times of separation from infant

Documentation

Documenting all client contacts is an important part of the peer counselor's job. Breastfeeding education will be documented in the BFPC Summary Screenin STARS.. Reasons for formula supplementation and/or breastfeeding cessation must be documented. The peer counselor response and information discussed to address the

identified reasons for supplementing or changing to formula feeding should also be documented.

E. Client Contacts and Referrals

Policy

Prenatal and breastfeeding clients will be contacted by the peer counselor for support and guidance. The WIC staff will refer pregnant and breastfeeding clients to the peer counselor by documenting the referral in STARS. The peer counselor must identify any situation that is out of her scope of practice and make an appropriate referral.

Procedure

Peer counselors will contact clients referred to the program using the information in the BFPC Referral Report in STARS.

Clients in the peer counseling program will be contacted, using the BFPC Referral Report, according to the following guidelines:

- a. At least 2 - 3 times throughout pregnancy while on WIC
- b. Every 2-3 days in the first 7-10 days postpartum; daily if the mother reports a problem with breastfeeding
- c. Within 24 hrs if mother reports problems (making appropriate referrals if problems are not resolved)
- d. Weekly contacts throughout the rest of the first month
- e. Monthly contacts throughout 1-3 months and/or before returning to work or school
- f. Monthly contact throughout 3-12 months
 - Contacts are encouraged to occur outside of normal clinic hours

Clients who are identified to have breastfeeding experiences that are not the norm will be provided with an immediate, appropriate referral(s) via the referral algorithm, to the:

- a. WIC RD or breastfeeding coordinator
- b. Lactation consultant
- c. The mother's or baby's physician or nurse
- d. Public health programs in the community
- e. Social service agencies

Location

Contacts will occur in the WIC clinic, client home, or hospital and will be in-person or via phone (text messaging or calls) or email.

Documentation

Thorough documentation of all contacts must be kept and maintained by the peer counselor. The peer counselor will document contacts on the BFPC Summary Screen in STARS.

F. Training

Policy

Within three months of hire, the peer counselor will attend the Loving Support Through Peer Counseling Training. In addition, she will complete a 40 hour breastfeeding training approved by the ITCA Breastfeeding Coordinator. The local agency shall provide peer counselors an opportunity to “shadow” or observe lactation experts and other peer counselors.

Minimum Topics

At a minimum, the following topics will be covered:

- Breastfeeding benefits for baby, mom and family
- Comparison of breast milk and infant formula
- Barriers to breastfeeding
- Breast anatomy and physiology
- Contraindications to breastfeeding
- Milk production and maintenance of milk supply
- Latch-on and positioning
- Common problems (sore nipples, engorgement, etc.)
- Pumping and storage of breast milk
- Counseling skills
- Situations requiring referral to lactation specialist or physician

Advanced Training

The peer counselor will participate in advanced training opportunities as they are available and funding allows.

G. Confidentiality**Policy**

The peer counselor will maintain client confidentiality within the WIC program regulations.

Procedure

The peer counselor will not discuss client information outside of the workplace or in an environment in which non-WIC employees can overhear any information. The peer counselor will sign the WIC Confidentiality Statement upon hire (See Attachment C).

Chapter 4: Food Package

A. Standards

Policy

A food package that meets federal guidelines according to the client's specific category, age, breastfeeding status, number of fetuses/infants and formula amounts will be selected. WIC clients will receive the maximum quantities of authorized foods in a food package with the exception of partially breastfeeding infants.

Issuance

One food package will be issued per month. Food packages can be issued for one, two or three months at one visit. See Chapter 5, Section B for policies on issuance.

Qualified Staff

Local agency WIC Directors, Registered Dietitians or Community Nutrition Workers (CNW) are authorized to determine the appropriate food package for each individual.

Authorized Foods

The Food Selection Coordination Committee made up of representatives from the Arizona Department of Health Services, Navajo Nation and ITCA WIC Programs will determine the foods using the Food Selection Criteria in Attachment H. ITCA will provide an approved foods list (see Attachment F) to local agencies, clients, vendors and regional auditors/reviewers.

B. Infant Food Package (0-5 months) - Food Package I

Policy

Food Package I will be provided to partially breastfed infants from one to five months of age and fully formula fed infants who are zero to five months of age. Fully breastfeeding infants will not receive supplemental foods in this food package. Infants will be provided with contract iron-fortified infant formula. (Infants meeting requirements for issuance of an exempt formula will receive Food Package III). The amount of infant formula provided to a partially breastfed infant will be determined according to age and the amount consumed by the infant per day. A partially breastfed infant will not receive formula from birth to one month of age. At one to five months of age, a partially breastfed infant can receive the maximum amount of infant formula in the table below as long as he/she is breastfed at least once a day. The amount of infant formula provided to a fully formula fed infant will be determined according to the age of the infant. Fully breastfeeding infants will not receive supplemental foods in this food package.

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Advance	Concentrate	1-3 Months	388 fluid oz*	14 -13 oz cans
		4-5 Months	460 fluid oz*	17 -13 oz. cans
	Powdered	1-3 Months	435 fluid oz*	4 -12.4 oz. cans
		4-5 Months	522 fluid oz*	5 -12.4 oz. cans
	Ready to Feed	1-3 Months	384 fluid oz	48 -8 oz cans or 12 -32 oz cans or 192 -2 oz cans
			4-5 Months	474 fluid oz

Notes: * Fluid ounces are reconstituted powder and concentrate.

FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Gerber Good Start Soy	Concentrate	1-3 Months 4-5 Months	388 fluid oz* 460 fluid oz*	16-12.1 oz cans 19-12.1 oz. cans
	Powdered	1-3 Months 4-5 Months	435 fluid oz* 522 fluid oz*	4 -12.9 oz. cans 5 -12.9 oz. cans
	Ready to Feed	1-3 Months 4-5 Months	384 fluid oz 474 fluid oz	11 – 8.45 oz 4- packs (33.8oz) 14 – 8.45 oz 4- packs (33.8oz)
Similac Sensitive	Powdered	1-3 Months 4-5 Months	435 fluid oz* 522 fluid oz*	4 -12.0 oz. cans 5 -12.0oz. Cans
	Ready to Feed	1-3 Months 4-5 Months	384 fluid oz 474 fluid oz	12 -32 oz cans or 192 -2 oz cans 14 -32 oz cans
Similac for Spit Up	Powder	1-3 Months 4-5 Months	435 fluid oz* 522 fluid oz*	4 -12.0 oz cans -12.0 oz cans
	Ready to Feed	1-3 Months 4-5 Months	384 fluid oz 474 fluid oz	12 -32 oz cans 14 -32 oz cans
Similac Total Comfort	Powdered	1-3 Months 4-5 Months	435 fluid oz* 522 fluid oz*	4 -12.0 oz. cans 5 -12.0 oz. cans

Fully Formula Fed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Advance	Concentrate	0-3 Months	823 fluid oz*	31 -13 oz cans
		4-5 Months	896 fluid oz *	34 -13 oz. cans
	Powdered	0-3 Months	870 fluid oz*	9 -12.4oz. cans
		4-5 Months	960 fluid oz*	10 -12.4 oz. cans
	Ready to Feed	0-3 Months	832 fluid oz	26 -32 oz cans or
			913 fluid oz	28 -32 oz cans or
Gerber Good Start Soy	Concentrate	0-3 Months	823 fluid oz*	34-12.1 oz cans
		4-5 Months	896 fluid oz*	38-12.1 oz. cans
	Powdered	0-3 Months	870 fluid oz*	9 -12.9 oz. cans
		4-5 Months	960 fluid oz*	10 -12.9 oz. cans
	Ready to Feed	0-3 Months	832 fluid oz	25 – 8.45 oz 4-packs (33.8oz)
			913 fluid oz	28 – 8.45 oz 4-packs (33.8oz)
		4-5 Months	913 fluid oz	

Notes: * Fluid ounces are reconstituted powder and concentrate.

Similac Sensitive	Powdered	0-3 Months 4-5 Months	870 fluid oz* 960 fluid oz*	9 -12.0 oz. cans 10 -12.0 oz. cans
	Ready to Feed	0-3 Months 4-5 Months	832 fluid oz 913 fluid oz	26 -32 oz cans or 416 -2 oz cans 28 -32 oz cans or 448 -2 oz cans
Similac for Spit Up	Ready to Feed	0-3 Months 4-5 Months	832 fluid oz 913 fluid oz	26 -32 oz cans 28 -32 oz cans
	Powder	0-3 Months 4-5 Months	870 fluid oz* 960 fluid oz*	9 -12.0 oz cans 10 -12.0 oz cans
Similac Total Comfort	Powdered	0-3 Months 4-5 Months	870 fluid oz* 960 fluid oz*	9 -12.0 oz. cans 10 -12.0 oz. cans

Notes: * Fluid ounces are reconstituted powder and concentrate.

C. Food Package II

Policy

Food Package II will be provided to fully breastfed, partially breastfed and fully formula fed infants from six through eleven months of age. Partially breastfed and fully formula fed infants will be provided with contract iron-fortified infant formula. (Infants meeting requirements for issuance of an exempt formula will receive Food Package III). The amount of infant formula provided to a partially breastfed infant will be determined according to age and the amount consumed by the infant each day. A partially breastfed infant can receive the maximum amount of infant formula shown in the table below as long as he/she is breastfed at least once a day. The amount of infant formula provided to a fully formula fed infant will be determined according to the age of the infant. After six (6) months, all infants are eligible to receive infant cereal and infant fruits and vegetables. In addition, exclusively breastfeeding infants will receive infant meats.

Additional Formula for Infants 6 through 11 Months Old

Additional formula may be issued in lieu of infant foods if medically appropriate, at the same maximum monthly formula allowance provided to four and five month old infants, based on breastfeeding status, with documentation from the health care provider. See Chapter 4, Section B, Food Package I for quantities.

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Advance	Concentrate	6-11 Months	315 fluid oz*	12 -13 oz cans
	Powdered	6-11 Months	384 fluid oz*	4 -12.4oz. cans
	Ready to Feed	6-11 Months	338 fluid oz	10 -32 oz cans

Notes: * Fluid ounces are reconstituted powder and concentrate

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Gerber Good Start Soy	Concentrate	6-11 Months	315 fluid oz*	13-12.1 oz cans
	Powdered	6-11 Months	384 fluid oz*	4 -12.9 oz. cans
	Ready to Feed	6-11 Months	338 fluid oz	10 – 8.45 oz 4-packs (33.8oz)
Similac Sensitive	Powdered	6-11 Months	384 fluid oz*	4 -12.0 oz. cans
	Ready to Feed	6-11 Months	338 fluid oz	10 -32 oz cans
Similac for Spit Up	Ready to Feed	6-11 Months	338 fluid oz	10 -32 oz cans
	Powder	6-11 Months	384 fluid oz*	4 -12.0 oz cans
Similac Total Comfort	Powdered	6-11 Months	384 fluid oz*	4 -12.0 oz. cans
Infant Fruits and Vegetables	N/A	6-11 Months	128 ounces	32 - 4 oz. containers
Fresh Bananas	N/A	6-11 Months	4	4 fresh bananas may be substituted for 16 ounces of infant fruits and vegetables
Infant Cereal	N/A	6-11 Months	24 ounces	24 ounces

Fully Formula Fed Infant's Package				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Advance	Concentrate	6-11 Months	630 fluid oz*	24-13 oz cans
	Powdered	6-11 Months	696 fluid oz*	7 -12.4 oz. cans
	Ready to Feed	6-11 Months	643 fluid oz	20 -32 oz cans or
Gerber Good Start Soy	Concentrate	6-11 Months	630 fluid oz*	27-12.1 oz cans
	Powdered	6-11 Months	696 fluid oz*	7 -12.9 oz. cans
	Ready to Feed	6-11 Months	643 fluid oz	20 – 8.45 oz 4-packs (33.8oz)
Similac Sensitive	Powdered	6-11 Months	696 fluid oz*	7 -12.0 oz. cans
	Ready to Feed	6-11 Months	643 fluid oz	20 -32 oz cans 320 -2 oz cans

Fully Formula Fed Infant's Package				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac for Spit Up	Ready to Feed	6-11 Months	643 fluid oz	20 - 32 oz cans
	Powder	6-11 Months	696 fluid oz*	7 -12.0 oz cans
Similac Total Comfort	Powdered	6-11 Months	696 fluid oz*	7 -12.0 oz. cans
Infant Fruits and Vegetables	N/A	6-11 Months	128 ounces	32 - 4 oz. containers
Fresh Bananas	N/A	6-11 Months	4	4 fresh bananas may be substituted for 16 ounces of infant fruits and vegetables
Infant Cereal	N/A	6-11 Months	24 ounces	24 ounces

Notes: * Fluid ounces are reconstituted powder and concentrate.

Exclusively Breastfeeding Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Infant Fruits and Vegetables	N/A	6-11 Months	256 ounces	64 - 4 oz. containers
Fresh Bananas	N/A	6-11 Months	4	4 fresh bananas may be substituted for 16 ounces of infant fruits and vegetables
Infant Cereal	N/A	6-11 Months	24 ounces	24 ounces
Infant Meats	N/A	6-11 Months	77.5 ounces	31- 2.5 ounce containers

D. Infants/Children/Women with Special Dietary Needs - Food Package III

Policy

Food package III will be issued to clients that require the following because the use of conventional foods is precluded, restricted or inadequate to address their special nutritional needs:

- ✓ Infant formula prescribed to a child or woman
- ✓ Exempt infant formula or medical food prescribed to an infant, child or woman

Medical documentation from a health care provider specifying the clients' qualifying medical condition is required. See Attachment C: Procedures for Delivery of Exempt Formula and Medical Foods.

Health Care Provider

A health care provider is the client's physician, physician's assistant or nurse practitioner.

Qualifying Conditions

A qualifying condition includes, but is not limited to:

- ✓ Prematurity
- ✓ Low birth weight
- ✓ Failure to Thrive
- ✓ Inborn errors of metabolism
- ✓ Metabolic disorders
- ✓ Gastrointestinal disorders
- ✓ Malabsorption syndromes
- ✓ Immune system disorders
- ✓ Severe food allergies
- ✓ Life threatening disorders, diseases and medical condition

Non-Allowable Conditions

Food Package III will NOT be issued to infants for the following conditions:

- ✓ Formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt formula.
- ✓ A non-specific formula or food intolerance.
- ✓ Solely for the purpose of enhancing nutrition intake or managing body weight without an underlying medical condition.

Food Package III will NOT be issued to women and children for the following conditions:

- ✓ Food intolerance to lactose or milk protein that can be successfully managed with the use of one of the other food packages.
- ✓ Solely for the purpose of enhancing nutrition intake or managing body weight without an underlying medical condition.

Supplemental Foods for Infants

Infants six through eleven months of age may receive infant fruit and vegetables, fresh bananas and infant cereal in addition to the exempt infant formula with documentation from the health care provider. The health care provider may refer to the Registered Dietitian (RD) to select the appropriate foods, the prescribed amounts, and length of time to be issued. See Attachment C: Procedures for Delivery of Exempt Formula and Medical Foods for documentation requirements. See Chapter 4, Section C, Food Package II for quantities and types of foods.

Additional Formula for Infants 6 through 11 Months Old

Additional formula may be issued in lieu of infant foods if medically appropriate, at the same maximum monthly formula allowance provided to four and five month old infants, based on breastfeeding status, with documentation from the health care provider. See Chapter 4, Section B, Food Package I for quantities. See Attachment C: Procedures for Delivery of Exempt Formula and Medical Foods for documentation requirements.

Supplemental Foods for Women and Children

Women and children may receive supplemental foods in addition to the formula or medical food with documentation by the health care provider. The health care provider may refer to the Registered Dietitian (RD) to select the appropriate foods, the prescribed amounts, and length of time to be issued. The supplemental foods issued will be based on category, age, breastfeeding status, number of fetuses/infants and amount of formula consumed by the infant. Whole milk may be issued to children 24 months and older and women with medical documentation. See Chapter 4, Sections, E –I, Food Packages IV – VII.5 for quantities and types of foods. See Attachment C: Procedures for Delivery of Exempt Formula and Medical Foods for documentation procedures.

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Enfamil EnfaCare	Powder	1-3 Months	435 fluid oz*	5 -12.8 oz. cans
		4-5 Months	522 fluid oz*	6 -12.8 oz. cans
		6-11 Months	384 fluid oz*	4 -12.8 oz. cans
Enfamil EnfaCare	Ready to Feed	1-3 Months	384 fluid oz	12 -32 oz cans or 192 -2 oz cans
		4-5 Months	460 fluid oz	14 -32 oz cans or 228 -2 oz cans
		6-11 Months	338 fluid oz	10 -32 oz cans or 162 -2 oz cans
Similac Alimentum	Powder	1-3 Months	435 fluid oz*	5 -12.1 oz. cans
		4-5 Months	522 fluid oz*	6 -12.1 oz. cans
		6-11 Months	384 fluid oz*	4 -12.1 oz. cans
	Ready to Feed	1-3 Months	384 fluid oz	12 -32 oz cans or 48 -8 oz cans
		4-5 Months	460 fluid oz	14 -32 oz cans or 48 -8 oz cans, plus 2-32 oz cans
		6-11 Months	338 fluid oz	10 -32 oz cans or 36- 8 oz cans, plus 1-32 oz can

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Nutramigen	Concentrate	1-3 Months 4-5 Months 6-11 Months	364 fluid oz* 442 fluid oz* 312 fluid oz*	14 -13 oz cans 17 -13 oz cans 12 -13oz cans
	Ready to Feed	1-3 Months 4-5 Months 6-11 Months	384 fluid oz 460 fluid oz 338 fluid oz	12 -32 oz cans 14 -32 oz cans 10 -32 oz cans
Nutramigen with Enflora LLG	Powder	1-3 Months 4-5 Months 6-11 Months	435 fluid oz* 522 fluid oz* 384 fluid oz*	5 -12.6 oz. cans 6 -12.6 oz. cans 4 -12.6 oz cans
Pregestimil	Powder	1 Month 2 Months 3 Months 4-5 Months 6-11 Months	435 fluid oz* 435 fluid oz* 435 fluid oz* 522 fluid oz* 384 fluid oz*	4 -16 oz cans 3 -16 oz cans 4 -16 oz cans 4 -16 oz cans 3 -16 oz cans
Pregestimil, 20 cal	Ready to Feed	1-3 Months 4-5 Months 6-11 Months	384 fluid oz 460 fluid oz 338 fluid oz	192 -2 oz cans 228 -2 oz cans 162 -2 oz cans
Pregestimil, 24 cal	Ready to Feed	1-3 Months 4-5 Months 6-11 Months	384 fluid oz 460 fluid oz 338 fluid oz	192 -2 oz cans 228 -2 oz cans 162 -2 oz cans
Elecare	Powder	1-3 Months 4-5 Months 6-11 Months	435 fluid oz* 522 fluid oz* 384 fluid oz*	4 -14.1 oz cans 5 -14.1 oz cans 4 -14.1 oz cans
Neocate Infant with DHA and ARA	Powder	1-3 Months 4-5 Months 6-11 Months	435 fluid oz* 522 fluid oz* 384 fluid oz*	5 -400 g cans 6 -400 g cans 4 -400 cans

Partially Breastfed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac NeoSure	Powder	1-3 Months	435 fluid oz*	5 -12.8 oz. cans
		4-5 Months	522 fluid oz*	6 -12.8 oz. cans
		6-11 Months	384 fluid oz	4 -12.8 oz cans
	Ready to Feed	1-3 Months	384 fluid oz	12 -32 oz cans or 192 -2 oz cans
		4-5 Months	460 fluid oz	14 -32 oz cans or 228 -2 oz cans
		6-11 Months	338 fluid oz	10 -32 oz cans or 162 -2 oz cans
Similac Special Care 24 Advance w/ Iron	Ready to Feed	1-3 Months	384 fluid oz	192 -2 oz cans
		4-5 Months	460 fluid oz	224 -2 oz cans
		6-11 Months	338 fluid oz	162 -2oz cans

* Fluid ounces are reconstituted powder and concentrate.

Fully Formula Fed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac NeoSure	Powder	0-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	10 -12.8 oz. cans 11 -12.8 oz. cans 8 -12.8 oz cans
	Ready to Feed	0-3 Months	832 fluid oz	26 -32 oz cans or 416 -2 oz cans
		4-5 Months	913 fluid oz	28 -32 oz cans or 450 -2 oz cans
6-11 Months		643 fluid oz	20 -32 oz cans or 320 -2 oz cans	
Similac Special Care 24 Advance w/ Iron	Ready to Feed	0-3 Months 4-5 Months 6-11 Months	832 fluid oz 913 fluid oz 643 fluid oz	408 -2 oz cans 450 -2 oz cans 320 -2oz cans
Enfamil EnfaCare	Powder	0-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	10 -12.8 oz. cans 11 -12.8 oz. cans 8 -12.8 oz. cans
	Ready to Feed	0-3 Months	832 fluid oz	26 -32 oz cans or 408 -2 oz cans
		4-5 Months	913 fluid oz	28 -32 oz cans or 450 -2 oz cans
6-11 Months		643 fluid oz	20 -32 oz cans or 320 -2 oz cans	

Fully Formula Fed Infants				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Alimentum	Powder	0-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	10 – 12.1 oz cans 11 – 12.1 oz cans 8 – 12.1 oz cans
	Ready to Feed	1-3 Months	384 fluid oz	12 -32 oz cans or 48 -8 oz cans
		4-5 Months	460 fluid oz	14 -32 oz cans or 48 -8 oz cans, plus 2-32 oz cans
		6-11 Months	338 fluid oz	10 -32 oz cans or 36- 8 oz cans, plus 1-32 oz can
Nutramigen with Enflora LLG	Powder	0-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	10 – 12.1 oz cans 11 – 12.1 oz cans 8 – 12.1 oz cans
Nutramigen	Ready to Feed	1-3 Months 4-5 Months 6-11 Months	384 fluid oz 460 fluid oz 338 fluid oz	12 -32 oz cans 14 -32 oz cans 10 -32 oz cans
Pregestimil, 20 cal	Ready to Feed	0-3 Months 4-5 Months 6-11 Months	832 fluid oz 913 fluid oz 643 fluid oz	408 -2 oz cans 450 -2 oz cans 318 -2oz cans
Pregestimil, 24 cal	Ready to Feed	0-3 Months 4-5 Months 6-11 Months	832 fluid oz 913 fluid oz 643 fluid oz	408 -2 oz cans 450 -2 oz cans 318 -2oz cans
EleCare	Powder	0-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	9 -14.1 oz cans 10 -14.1 oz cans 7 -14.1 oz cans
Neocate Infant with DHA and ARA	Powder	1-3 Months 4-5 Months 6-11 Months	870 fluid oz* 960 fluid oz* 696 fluid oz*	10 -400 g cans 11 -400 g cans 8 -400 g cans

Notes: * Fluid ounces are reconstituted powder and concentrate.

Children				
FOOD	FORMULA TYPE	AGE OF CHILD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Advance	Concentrate	12 months – 5 years	910 fluid oz*	35 -13 oz cans
	Powder	12 months – 5 years	CNV**	10 -12.4 oz cans
	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans or 114 -8 oz cans or 456 -2 oz cans
Gerber Good Start Soy	Concentrate	12 months – 5 years	910 fluid oz*	37- 12.1 oz cans
	Powder	12 months – 5 years	CNV**	10 -12.9 oz cans
	Ready to Feed	12 months – 5 years	CNV**	27 – 8.45 oz 4- packs (33.8oz)
Similac Sensitive	Powder	12 months – 5 years	CNV**	10 -12.0 oz cans
	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans
Similac for Spit Up	Powder	12 months – 5 years	CNV**	10 -12.0 oz cans
	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans
Similac Total Comfort	Powder	12 months – 5 years	CNV**	10 -12.0 oz cans
Similac Go & Grow	Powder	12 months – 5 years	CNV**	6 -22 oz cans
Gerber Graduates Soy	Powder	12 months – 5 years	CNV**	5 -24 oz cans
Enfamil EnfaCare	Powder	12 months – 5 years	CNV**	11 -12.8 oz cans
	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans or 456 -2 oz cans
Similac Alimentum	Powder	12 months – 5 years	CNV**	10 – 12.1 oz. cans

Children				
FOOD	FORMULA TYPE	AGE OF INFANT	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Similac Alimentum	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans 114 -8 oz cans
Nutramigen	Concentrate	12 months – 5 years	910 fluid oz*	35 -13 oz cans
	Ready to Feed	12 months – 5 years	CNV**	29 -32 oz cans
Nutramigen with Enflora LLG	Powder	12 months – 5 years	CNV**	10 -12.6 oz cans
Pregestimil	Powder	12 months – 5 years	CNV**	8 -16 oz cans
Pregestimil, 20 cal	Ready to Feed	12 months – 5 years	CNV**	456 -2 oz cans
Pregestimil, 24 cal	Ready to Feed	12 months – 5 years	CNV**	456 -2 oz cans
Elecare Jr	Powder	12 months – 5 years	CNV**	14 -14.1 oz cans
Neocate Infant with DHA and ARA	Powder	12 months – 5 years	CNV**	15 -400 g cans
Boost Kid Essentials 1.0	Ready to Feed	12 months – 5 years	CNV**	114 -8 oz cans
Boost Kid Essentials 1.5	Ready to Feed	12 months – 5 years	CNV**	114 -8 oz cans
Neocate Junior – Tropical or Chocolate	Powder	12 months – 5 years	CNV**	15 -400 g cans

Notes: * Fluid ounces are reconstituted concentrate.

**CNV=Comparable Nutritive Value to maximum issued for concentrate.

Women			
FOOD	FORMULA TYPE	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
Ensure	Ready to Feed	CNV**	114 -8 oz cans
Ensure with Fiber	Ready to Feed	CNV**	114 -8 oz cans
Boost	Ready to Feed	CNV**	114 -8 oz cans

Notes:

* Fluid ounces are reconstituted concentrate.

**CNV=Comparable Nutritive Value to maximum issued for concentrate.

E. Food Package IV

Policy

Children 1 year old up to 5 years old will receive this food package. Children ages 12 through 23 months will only be issued food packages containing whole milk.

Foods, Maximum Amounts and Issuance Quantities

FOOD	AGE	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
MILK Any one of the following types:		16 quarts	
Whole Milk** Lactose free – Whole**	12 – 23 Months		16 quarts 16 quarts
Evaporated - Whole**			20 - 12 fl. oz. cans with 1 quart whole of milk
Dry - Whole**			2 – 25.6 oz. box
Low Fat (1%) Skim, Fat Free, Nonfat Lactose free – Low Fat Lactose free – Fat Free	24 months – 5 years		16 quarts 16 quarts 16 quarts 16 quarts
Evaporated - Fat Free or Low Fat			20 - 12 fl. oz. cans with 1 quart of milk
Dry - Nonfat			2 – 25.6 oz. box

FOOD	AGE	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
CHEESE	12 months – 5 years	1 lb.	1 lb. of cheese may be substituted for 3 quarts of milk.
YOGURT Whole Milk Yogurt	12 months – 23 Months	32 oz.	32 oz. of yogurt may be substituted for 1 quart of milk.
Low fat or nonfat yogurt	24 months - 5 years	32 oz	
EGGS	12 months – 5 years	1 dozen	1 dozen
CEREAL Hot or cold	12 months – 5 years	36 oz.	Up to 36 oz.
JUICE Single strength	12 months – 5 years	128 fl oz.	2 - 64 oz. containers or 3 – 6 packs (5.5 to 6 oz containers)+
DRY BEANS, PEAS OR PEANUT BUTTER OR CANNED BEANS	12 months – 5 years	1 lb. 18 oz. 64 oz.	1 lb. 1 – 16 - 18 oz. container 4 – 16 oz. cans*
WHOLE GRAINS	12 months – 5 years	2 lbs.	2 – up to 16 oz. packages
FRUIT AND VEGETABLE CHECK	12 months – 5 years	\$8.00	\$8.00 or 2 - \$4.00

Notes: + Individual juices are used for homeless and non-refrigerated food packages and are adjusted to available commercial packaging.

** Whole milk may be issued to children two to five years with medical documentation in Food Package III.

F. Food Package V

Policy

Pregnant women or partially breastfeeding women whose infant receives less than or equal to the maximum amount of formula for a partially breastfed infant will receive this food package.

Foods, Maximum Amounts and Issuance Quantities

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
MILK Any one of the following types: Low Fat (1%) Skim, Fat Free, Nonfat Lactose Free – Low Fat Lactose Free – Fat Free Evaporated - Fat Free or Low Fat Dry - Nonfat	22 quarts	22 quarts 22 quarts 22 quarts 22 quarts 28-12 fl oz. cans with 1 quart of milk 2- 25.6 oz. box with 6 quarts of milk
CHEESE	1 lb.	1 lb. of cheese may be substituted for 3 quarts of milk
YOGURT Low fat or nonfat yogurt	32 oz.	32 oz. of yogurt may be substituted for 1 quart of milk.
EGGS	1 dozen	1 dozen

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
CEREAL Hot or cold	36 oz.	Up to 36 oz.
JUICE Frozen concentrate or Single Strength	144 fl oz. 144 fl oz.	3 –11.5-12 oz. containers 4 – 6 packs (5.5 to 6 oz containers)+
DRY BEANS, PEAS AND PEANUT BUTTER OR CANNED BEANS	1 lbs. 18 oz. 128 oz	1 lb. Dry beans or peas may be substituted for peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 1 - 16 to 18 oz. containers Peanut Butter may be substituted for Dry beans or peas at a rate of 1 lb of dry beans for 18 oz of peanut butter. 128 oz Canned Beans may be substituted for beans or peanut butter at a rate of 1 lb of dry beans or one 18 oz jar of peanut butter for 4 - 16 oz cans of canned beans
WHOLE GRAINS	1 lb	Up to 16 oz.
FRUIT AND VEGETABLE CHECK	\$11.00	\$11.00

Notes: + Individual juices are used for homeless and non- refrigerated food packages and have been adjusted to available commercial packaging.

G. Food Package VI

Policy

A postpartum woman who chooses not to breastfeed or a breastfeeding woman whose infants receives more than maximum amount of formula for a partially breastfeeding infant and whose infant is less than or equal to six months of age will receive this food package.

Foods, Maximum Amounts and Issuance Quantities

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
MILK Any one of the following types: Low Fat (1%) Skim, Fat Free, Nonfat Lactose Free – Low Fat Lactose Free – Fat Free Evaporated - Fat Free or Low Fat Dry - Nonfat	16 quarts	16 quarts 16 quarts 16 quarts 16 quarts 20 - 12 fl. oz. cans with 1 quart of milk 2 – 25.6 oz. box
CHEESE	1 lb	1 lb. of cheese may be substituted for 3 quarts of milk
YOGURT Low fat or nonfat yogurt	32 oz.	32 oz. of yogurt may be substituted for 1 quart of milk.
EGGS	1 dozen	1 dozen
CEREAL Hot or cold	36 oz.	Up to 36 oz.

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
JUICE Frozen concentrate or Single Strength	96 fl oz. 96 fl oz.	2 -11.5 to 12 oz. containers 2 – 6 packs (5.5 to 6 oz. containers)+ or 4 – 3 packs (8 oz containers)
DRY BEANS, PEAS OR PEANUT BUTTER OR CANNED BEANS	1 lb. 18 oz	1 lb. Dry beans or peas may be substituted for peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 1 - 16 to 18 oz. containers Peanut Butter may be substituted for Dry beans or peas peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 128 oz Canned Beans may be substituted for beans or peanut butter at a rate of 1 lb of dry beans or one 18 oz jar of peanut butter for 4 - 16 oz cans of canned beans
FRUIT AND VEGETABLE CHECK	\$11.00	\$11.00

Notes: + Carton and canned juices are used for homeless and non-refrigerated food packages and have been adjusted to available commercial packaging.

H. Food Package VII

Policy

Women who are fully breastfeeding an infant, partially breastfeeding two or more infants, are pregnant and mostly breastfeeding an infant or are pregnant with multiple fetuses will receive this food package.

Foods, Maximum Amounts and Issuance Quantities

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
MILK Any one of the following types: Low Fat (1%) Skim, Fat Free, Nonfat Lactose Free – Low Fat Lactose Free – Fat Free Evaporated - Fat Free or Low Fat Dry - Nonfat	24 quarts	24 quarts 24 quarts 24 quarts 24 quarts 32-12 fl oz. cans 3- 25.6 oz. box
CHEESE	1 lb.	1 lb.
CHEESE	1 lb.	An additional 1 lb. of cheese may be substituted for 3 quarts of milk.
YOGURT Low fat or nonfat yogurt	32 oz.	32 oz. of yogurt may be substituted for 1 quart of milk.
EGGS	2 dozen	2 dozen

FOOD	MAXIMUM AMOUNT	ISSUANCE QUANTITIES
CEREAL Hot or cold	36 oz.	Up to 36 oz.
JUICE Frozen concentrate or Single strength	144 fl oz. 144 fl oz.	3 -11.5-12oz. containers 4 – 6 packs (5.5 to 6 oz containers)+
DRY BEANS, PEAS AND PEANUT BUTTER OR CANNED BEANS	1 lbs. 18 oz. 128 oz	1 lb. Dry beans or peas may be substituted for peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 1 - 16 to 18 oz. containers Peanut Butter may be substituted for Dry beans or peas peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 128 oz Canned Beans may be substituted for beans or peanut butter at a rate of 1 lb of dry beans or one 18 oz jar of peanut butter for 4 - 16 oz cans of canned beans
CANNED FISH	30 oz.	30 oz.
WHOLE GRAINS	1 lb	Up to 16 oz.
FRUIT AND VEGETABLE CHECK	\$11.00	\$11.00

Notes: + Carton and canned juices are used for homeless and non-refrigerated food packages and have been adjusted to available commercial packaging.

I. Food Package VII.5 (Fully Breastfeeding Multiples)

Policy

All women who are exclusively breastfeeding more than one infant will receive this food package.

Foods, Maximum Amounts and Issuance Quantities

FOOD	MAXIMUM AMOUNT	MONTH OF ISSUANCE	ISSUANCE QUANTITIES
MILK Any one of the following types: Low Fat (1%) Skim, Fat Free, Nonfat Lactose Free – Low Fat Lactose Free – Fat Free Evaporated, Fat Free or Low Fat Dry, Nonfat or Low fat	36 quarts		36 quarts 36 quarts 36 quarts 36 quarts 48-12 fl oz. cans 4 -25.6 oz box with 4 quarts of milk
CHEESE	1.5 lbs.	Odd Months Even Months	2 lbs. 1 lb
CHEESE	1.5 lbs.	Odd Months Even Months	2 lbs. 1 lb
YOGURT Low fat or nonfat yogurt	48oz.	Odd Months Even Months	2 – 32 oz. containers 1 – 32 oz. container

FOOD	MAXIMUM AMOUNT	MONTH OF ISSUANCE	ISSUANCE QUANTITIES
CEREAL Hot or cold	54 oz.	All months	Up to 54 ounces
JUICE Frozen concentrate or Single strength	216 fl oz. 216 fl oz.	Odd Months Even Months Odd Months Even Months	6 -11.5-12oz. containers 3 -11.5-12oz. containers 8 – 6 packs (5.5 to 6 oz containers)+ 4 – 6 packs (5.5 to 6 oz containers)+
DRY BEANS, PEAS AND PEANUT BUTTER OR CANNED BEANS	1.5 lbs. 27 oz. 192 oz	All months	2 lbs. Dry beans or peas may be substituted for peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 1 - 16 to 18 oz. containers Peanut Butter may be substituted for Dry beans or peas peanut butter at a rate of 1 lb of dry beans for 18 oz of peanut butter. 192 oz Canned Beans may be substituted for beans or peanut butter at a rate of 1 lb of dry beans or one 18 oz jar of peanut butter for 4 - 16 oz cans of canned beans.
CANNED FISH	45 oz.	All Months	45 oz.
WHOLE GRAINS	1.5 lbs	Odd Months Even Months	2 – up to 16 oz packages 1 – up to 16 oz package

FOOD	MAXIMUM AMOUNT	MONTH OF ISSUANCE	ISSUANCE QUANTITIES
FRUIT AND VEGETABLE CHECK	\$16.50	All Months	\$16.50

Notes: + Carton and canned juices are used for homeless and non-refrigerated food packages and have been adjusted to available commercial packaging.

++ Odd months are January, March, May, July, September and November. Even months are February, April, June, August, October and December.

J. Tailoring Options

Policy

The individual's food and cultural preferences, nutritional needs and environmental constraints (i.e., homeless, no water or refrigeration) will be used to select the appropriate amounts and types of foods allowed. Documentation of existing medical and nutritional conditions is required for Food Package III.

Milk

The type of milk will be selected according to the client's age, nutritional need and preference. All women and children greater than or equal to 2 years of age will be issued fat-free or low-fat milk (1%).

- ✓ If a woman or child two years and older has been identified as underweight or at risk of underweight with the possibility of regression or a pregnant woman is identified with low maternal weight gain, reduced fat (2%) milk may be issued with approval from the local agency or ITCA RD.
- ✓ If a child less than two years old has been identified as having a weight-for-length greater than the 85 percentile, reduced fat (2%) milk may be issued after an individual nutrition assessment has been completed by the local agency or ITCA RD. Issuance of reduced fat milk in food package III requires additional documentation from a health care provider.
- ✓ If the client or caregiver does not have adequate refrigeration, the type of milk in the food package may be modified to include dry or evaporated milk or milk in quart size containers. Multiple checks/fruit & vegetable checks may be issued so that the client may purchase smaller quantities of milk.

Soy Beverage

A soy beverage may be provided to a child or a breastfeeding, postpartum or pregnant woman after an assessment is completed and a note is entered in the Special

Authorization screen in STARS documenting the reason for the issuance. A client may receive this package for any of the following reasons:

- ✓ Milk Protein Allergy
- ✓ Severe Lactose Maldigestion
- ✓ Vegan
- ✓ Religious Practices
- ✓ Other reason approved by ITCA RD

The food package will be modified according to federal guidelines, 1 quart of soy based beverage for 1 quart of milk up to the maximum amount.

Tofu

Tofu may be provided to a child or a breastfeeding, postpartum or pregnant woman after an assessment is completed and a note is entered in the Special Authorization screen in STARS documenting the reason for the issuance. Tofu may be issued on an individual basis for any of the following reasons:

- ✓ Milk Protein Allergy
- ✓ Severe Lactose Maldigestion
- ✓ Vegan
- ✓ Religious Practices (Women only)
- ✓ Other reason approved by ITCA RD

Amount of tofu issued will be based on client preference up to the maximum allowed. The food package will be modified according to federal guidelines, 1 lb. of tofu for 1 quart of milk up to a maximum of 4 lbs for food packages V and VI and 6 lbs for food package VII..

Medical Diagnosis/Need	Appropriate Food Items
Lactose Intolerance	<ul style="list-style-type: none">▫ Lactose Free Milk▫ Cheese▫
Severe Lactose Maldigestion	<ul style="list-style-type: none">▫ Lactose Free Milk▫ Soy Beverage▫ Tofu
Milk Protein Allergy	<ul style="list-style-type: none">▫ Soy Beverage▫ Tofu
Vegan	<ul style="list-style-type: none">▫ Soy Beverage▫ Tofu

Juice

Single-strength juice in individual containers may be provided after an assessment is completed and a note is entered in the Notes screen in STARS documenting the reason for the issuance. The client may receive this package for any of the following reasons:

- ✓ Homelessness
- ✓ Lack of refrigeration
- ✓ Unsafe or lack of water (only for food packages containing frozen concentrate)

Dry Beans, Canned Beans and Peanut Butter

Women and children have the option to select dry beans, canned beans and/or peanut butter.

Canned Bean or Peanut Butter Substitution for Eggs

Canned beans or peanut butter may be provided in lieu of eggs after an assessment is completed and a note is entered in the Notes screen in STARS documenting the reason for the issuance. The client may receive this package for any of the following reasons:

- ✓ Homelessness

- ✓ Lack of cooking facilities
- ✓ Lack of refrigeration

The food package will be modified according to federal guidelines, 4 – 16 oz cans of canned beans or one 16 to 18 ounce jar of peanut butter may substituted for 1 dozen eggs up to the maximum.

Fruit and Vegetable Check for Infants

A Fruit and Vegetable Check (FVC) can be issued to infants 9 – 11 months of age in lieu of a portion of the infant food fruit and vegetables after an individual nutrition assessment is completed. See Chapter Two: Client Education for education required when issuing the FVC. The client may have the option to receive the following amounts and types of fruit and vegetables based on breastfeeding status:

- ✓ Fully Formula Feeding - \$4.00 FVC plus 64 ounces infant food fruit and vegetables
- ✓ Mostly and Limited Breastfeeding - \$4.00 FVC plus 64 ounces infant food fruit and vegetables
- ✓ Fully Breastfeeding - \$8.00 FVC plus 128 ounces infant food fruit and vegetables

Infant Cereal for Children and Women

Infant cereal may be substituted for breakfast cereal at a rate of 32 dry ounces of infant cereal for 36 ounces of breakfast cereal. Issuance of infant cereal requires documentation from a health care provider and approval by the Registered Dietitian.

Infant Fruit and Vegetables for Children and Women

Infant fruit and vegetables may be substituted at a rate of 128 ounces of infant fruit and vegetables for the \$8 cash value voucher (CVV) for children and 160 ounces of infant fruit and vegetables for the \$11 CVV for women. Issuance of infant fruit and vegetables is applicable for children and women receiving Food Package III and requires documentation from a health care provider and approval by the Registered Dietitian.

K. Infant Formula, Exempt Infant Formula and Medical Foods

Policy

The ITCA WIC contract infant formulas are:

Milk based: Similac Advance, Similac Total Comfort and Similac Sensitive

Soy based: Gerber Good Start Soy

An alternate infant formula or medical food may be provided to a client when there is a recognized medical or nutritional need that is documented with a prescription from a physician, physician's assistant or nurse practitioner according to the policies and procedures outlined in Attachments A, B and C.

Issuance of Standard Contract Formula

Similac Advance and Gerber Good Start Soy (powder) will be issued to fully formula feeding or partially breastfed infants according to the caregiver's preference at the initial certification without an authorized health care provider's prescription, as long as the infant is not premature or medically fragile. In addition, an infant may be switched between these two formulas, according to the caregiver's wishes, as long as the infant is not determined to be at high nutritional risk. A completed Special Formula Authorization Form is required to change formulas if the infant is high risk or for any infant previously requiring an exempt or medical food. A completed Special Formula Authorization Form is required for all women and children requiring a standard contract formula in Food Package III.

Issuance of Other Contract Formula

Similac Total Comfort and Similac Sensitive can be issued to fully formula feeding or partially breastfeeding infants with a completed and approved Special Formula Authorization Form. A completed Special Formula Authorization Form is required to change formulas if the infant is high risk or for any infant previously requiring an exempt or medical food. A completed Special Formula Authorization Form is required for all women and children requiring Similac Sensitive or Similac Total Comfort in Food Package III.

Premature and Medically Fragile Infants

Standard contract concentrate formula will be issued to all premature and/or medically fragile infants who do not have a Special Formula Authorization Form specifically allowing powder formula until approval to issue another form is received in writing from the health care provider. Premature and/or medically fragile infants requiring an exempt formula or medical food will be issued a concentrate formula, if available, when another form is not specified on the form. A completed Special Formula Authorization Form must be received for further issuance of any formula. Refer to Attachment C: Procedures for Delivery of Exempt Formula and Medical Foods.

Ready-to-Feed Formula

Ready-To-Feed (RTF) formula including contract, exempt formula and medical foods will be provided only for the reasons outlined below. Documentation of the reason for the issuance of RTF must be recorded in the Reason for Issuance section of the Special Authorization Screen in the client's file in STARS. The following are the only reasons allowed for issuance of RTF formula:

- Poor refrigeration
- Unsanitary or restricted water supply
- Caregiver of the infant has difficulty in diluting concentrated liquid or powdered formula.
- The RTF form better accommodates the clients condition
- The RTF form improves the client's compliance in consuming of the approved formula
- Formula is only available in RTF
- Other reason approved by the local agency RD or ITCA RD

RTF formula will be issued in one quart (32 ounce) containers if available, unless there is a situation of poor refrigeration or other reason approved by the local agency RD or ITCA RD. Refer to Attachment C: Procedures for Delivery of Exempt Formula or Medical Foods.

Concentrate Formula

Concentrate formula including contract and exempt formula will be provided only for the reasons outlined below. Documentation of the reason for the issuance of concentrate formula must be recorded in the Reason for Issuance section of the Special Authorization Screen in the client's file in STARS. The following are the only reasons allowed for issuance of concentrate formula:

- Caregiver of the infant has difficulty in diluting powdered formula.
- The concentrated form better accommodates the clients condition
- The concentrated form improves the client's compliance in consuming the approved formula
- Other reason approved by the local agency RD or ITCA RD

Refer to Attachment C: Procedures for Delivery of Exempt Formula or Medical Foods.

Exempt Formula and Medical Food Issuance

Issuance of exempt formula and medical foods for all clients and infant formula for women and children will be issued only with a completed Special Formula Authorization or prescription from a Physician, Physician's Assistant or Nurse Practitioner and will have an appropriate medical diagnosis. Refer to Attachment A: WIC Special Formula Authorization Form, Attachment B: WIC Eligible Formulas and Medical Foods, and Attachment C: Procedures for Delivery of Exempt Formula or Medical Foods.

L. Distribution of Emergency Formula

Policy

Emergency formula may be available and given to clients who meet one of the following criteria.

- ✓ There is no formula available at an authorized WIC vendor within a reasonable distance.
- ✓ The applicant or client cannot be served at the time he/she requested services and does not have or cannot purchase formula.

- ✓ The client has already redeemed the formula checks and the authorized health care worker has determined that a change of formula is indicated. (Original purchased formula in unopened containers must be returned to the WIC clinic and will be exchanged for an equivalent amount).
- ✓ There is an emergency situation such as a flood, house fire, or other problem, which prevents the redemption of WIC checks/fruit & vegetable checks.
- ✓ The client is an exclusively breastfeeding mother and who must stop breastfeeding for a short time (2 weeks or less) for a medical reason (e.g., drug therapy, hospitalization, etc.).
- ✓ The client is moved to a new foster care home and the formula and/or checks are not provided to the new caregivers.

Amount

One can of formula will be issued per certification period. In special circumstances, a longer supply may be given as determined on an individual basis. (Example: The client is unable to obtain formula at the local vendor due to inadequate supply for two weeks and there are no other vendors available).

Documentation

The issuance of emergency formula will be documented on the Emergency Formula Issued Form (See Attachment D).

The WIC staff will document:

- ✓ How much formula was issued;
- ✓ Brand and form of formula issued;
- ✓ To whom the formula was issued;
- ✓ The initials of the employee issuing the formula;
- ✓ The date of issuance; and
- ✓ The reason for issuance.

The returned formula will be documented on the Received Emergency Formula Form (See Attachment E).

The WIC staff will document:

- ✓ How much formula was received;
- ✓ Brand and form of formula received;
- ✓ The initials of the employee accepting the formula;
- ✓ The date the formula was received; and
- ✓ The reason the formula was returned.

Monitoring

Distribution of formula will be monitored by the state agency at yearly monitoring visits.

M. Disposal of Expired Infant Formula and Medical Foods

Policy

A WIC agency may occasionally have infant formula or medical foods on hand that were returned by a client that have reached the expiration date. This formula or medical food must be disposed of according to the procedures outlined below within 5 days of the expiration date.

Procedure

1. Expired formula or medical food will be identified using the manufacturer's date stamped on the container.
2. Expired formula or medical foods will be pulled from stock immediately upon identification that it is expired.
3. Expired formula or medical food will be opened and dumped in the trash or down the drain.
4. Containers will be disposed of in a trash container.

Improper Disposal of Expired Formula

Any disposal of expired formula and medical foods that does not follow the procedure outlined above is improper disposal. Expired formula and medical foods should not be given to WIC clients, WIC staff, the general public, food banks, homeless shelters or any other person or entity for any reason.

Chapter 5: Food Delivery

A. Food Delivery System

Overview

ITCA provides WIC foods to clients by issuing checks/fruit & vegetable checks that are redeemed at authorized vendors. ITCA uses blank check stock that is imprinted on demand using MICR printers only (see Attachment A).

Design

- The checks/fruit & vegetable checks contain a watermark and other security features.
- There are three checks per sheet of check stock with one stub for each sheet containing the following information:
 - Caregiver Name
 - Client Name
 - Client ID Number
 - Date of Issuance
 - First Use Date of Checks/Fruit & Vegetable Checks
 - Numbers Issued
 - Signature Line for Caregiver
 - Name of person printing the check/fruit & vegetable check
- The following information is found on each check/fruit & vegetable check:
 - ITCA WIC Program address and phone number
 - Check/fruit & vegetable check number
 - Name of bank and the account number
 - Clinic name and number
 - Client name and ID
 - Food package and check type
 - Food package description

- ITCA use only box
- First date to use
- Last date to use
- Date of Use
- Actual \$ (dollar) amount box which includes the following: \$ amount, \$ correction and cashier initial boxes.
- Statement that it is a tax exempt sale
- Pay to the order of box which is the space for the vendor stamp
- Signature of client, caregiver or proxy box
- Dollar denomination value of fruit & vegetable check

B. Check/Fruit & Vegetable Check Printing and Pick-Up

Policy

Clients/caregivers will pick up checks/fruit & vegetable checks at the clinic on a monthly, bi-monthly or tri-monthly basis.

Qualified Staff

Checks/fruit & vegetable checks may be issued by local agency directors, registered dietitians, authorized paraprofessionals (CNWs), and authorized clerical staff.

Frequency

Checks/fruit & vegetable checks are issued on a monthly, bi-monthly or tri-monthly basis depending on the risk status of the client and compliance with WIC rules and checks/fruit & vegetable check cashing procedures.

Pre-printing of Checks

Checks/Fruit & vegetable checks will not be pre-printed except in the following cases:

- STARS system cannot be checked out to a laptop for a remote clinic
- Advance notice of a network, STARS system, electrical or other outage is provided
- Home delivery of checks/fruit & vegetable checks

Manual signature will be selected on the Sign for Checks Screen in STARS and the Caregiver Signature for Checks Received Form that prints will be signed by the caregiver for all pre-printed checks. The signed form will be filed in the daily, weekly or monthly file. Checks that are pre-printed must be issued following separation of duties policies so that the person that prints the checks is not the same person that provides the check to the client. Pre-printed checks that are not issued to a client will be voided and shredded as soon as staff returns to the office from a field clinic, home or when the system is operational. The check stubs will be shredded.

Retroactive Benefits

Clients will not be issued any retroactive benefits including those that received a fair hearing decision in their favor.

Hospitalized Clients

Hospitalized clients will not receive benefits.

Procedures

- Checks/fruit & vegetable checks are issued using the STARS system and are recorded as issued in STARS.
- The clinic staff should not alter the check/fruit & vegetable check in any way including writing on the checks/fruit & vegetable check, using white out or any other markings.
- All automated checks/fruit & vegetable checks issued must have all the necessary information printed on them.
- The client/caregiver will electronically sign the Caregiver Signature for Checks Received Form for all checks issued to the client.
- If the signature cannot be captured electronically, the Manual option will be selected in STARS and the Caregiver Signature for Checks Received Form that prints will be signed by the client/caregiver.
- If a client/caregiver is unable to write her/his name, the client/caregiver will make her/his mark in the signature box. An "X" is sufficient. The WIC Staff who issues the check/fruit & vegetable check will witness and initial the client's mark.
- If a client forgets to sign electronically and it is still the same day checks were printed, a staff person may electronically write "Forgot to Collect Signature" or other appropriate reason for not collecting the signature with their initials using the signature pad. If the staff person does not complete the process above on the same day checks were printed, a note must be entered on the Notes tab in STARS describing the situation.
- The stubs will be shredded.

- Any printed Caregiver Signature for Checks Received Forms will be filed and kept at the clinic site as proof of issuance to the client.

Review of Signatures for Check Pick-Up

WIC Directors must review the Ad Hoc report of missing signatures monthly to ensure electronic signatures have been obtained for issued checks or that appropriate documentation is present when signatures are missing.

C. How to use the WIC Check/Fruit & Vegetable Check

Policy

The local agency staff shall instruct the clients/caregivers on the correct use of the check/fruit & vegetable check at all certification and recertification visits.

Procedures

- The client/caregiver will take the WIC checks/fruit & vegetable checks to an authorized ITCA WIC vendor.
- The client/ caregiver will select the approved WIC foods in the amount specified using the description of the WIC food foods on the check/fruit & vegetable check.
- The client/caregiver will group the WIC foods together for each check/fruit & vegetable check. The WIC purchase should be kept separate from other groceries.
- After the purchase is totaled, the cashier enters:
 - ✓ the dollar amount of the purchase
 - ✓ the date of use (if an incorrect date is entered on the check/fruit & vegetable check, the cashier may correct it by drawing a single line through the incorrect date, then writing in the correct date and initials next to the correction).
- The client/caregiver will sign in the signature box on the line
- The client or caregiver will show the cashier their WIC Identification Folder so the cashier can verify the signature. If the client/caregiver makes an error in signing the check/fruit & vegetable check or the signature does not match, the client/caregiver may draw a line through the signature and resign the check/fruit & vegetable check above the original signature or to the side.
- If an incorrect amount is entered on the check/fruit & vegetable check, the cashier may correct it by drawing a single line through the incorrect dollar amount. Then write in the correct dollar amount in the “\$ Correction” box and the cashier will write their initials in the “Cashier Initials” box.
- The client/caregiver should obtain a legible cash register receipt for each WIC purchase. The amount on the receipt should match the amount stated on the

check/fruit & vegetable check. However, this will not be the situation with a fruit & vegetable check transactions where the WIC customer chooses to pay, with her/his own funds, the difference between the actual purchase price and the maximum value of the check. In this situation, the cashier will enter the maximum dollar value on the face of the fruit & vegetable check.

- The client must use their WIC checks/fruit & vegetable checks according to the dates specified on the check/fruit & vegetable check. Checks/fruit & vegetable checks cannot be cashed prior to the First Date to Use or after the Last Date to Use printed on the check/fruit & vegetable check.
- The client has the right to report individuals attempting to commit program abuse and vendors with whom they encounter problems.

D. Issuance

1. Bi- Monthly and Tri-monthly Issuance of Check/Fruit & Vegetable Checks

Policy

Clients will be issued bi-monthly or tri-monthly s if they meet the following criteria:

- ✓ Caregiver has a history of compliance with WIC rules and regulations;
- ✓ Caregiver keeps their appointments and receives the required two risk specific nutrition education contacts during the certification;
- ✓ Client does not have a nutrition risk that is categorized as high risk or if high risk, approval has been obtained from the RD to receive bi-monthly or tri-monthly checks/fruit & vegetable checks; and
- ✓ If the client is an infant, the infant is brought to the clinic and weighed, measured and has a growth assessment at the six-month visit.

Procedure

1. At certification, the client will be evaluated using local agency criteria to determine if they are at high risk and should be referred to the RD for evaluation.

After evaluation by the RD, high risk clients may be scheduled for bi-monthly or tri-monthly issuance if the RD determines that the client does not need to be seen on a monthly basis.

Clients who are not considered to be at high risk and who have a history of compliance with WIC rules and regulations may be issued bi-monthly or tri-monthly check/fruit & vegetable checks and are scheduled for their next appointment according to local agency guidelines.

4. Infants may be issued bi-monthly or tri-monthly checks/fruit & vegetable checks if the infant is weighed, measured and has a growth assessment at the six-month visit.

5. Clients are instructed that they will be switched to monthly (or bi-monthly) issuance for the following reasons:
 - ✓ Missing their WIC appointments
 - ✓ Changes in the nutrition risk or care plan, which requires monthly or bi-monthly intervention
 - ✓ Cashing their WIC checks/fruit & vegetable checks early
 - ✓ Failure to bring an infant to the clinic at the six-month visit.

2. Mailing

Policy

The Local Agency may mail checks/fruit & vegetable checks to clients under special situations and only if the mailing has been approved by the ITCA program director to allow continuity of service.

Special Situations

ITCA approves mailing checks/fruit & vegetable checks for the following reasons:

- ✓ STARS is down or unable to print checks/fruit & vegetable checks during clinic
- ✓ Poor weather conditions
- ✓ Travel barriers (i.e., flood)
- ✓ Client's medical condition
- ✓ Work related barriers
- ✓ Physical handicap
- ✓ Other reason as approved by ITCA

Frequency

WIC checks/fruit & vegetable checks may be mailed to WIC clients every other month. Clients receiving mailed checks/fruit & vegetable checks cannot receive bimonthly or trimonthly checks/fruit & vegetable checks unless the client was seen in the clinic but STARS was down or the check/fruit & vegetable check could not be printed.

Procedures

1. The method must be outlined in the agency's local agency policy and procedure manual and must include the following:
 - A plan for meeting the nutrition education and breastfeeding counseling requirements/need
 - Provision for mailing every other month
 - Detailed procedures for how it will be implemented
2. Checks that are mailed must follow separation of duties guidelines. Two staff persons must be involved in the mailing of checks. For example, one staff person can print the checks and a second staff person actually mails the checks to the client. Alternatively, a staff person could print and mail the checks with a second staff person such as supervisor reviewing the checks that are being mailed and the addresses that they are being mailed to.
3. Checks/fruit & vegetable checks **MUST** be sent by Certified Mail Return Receipt Requested. (This signature will verify receipt of the check/fruit & vegetable check.)
4. The envelope must be clearly marked with "Do not forward, return to sender".
5. Checks/fruit & vegetable checks will not be mailed more than 3 times in a 6 month period.
6. The Mailed Check/fruit & vegetable check letter will be printed from STARS and included with the checks/fruit & vegetable checks.
7. Checks/fruit & vegetable check stubs will be shredded.

8. Manual signature will be selected in STARS and the Caregiver Signature for Checks Received Form (Attachment D) that prints will be marked MAILED in the signature section with the local agency staff person's initials. The return receipt will be attached to the form and filed in the daily, weekly or monthly clinic file.

3. Home Delivery

Policy

The Local Agency staff may deliver checks/fruit & vegetable checks to WIC clients' homes under special circumstances.

Conditions

Checks/fruit & vegetable checks may be taken to clients under the following conditions;

- Physical handicap
- Illness
- Confined to bedrest
- Other reason determined acceptable by ITCA

Documentation

Checks/fruit & vegetable checks that are home delivered will be documented on the client's Caregiver Signature for Received Checks Form and in the notes section of STARS as "home delivered". All other procedures listed under pre-printing checks on page 146 must be followed.

E. Redemption and Reconciliation

Policy

All checks/fruit & vegetable checks will be paid or rejected for payment through the ITCA WIC contracted banking system. The reimbursement amount for each check type will reflect the allowable reimbursement level for each peer group. Checks/fruit & vegetable checks will be accounted for as validly issued, redeemed/unredeemed, voided, lost/stolen, expired, duplicate or not matching issuance and enrollment records within 120 days of first date of use on the check/fruit & vegetable check.

Frequency

Checks/fruit & vegetable checks will be reconciled on a monthly basis by ITCA or its designated contractor.

Redemption Pre-Edits

The contracted bank will conduct the following pre-edits on WIC checks/fruit & vegetable checks. Checks/fruit & vegetable checks that do not pass the pre-edit will be rejected for payment by the bank.

- Altered check/fruit & vegetable check
- Redeemed early
- Redeemed late
- Missing signature
- Invalid vendor stamp (invalid vendor)
- Deposited too late/stale dated (deposited after 60 days from First Date of Use)
- Altered dollar amount
- Unreasonable dollar amount
- Missing Date of Use
- Missing Purchase Amount
- Stop payment

- Missing vendor number
- Exceeds dollar amount for check type (Over NTE)
- Unreadable vendor number
- Invalid check/fruit & vegetable check number
- Second presentment

Allowable Reimbursement Levels

The maximum allowable reimbursement level is the maximum amount for which a vendor may be reimbursed for a given check type. The maximum reimbursement level for Fruit & Vegetable Checks is the face value printed on the check. Maximum reimbursement levels for non-fruit & vegetable checks are calculated and set for each check type and peer group utilizing two different methods. Allowable reimbursement levels for vendors in Peer Groups 1 to 2 are calculated by averaging all redemptions for each check type and peer group over the previous 30-day period plus a percentage buffer to allow for variation in participant selections at the store. Allowable reimbursement levels for vendors in Peer Groups 3 to 5 are calculated by first averaging the per unit price reported by the vendors in the peer group on their Semi-Annual Price Survey for each allowable item on the check then multiplying that number by the number of units for each item on the check and finally totaling all the items. A percentage buffer is then added to allow for variation in participant selections at the store.

Rejected Check/Fruit & Vegetable checks

Checks that are rejected for payment may be submitted to ITCA for secondary review. ITCA will determine whether the check/fruit & vegetable check should be paid. Checks/fruit & vegetable checks that will be paid will be stamped with the vendor override stamp and will be returned to the vendor for redeposit into the bank.

Reconciliation

The STARS system ensures that all checks/fruit & vegetable checks that have been issued are recorded in the system. All checks/fruit & vegetable checks that are cashed at the bank will be matched with a valid issuance record. Checks/fruit & vegetable checks that do not have a valid issuance record will be researched to determine the cause of the mismatch.

F. Checks/Fruit & Vegetable Checks Security and Inventory

Policy

ITCA and the local agencies will implement procedures to ensure adequate supply of, security and accountability for check stock.

Supply

Local agencies will order check stock from ITCA as needed. Check stock will be provided in person to a local agency staff person or will be sent by UPS or Federal Express requiring signature to the local agency. The Check Receipt Form will be completed as follows:

1. ITCA will complete the check box information on the Receipt of Checks Form, Attachment B, and sign it.
2. If checks are picked up in person, the local agency Director or his/her designee will sign that they received checks.

If checks are sent via UPS or Federal Express, ITCA will send the form to the local agency Director via email on the day checks are sent. The Director will return the signed form to ITCA via email within two business days of receipt of checks.

3. ITCA will maintain the signed forms on file.
4. ITCA will maintain a count of all check stock provided to each local agency.

Security

Unused checks shall be kept in a secure area with a double-locking system and in a location with limited access at both ITCA and the local agencies. Limited staff should be authorized to remove checks from the authorized storage area. Checks will not be left unattended before, after or during clinic hours. Local agency staff shall lock-up checks whenever the area is left unattended.

Inventory

Boxes of checks must be tracked and inventoried using the Check Inventory Log, Attachment C. Boxes of checks removed from the storage area should be logged on the inventory sheet and initialed. At the end of each month, the inventory must be reconciled to ensure that no checks are missing.

G. Lost or Stolen Checks/Fruit & Vegetable Checks

Policy

Checks/fruit & vegetable checks are treated the same as cash and will not be replaced when reported lost, stolen or irretrievable by a client/caregiver or vendor except in the case of a fire that is supported by documentation or known to have occurred by the WIC staff. All local agencies must report lost or stolen checks/fruit & vegetable checks in the STARS system. ITCA will report the lost or stolen checks/fruit & vegetable checks to the banking service contractor for follow up monitoring of redemption.

Procedures

1. Lost or stolen checks/fruit & vegetable checks will immediately be recorded in STARS as lost or stolen. The following information is recorded in STARS.
 - checks/fruit & vegetable check numbers
 - client's name
 - date reported lost/stolen

Note: Checks/fruit & vegetable checks stolen from the agency/clinic shall be reported to the police immediately. Clients have the option to file a police report if they so desire.

2. Lost and stolen checks/fruit & vegetable checks are reported to the banking service contractor with the daily issuance file.
3. The WIC banking service contractor will provide the Vendor Coordinator a photocopy of any checks/fruit & vegetable check reported as lost or stolen and redeemed.
4. The Vendor Coordinator will forward a copy of the redeemed checks/fruit & vegetable checks to the local agency for verification of proper redemption and appropriate follow up action if the check/fruit & vegetable check has been misused.
5. If the client/caregiver has used the checks/fruit & vegetable checks, he/she will be provided with a program abuse warning and educated on proper handling and use of checks/fruit & vegetable checks.

6. If checks/fruit & vegetable checks are redeemed by an unauthorized individual, copies of the checks/fruit & vegetable checks will be used by the local agency director who has the discretion to contact the local police department. The investigation will be handled between the local agency and their corresponding police department. The copies of the checks/fruit & vegetable checks may be forward to the police for use as evidence and follow up action.
7. All information on the status of an investigation will be shared with the Vendor Coordinator, and any conviction reported.

H. Voided Checks/Fruit & Vegetable Checks

Policy

Checks/fruit & vegetable checks that are not valid will be voided and shredded immediately to minimize possibility of fraud.

Reasons for Voiding

Checks/fruit & vegetable checks may be voided for any of the following reasons:

- The checks/fruit & vegetable checks were unused by the client (autovoiced after 60 days).
- The check/fruit & vegetable check was incorrectly completed at the store and the client returned the check/fruit & vegetable check for replacement before the expiration date (vendor error).
- The store could no longer accept the check due to invalid signature or check was pre-signed.
- Checks/fruit & vegetable checks were pre-printed, but client(s) did not show up for their appointment or were not home (pre-printed for home delivery).
- The clinic staff mistakenly printed too many months of checks.
- The checks/fruit & vegetable checks were damaged during issuance or while in the possession of the caregiver (error in preparation or printer error).
- The wrong food package was issued to the client or the client requested for a food package change.
- The client had a change in formula.
- There was a change in caregiver or adding a caregiver.
- Client's name changed or their name was misspelled.
- Check for the wrong client was printed.
- There was a category change (i.e. breastfeeding mom to postpartum).
- Checks were lost or stolen.

- Client transferred to another WIC program.

Voiding Checks/Fruit & Vegetable Checks

All voids must be stamped with void using a “VOID” stamp and entered into STARS immediately. They should be shredded as soon as possible, but all voided checks/fruit & vegetable checks must be shredded by the end of the business day.

Unclaimed Checks/Fruit & Vegetable Checks

Preprinted checks/fruit & vegetable checks must be stored according to the procedures for check stock as outlined in Section F. Unclaimed checks/fruit & vegetable checks must be voided at the end of the month according to the procedure described in this section.

Leftover Checks on Sheet

Blank check stock that is leftover on a sheet that has had one or two checks/fruit & vegetable checks issued will be stamped void and shredded by the end of the business day.

Thresholds for Voided Checks

The percent of checks that are voided at each local agency will be monitored on a monthly basis. Local agencies should not exceed 3.5% voided checks per month.

Chapter 7: Civil Rights/Non Discrimination

A. Civil Rights Requirements

Policy

The Inter Tribal Council of Arizona, Inc. WIC Program shall provide services to eligible applicants without regard to race, color, age, sex, national origin, or disability.

Ethnic Data Collection

Racial and ethnic information will be entered into the STARS system at local clinics, and will be tallied by ITCA and reported biannually on the PC data tape. Ethnic background will be determined visually, by personal recognition, or by self-declaration and identified as Hispanic or non-Hispanic. The ethnicity will be determined in the same manner and identified as one or more of the categories in Chapter 1, Page 10. The Community Nutrition Worker (CNW) may inform clients that racial and ethnic information is being collected for nationwide statistics and has no effect on the determination of eligibility for program services. The data will be kept on file for three years and five months.

Language

Program information, rights, obligations and requirements shall be presented to clients in the language(s) of the service population.

Information Requests

Applicants and WIC clients shall be provided upon request access to Title IV information and WIC regulations.

Outreach Materials

The ITCA WIC Administrative Coordinator will review all outreach materials to insure that the non-discrimination statement is included on all outreach materials. Outreach will be done in English and other languages appropriate to the local agency.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Civil Rights Poster

Each Local Agency will have the nondiscrimination poster posted in all clinics where it can be seen by program applicants and clients.

Civil Rights Training

Initial civil rights training will be completed by staff successfully passing the Civil Rights Knowledge Module as outlined in Chapter 13, Section B.5. ITCA will provide training directly to staff and volunteers or will provide training materials and instructions to local directors to provide the training to staff and volunteers of the local WIC Programs annually to implement and monitor non-discrimination and Civil Rights activities.

B. Monitoring

Policy

The ITCA WIC staff will monitor Civil Rights compliance of local WIC Programs during pre-award and during the on-site Quality Assurance Reviews (QAR) according to this section. The forms for monitoring include sections addressing Civil Rights.

Non-Compliance

If civil rights procedures have been determined to be in non-compliance based on biannual program monitoring the following will take place:

- Non-compliance areas will be discussed with the appropriate Program staff during the exit interview for resolution.
- Non-compliance areas will be identified in a written report sent by certified mail, return receipt requested within 15 working days, from the ITCA, Inc. State WIC Office to the Program which:
 - a. Requests action to be taken within 30 days of initial findings.
 - b. Offers technical assistance from the ITCA WIC staff where appropriate.
 - c. Requests written response from the Program within 45 working days, assuring implementation of specific methods according to a time schedule, to bring the Program into compliance.
- The ITCA WIC Office will conduct follow-up reviews within 30 days of the initial findings to ensure programs have been brought into compliance.
- If voluntary compliance is not achieved by the Program within 30 days, notification and copies of all correspondence and documentation will be sent to the Regional Administrator. Documentation shall include the following:
 - a. List of available witnesses, their addresses, and official titles with a brief statement of the matter about which they can testify.
 - b. Relevant contracts, assurances, and agreements between the ITCA agency and the local agency.
 - c. List of names, titles, office mailing addresses and office telephone numbers of parties involved.
 - d. A brief statement of the allegations of discrimination, which can be factually supported.
 - e. A statement of all actions to achieve voluntary compliance.

C. Civil Rights/Discrimination Complaints

Policy

The ITCA WIC staff and Local Programs shall document and maintain all activities regarding civil rights compliance and any complaints of discrimination for a period of 3 years and 5 months.

Referral

Clients who have complaints of discrimination shall be referred to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410.

Timeline

Complainants will have up to 180 days from the occurrence of an incident to file a complaint.

Procedures

1. The WIC staff will document all civil rights complaints using the Customer Service and Civil Rights Complaint Form in Attachment A.
2. WIC staff shall:
 - a. Offer assistance to the complainant in filing a complaint with USDA. This assistance shall be provided as soon as possible, but not later than three (3) working days of being informed of complaint.
 - b. Ensure the complaint form is completely filled out and includes at least:
 - Complainant contact information including name, address and phone number, if applicable (anonymous complaints are acceptable and identification is not necessary)
 - Description of the complaint.
 - Date, time and location of occurrence of complaint
 - Person(s) or entity against whom complaint is filed.
 - Date complaint filed and with whom.

- Attach any relevant supporting information and documents including, but not limited to, emails, witness statements, notes and letters.
3. Provide a copy of the complaint to the client. WIC staff will immediately notify the ITCA Civil Rights Coordinator of receipt of the complaint by phone and submit an electronic copy of the completed Customer Service and Civil Rights Complaint Form via email within four (4) working days to the ITCA Civil Rights Coordinator.
 4. Anonymous complaints shall be handled like any other complaints, to the extent feasible, to comply with FNS Instruction 113-1, Section XV.C.2 (revised October 2005).
 5. Within three working days of receipt of the complaint, the Civil Rights Coordinator will notify the ITCA WIC Director and the Executive Director of the complaint.
 6. The State agency will review the complaint and ensure that all information listed above is included and will submit a copy of the complaint to Branch Chief, Complaints, Office of Civil Rights, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302-1500 within 5 days of receiving the information from the complainant or local agency.
 7. The State and local agency will maintain the form and all relevant documentation on file for a period of three years and five months from the date the incident was reported.

D. WIC CIVIL RIGHTS QUALITY ASSURANCE CRITERIA		
	CRITERIA	DATA SOURCE
1	WIC clinics display USDA nondiscrimination poster within viewing range of client	Observation
2	<p>Certification:</p> <p>A. Clients informed, regardless of eligibility or ineligibility, in a language they understand that standards for participation in this program are the same for everyone</p> <p>B. Client signs a copy of the Rights and Responsibilities Form</p> <p>C. Applicants found ineligible for services are given a Notice of Ineligibility letter</p>	<p>Observations of Certifications</p> <p>Rights and Responsibilities Form Electronic Signature</p> <p>Notice of Ineligibility Letter in the Weekly/Monthly Files</p>
3	Eligible Program clients receive services as funds are available according to the ITCA procedures	<p>STARS System</p> <p>a. Initial requests</p> <p>b. Eligible clients</p> <p>c. Ineligible applicants</p> <p>d. Waiting List</p>
4	<p>Program information materials provided in the appropriate languages (visuals) of client population served:</p> <p>A. All materials announcing Program benefits include non-discrimination statement.</p> <p>B. Pictures are non-discriminatory</p>	Observation
5	<p>Nutrition education provided:</p> <p>A. In the predominant language (visuals) of client population served</p> <p>B. With consideration to cultural and life styles of client served.</p>	Observations of Nutrition Education and Review of Materials

D. WIC CIVIL RIGHTS QUALITY ASSURANCE CRITERIA (CONTINUED)		
	CRITERIA	DATA SOURCE
6.	<p>Clients interviewed annually, using State and /or local program developed surveys regarding:</p> <p>A. Feelings/attitudes about Program services and participation.</p> <p>B. Treatment received in grocery stores and trading posts.</p> <p>C. Treatment received from clinic personnel.</p> <p>D. Nutrition education received.</p> <p>E. Rights and obligations to receive program services</p> <p>F. Persons to contact for complaints of discrimination.</p>	Client Surveys and Interviews
7.	Local Program staff renders requested assistance to clients wishing to report complaints of discrimination to appropriate Program officials.	Review of Complaint Files Observations
8	Known applicant/client complaints of discrimination documented and reported immediately to the USDA, Director, Office of Civil Rights, 1400 Independence Ave. S.W., Washington, DC 20250-9410.	Review of Complaint Files Observations
9	Ethnic participation data from STARS reported to the ITCA, Inc. WIC Office monthly	Caseload Reports
10	Program population served matches ethnic composition of service population.	Race/Ethnicity Reports
11	<p>Local program and ITCA contacts outreach/ referral agencies to review:</p> <p>A. WIC Program Benefits</p> <p>B. WIC eligibility criteria</p> <p>C. Referral procedures</p> <p>D. WIC non-discrimination policies and procedures</p>	Review of Outreach Logs during monitoring reviews and review of Outreach Plans
12	<p>Annual public notification by ITCA WIC office of availability of program services:</p> <p>A. Contains non-discrimination statement.</p> <p>B. Directed particularly to minority groups.</p>	Review of Outreach Logs during monitoring reviews and review of Outreach Plans

13	Annual public notification by local WIC program of availability of Program services: A. Contains non-discrimination statement	Review of Outreach during monitoring visits
14	Known client complaints of discrimination by food vendors documented and reported to ITCA WIC Civil Rights Coordinator and Vendor Coordinator for follow up and forwarded to USDA.	Review of Complaint Files Observations
15	Participating food vendor signs Vendor Agreement, which contains non-discrimination statement.	Documentation in ITCA WIC vendor files.
16	Availability of bilingual staff during clinic operating hours.	Applications Observation during monitoring reviews

Chapter 8: Fair Hearings

A. Fair Hearing Procedures for WIC Clients

Policy

Any WIC client may appeal, verbally (phone or walk-in) or in writing, within 60 days, of a local agency's decision to deny benefits. Fair Hearings will be held by the Inter Tribal Council of Arizona, Inc. as the WIC state agency. All clients will have their right to a fair hearing explained during certification as outlined on the Rights and Responsibilities Form in Chapter 1, Attachment H.

Notification

The client must be notified 15 days in advance of being disqualified from the WIC program.

Appeals

Appeals must be received within 60 days of receiving the written notice of disqualification or ineligibility. If a client notified of termination appeals within 15 days of receiving the notice, the client's benefits will be continued until a fair hearing decision is reached or the certification period expires, whichever comes first. Clients determined ineligible at initial certification or recertification will not receive benefits while awaiting the fair hearing decision. This also does not apply to clients whose certification has expired or participants who become categorically ineligible for benefits. The client may appeal the following local agency decisions:

- Denied enrollment due to the individual's eligibility;
- Placement on a waiting list;
- Disqualification during the certification period;
- Graduation from the program; and
- Recovery of the cash value of improperly used benefits.

Requests

Requests for a fair hearing may be oral (phone or walk-in) or written and should be directed to either the Local WIC Project Director or to ITCA, Inc. WIC Director, 2214 N. Central Avenue, Suite 100, Phoenix, Arizona 85004, 602-258-4822. The request should contain a statement of the facts and reasons the individual believes he/she is entitled to program benefits.

Scheduling

The fair hearing will be scheduled within three (3) weeks of the appellant's request in a location accessible to the appellant. A written notice of the place, date and time of the hearing will be provided to the client at least ten (10) days in advance of the hearing.

Representation

The client or the client's designated representative may present arguments on behalf of the client at the hearing.

Hearing

Procedures

1. The fair hearing must be held within three (3) weeks of receipt of the original request for a hearing. The Local WIC Project Director will notify the ITCA, Inc. WIC Director of the oral or written request for a fair hearing within two (2) days of the request, and provide copies of all client records and any other relevant documentation.
2. The WIC Director will notify the Executive Director of the Inter Tribal Council of Arizona, Inc., of the request and provide all relevant documentation.
3. The Executive Director will notify the individual in writing at least ten (10) days in advance of the date, time and place of the hearing. An explanation of the hearing procedures will be included with the notice.

4. The local agency or ITCA must continue its efforts to collect claims, even during an appeal of the local level fair hearing decision to the Inter Tribal Council of Arizona, Inc.
5. The hearing officer will assure that the client or client's representative is given the opportunity to:
 - Present relevant evidence as to why he/she feels he/she should receive benefits;
 - To examine the evidence presented against him/her;
 - To cross-examine adverse witnesses;
 - To be presented by an attorney or other persons;
 - To bring witnesses;
 - To advance arguments without interference.
1. A record of the hearing will be maintained and provided to the appellant at any reasonable time including the recorded or verbatim testimony and exhibits, together with all papers and requests filed in the proceeding. This shall be the exclusive record for a final decision by the hearing official.
2. The hearing officer will review all evidence and make a decision based on the application of appropriate Federal law, regulations and policy as related to the facts of the case as established in the hearing record.
7. Within 10 days of the hearing, the hearing officer will notify ITCA WIC in writing of the decision. The decision shall summarize the facts of the case, specify the reasons for the decision and identify the supporting evidence and the pertinent regulations or policy.
8. ITCA will notify the appellant within 45 days of the request for the hearing of the decision by the hearing officer and the reasons for the decision.
9. Benefits will be restored at the time of the notification if the decision is in favor of the individual. No retroactive benefits will be issued. If the decision is in favor of the Inter Tribal Council of Arizona, Inc. WIC Program, any benefits will be

discontinued at the time of the next scheduled check/fruit & vegetable check issuance.

10. ITCA shall make all hearing records and decisions available for public inspection and copying; however, the names and addresses of participants and other members of the public shall be kept confidential.
11. The hearing officer will inform the individual of rights to a judicial review of the decision when all ITCA review procedures have been exhausted.

B. Administrative Reviews for Vendors

1. Vendors may request an administrative review (request for a fair hearing) of the Inter Tribal Council of Arizona, Inc. (ITCA) WIC's Program decisions, except as noted in number 4 below, regarding denial of authorization to participate, termination of an agreement for cause, disqualification or imposition of a fine or a civil money penalty.

2. Full administrative reviews will consist of a hearing before an impartial official. Full administrative reviews will be conducted for the following types of adverse actions:
 - Denial of authorization based on the application of the following selection criteria:
 - Minimum variety and quantities of ITCA WIC Program approved foods
 - Determination that vendor is attempting to circumvent a WIC Program sanction.
 - Termination of an agreement for cause.
 - Disqualification, except for a disqualification based on a trafficking conviction, disqualification or civil money penalty from the Supplemental Nutrition Assistance Program (SNAP) or disqualification from another state's WIC Program for a mandatory federal sanction.
 - Imposition of a fine or civil money penalty in lieu of a disqualification.

3. Abbreviated administrative reviews are based on written documentation and other materials submitted to an impartial official by the ITCA WIC Program and the vendor and/or the vendor's representative. Abbreviated reviews do not include a hearing. Abbreviated administrative reviews will be conducted for the following types of adverse actions:
 - Denial of authorization based on the application of the following:

- Competitive prices
- Business integrity selection criterion
- State-agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or SNAP withdrawal of authorization or disqualification
- Denial of authorization based on:
 - State agency's vendor limiting criteria.
 - A current Supplemental Nutrition Assistance Program disqualification or Supplemental Nutrition Assistance Program civil money penalty for hardship.
- Denial of authorization because a vendor submitted its application outside the timeframes established by the ITCA WIC Program.
- Denial of an application based on the determination of whether an applicant vendor is currently authorized by SNAP.
- Termination of an agreement because of a change in ownership, change of location, or cessation of operations.
- Disqualification based on:
 - A trafficking conviction.
 - A disqualification from another State's WIC Program for a federal mandatory sanction.
- Imposition of a civil money penalty based on a mandatory sanction by another State WIC Program in lieu of disqualification
- The application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50% vendors or comparable to above-50-percent vendors.
- The imposition of a civil money penalty in lieu of disqualification based on a SNAP disqualification.

4. The ITCA WIC Program **will not** provide administrative reviews for the following

actions: [WIC Regulations 7 CFR 246.18(a)(1)(iii)]

- The validity or appropriateness of the WIC Program's vendor limiting or selection criteria;
- The validity or appropriateness of the WIC Program's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or vendors comparable to above-50-percent vendors;
- The validity or appropriateness of the WIC Program's participant access criteria and participant access determination;
- WIC Program's determination to include or exclude an infant formula manufacturer, wholesaler, distributor or retailer from the list required, pursuant to 7 CFR 246.12(g)(11);
- The validity or appropriateness of the WIC Program's prohibition of incentive items and the WIC Program's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to 246.12(h)(8);
- The WIC Program's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to 7 CFR 246.12(l)(3);
- The WIC Program's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation 7CFR 246.12(l)(1)(i)(B);
- Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- The expiration of a vendor's agreement;
- Disputes regarding WIC check or fruit & vegetable check payments and vendor claims;
- Disqualification of an authorized vendor as a result of disqualification from the Supplemental Nutrition Assistance Program (SNAP).

5. Procedures for a full administrative review

- Notification: The ITCA WIC Program will notify the vendor in writing of:
 - The adverse action
 - The reason(s) for the adverse action
 - The procedures to follow to request a full administrative review
 - A copy of these procedures will be attached to the notification
 - The effective date of the action
 - The following statement will be included if the reason for the adverse action is a federal mandatory sanction listed in 7 CFR 246.12(1)(l):
“This disqualification from WIC may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program. Such disqualification is not subject to administrative or judicial review under the Supplemental Nutrition Assistance Program.”
 - Any request for an administrative review must be made within 15 days of receipt of the notification.
- A request for a full administrative review must be made in writing within 15 calendar days of the vendor’s receipt of notification of the impending adverse action via certified mail. The request must be sent to:

Inter Tribal Council of Arizona, Inc.
Attn: WIC Director
2214 N. Central Avenue, Suite 100
Phoenix, Arizona 85004
- The date, time and place for a full administrative review will be set by the WIC Program and the vendor will be notified at least ten (10) days in advance of review. The review may be rescheduled one time at the request of the vendor.
- A vendor may have representation at the administrative review.

- A vendor will have access to evidence gathered by the WIC Program upon which the adverse action is based and may examine the evidence prior to the review.
- A vendor or his representative may cross-examine witnesses and/or present testimony at the administrative review.
- WIC Program investigators may be concealed from the view of the vendor and/or his representative.

6. Procedures for an abbreviated administrative review

- Notification: The ITCA WIC Program will notify the vendor in writing of:
 - The adverse action
 - The reason(s) for the adverse action
 - The procedures to follow to request an abbreviated administrative review
 - A copy of these procedures will be attached to the notification
 - The effective date of the action
 - The following statement will be included if the reason for the adverse action is a federal mandatory sanction listed in 7 CFR 246.12 (1)(1):

“This disqualification from WIC may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program. Such disqualification is not subject to administrative or judicial review under the Supplemental Nutrition Assistance Program.”
 - Any request for an administrative review must be made within 15 days of receipt of the notification.
- A request for an abbreviated administrative review must be made in writing within 15 calendar days of the vendor’s receipt of notification of the impending adverse action. The request must be sent to:

Inter Tribal Council of Arizona, Inc.

Attn: WIC Director

2214 N. Central Avenue, Suite 100

Phoenix, Arizona 85004

- The name and title of the official and address to send the vendor's written grounds for appeal and the documentation supporting the appeal will be sent to the vendor within 15 days of the receipt of the request for an abbreviated administrative review.
- The date all materials must be submitted to the review official will be set by the WIC Program and the review official. The vendor may request one extension of this date.
- A vendor will have access to evidence gathered by the WIC Program upon which the adverse action is based and may examine the evidence prior to submitting the written materials for consideration by the review official.

7. The decision of the review official:

- The decision of the official of the full or abbreviated administrative review will be based solely on whether the WIC Program has correctly applied federal and state statutes, regulations, policies and procedures governing the WIC Program, according to evidence presented in the review.
- Written notification of the review decision, including the basis for the decision, will be sent to the vendor within 90 days from the vendor's request for the review. The decision of the review official will be the final State agency action.
- If the decision of the review official affirms the decision of ITCA, ITCA officials will:
 - Inform the USDA Western Regional Office through sending a copy of the notification letter;

- Inform the Local WIC Program where the vendor conducts business of the length of suspension and termination from participation in WIC;
 - Collect any vendor stamps or outstanding claims on any improperly redeemed food instruments, on the effective date of termination or suspension; and
 - Monitor possible check/fruit & vegetable check acceptance or cashing by the suspended vendor.
- If the decision of the review official does not affirm the decision of ITCA, ITCA officials will sign a vendor agreement, allow for resumption of operations under current vendor agreement, or start the payment process on appropriate unpaid food instruments.

8. Effective dates of adverse actions:

- For denial of authorization or disqualification for a conviction for trafficking in WIC checks or fruit & vegetable check or selling firearms, ammunition, explosives, or controlled substances in exchange for WIC checks or fruit & vegetable checks, the effective date for denial of authorization or disqualification will be no later than the date the vendor receives the notice of adverse action.
- For other WIC Program actions the vendor may appeal, the effective date of the adverse action will be 30 calendar days from the date of the vendor's notification of adverse action.
- For disqualification from the WIC Program as a result of a Supplemental Nutrition Assistance Program disqualification, 30 calendar days from the date of vendor's notification of the WIC Program disqualification.

C. Fair Hearing for Local Projects

Policy

Local agencies may appeal decisions made by the Inter Tribal Council of Arizona, Inc.

Notification

- ITCA will provide written notification of adverse action to local agencies disqualified for noncompliance not less than 60 days before the effective date of the action.
- ITCA will notify local projects of expiration of agreement at least 60 days prior to the effective date.
- Local agencies disqualified on the basis of inadequate funding or periodic review of qualifications will be provided 60 days advance notice.
- ITCA, Inc. will provide local agencies with the effective date of the adverse action.

Appeals

- Local agencies will be denied appeal of the expiration of a contract or agreement. However, local agencies denied participation in or disqualified from the WIC Program may appeal the ITCA, Inc. decision within 15 days of receipt of notification.

Local Agency Information

At the time a project is informed of an adverse decision, the WIC Director will inform the project of the following:

- That a fair hearing may be requested through either an oral or a written request, which must contain a concise statement of the facts and the reasons the project believes it is entitled to participation or continued participation;
- That any positions or arguments on behalf of the project may be presented by a lawyer;
- That the project has 15 days from the date of the adverse decision to request a fair hearing.
- That fair hearing requests should be submitted to:
WIC
2214 N. Central Avenue, Suite 100
Phoenix, Arizona 85004
- That the project has an opportunity to review any case record prior to the decision.
- That the project has an opportunity to cross-examine witnesses.

Hearing Procedures

1. The fair hearing must be held within 4 weeks of receipt of the original request for a hearing.
2. The ITCA, Inc. WIC Director will notify the Executive Director, ITCA, Inc., of the request for a fair hearing within two (2) days and provide all relevant documentation.
3. The Executive Director will notify the project in writing, at least ten (10) days in advance, of the date, time and place of the hearing. An explanation of the hearing procedures will be included in the notice.
4. Two opportunities will be provided for rescheduling of the hearing.
5. The Human Services Director will review all evidence and make a decision based exclusively on the hearing record.

6. The Executive Director, ITCA Inc. will provide a written notice of the decision within 60 days of the date of the hearing request.
7. If the decision is in favor of the ITCA, Inc. the WIC Director will notify the local agency of the reasons for denial and the right of the local agency to pursue judicial review of the decision.
8. If the decision is in favor of the local project, ITCA, Inc., will enter into agreement with the local project.
9. Written notice of the appeal decision and reasons will also be sent to the Western Regional Office of USDA.

D. Denial of Fair Hearings

Policy

Requests for fair hearings will be denied for clients, vendors and local agencies when one of the following conditions is true.

Reasons for Denial

- The request is not received within mandatory guidelines;
 - Local agencies - 90 days of the decision under appeal.
 - Clients - 60 days of the decision under appeal.
 - Vendor - 35 days of the decision under appeal.
- The request is withdrawn in writing by the appellant or his/her representative.
- The appellant or representative fails to appear at the hearing without good cause.
- The appellant has been denied a prior hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way to justify a hearing.

E. Guidelines for Soliciting Local Input in Program Planning

Policy

The Inter Tribal Council of Arizona will solicit input on local project functioning and implement changes based on the appropriate recommendations in order to improve WIC program services.

Procedures

1. Local plans shall include input from the following groups and are a part of WIC application or amendment application that are due yearly:
 - Health professionals
 - Other allied professionals/programs
 - Clients
 - Non-clients
 - Tribal leaders and administration
 - Vendors
2. Samples of types of activities or input that can be used simply or in combination, whichever results in a comprehensive assessment:
 - MCH task force (may want to include lay clients)
 - Quarterly client advisory board
 - Presentations during tribal council meeting designed for public relations and input
 - Working group meetings with vendors for training and input
 - Coordinating meetings with IHS and other agencies that are referring from or to WIC
 - Focus group
 - Public meetings
 - Client surveys
 - Form or questionnaire for health professionals
 - Open house
 - Health fair

Chapter 9: Monitoring

A. Quarterly Program Narrative Reports

Policy

The local agency will monitor its performance using the reports available in STARS and those sent by ITCA and will report on its progress quarterly using the Quarterly Program Narrative Report.

Quarterly Program Narrative Reports

Each local agency will submit a quarterly report describing the agency's progress and activities in areas including caseload management, outreach, staffing, training and nutrition and breastfeeding goals and objectives for the month by the 20th working day of the month following the report month (See Attachment B).

B. Laboratory Quality Assurance Review

Policy

Local agency personnel will be observed during on-site monitoring visits to ensure that they are in compliance with proper laboratory procedures for the collection of blood and analysis using the HemoCue Machine to determine hemoglobin values. Each local agency which does their own blood work must have a valid Clinical Laboratory Improvement Act certificate of waiver. The certificate will be posted in the WIC clinic.

Procedure

During each on-site monitoring visit the following guidelines will be followed:

- Every person who does blood work will be observed at least once taking a sample from a client.
- The employee's performance will be recorded on the Staff Observation Form (Attachment A, Part C).

C. Annual Program Reviews

Policy

On-site monitoring visits will be scheduled for each local agency, at a minimum every other fiscal year. A technical assistance visit will be scheduled on the alternate year as funding allows. The purposes of a monitoring visit are to:

- 1) ensure that the program is in compliance with USDA regulations, USDA WIC policies and ITCA policies and procedures;
- 2) identify strengths of the program;
- 3) identify any areas that need improvement including needed training for staff;
- 4) ensure that the highest quality services are being provided to local agencies;
- 5) identify innovative methods for delivering services to clients that can be shared with other programs; and
- 6) provide feedback to the agency on the overall performance of the program.

The purpose of the technical assistance visits is to identify areas of weakness and assist the agency in strengthening those weaknesses in order to improve the quality of the program and to ensure compliance with USDA regulations, USDA WIC policies and ITCA policies and procedures.

Notification

Written notification of a scheduled monitoring visit will be sent to the Contract Administrator and to the Local Agency WIC Director at least 45 days prior to the visit.

Written notification of a technical assistance visit will be sent to the WIC Director at least 30 days prior to the visit.

Areas Monitored

All of the following areas will be addressed in monitoring reviews and select areas will be reviewed during a technical assistance visit in order to help identify weaknesses using the tools in Attachment A.

- Caseload Management (including No-Shows)

- Outreach
- Breastfeeding Promotion and Support
- Clinic Environment
- Certification and Eligibility
- Coordination and Referrals
- Food Delivery
- Program Integrity and Security
- Confidentiality and Sharing of Information
- Program Management
- Staff Management, Training and Evaluation
- Program Self-Evaluation
- Vendor Site Reviews
- Food Package (including authorized foods, tailoring and special authorizations)
- Nutrition Services
- High Risk Nutrition Counseling and Referrals
- Civil Rights Compliance
- Group Education

Number of Clinics Monitored

At least 20% of clinic sites will be evaluated; however the main clinic must be included in the evaluation. One remote clinic should also be evaluated, if possible. The reviewers will observe, whenever possible, three nutrition education contacts, three certification visits and one group education class for each clinic. The reviewers will make every effort to observe each staff person that sees clients.

Number of Comprehensive File Reviews

The number of files reviewed is dependent on caseload size as per the guidelines below. Files will be reviewed using the forms in Attachment A, Part A. The number of files reviewed for technical assistance reviews may be less than this number.

	Local Agency Caseload		
Client Category	<300	300-800	>801
Pregnant	2	2	4
Postpartum	1	1	2
Breastfeeding	1	2	3
Infants	2	3	5
Children	2	3	5
Total	8	11	19

Number of Special Chart Reviews

Reviewer will review the following number of files in STARS for the special situations listed below. The number of files reviewed for technical assistance reviews may be less than this number.

	Local Agency Caseload		
Special Situation	<300	300-800	>801
Ineligible Clients	1	2	3
High Risk Clients	1	3	4
Special Formula Clients	2	3	4
Disqualified Clients	1	1	2
Total	5	9	13

Monitoring/Technical Assistance Teams

Monitoring/technical assistance teams will be composed of one or more ITCA staff people. At least one Registered Dietitians must be part of the monitoring team. Any other staff person of ITCA or contracted by ITCA may complete monitoring visits as long as tasks assigned to the person during the visit are included in their area of expertise and/or job responsibilities. A lead person for the visit will be assigned by the WIC Director. The lead person is responsible for the following:

- clinical environment supports
- setting up and facilitating the entrance and exit interviews
- assigning staff to tasks during the visit
- writing the report
- following up on the corrective action plan

Report of Findings

A written draft report of the on-site monitoring visit will be sent to the local agency director no more than 30 days after the completion of the on-site visit. The local agency director has 7 days to review the draft report and submit comments to ITCA. ITCA will send the final written report to the local agency 7 days after the local agency responds to the draft report. The report will list the specific findings and will include recommendations for achieving compliance and/or improving the quality of service. A final report of a technical assistance visit will be sent to the agency within 30 days after completion of the visit. No drafts or comment period will be provided.

Corrective Action Plan

Corrective action plans are only required for monitoring visits and if the local agency has any identified areas of required action or recommended action. The corrective action plan will contain a timeline and plan for correcting the deficiencies and preventing their future occurrence. The corrective action plan will be submitted to ITCA within 30 days of receipt of the on-site monitoring visit report of findings. ITCA will approve or reject the corrective action plan within 15 days of receipt.

D. Biennial Financial Monitoring of Local Agency Programs

Policy

Once every two years, the local agency's financial management systems will be evaluated as mandated by CFR 246.19 (b).

Procedure

Written notification of a scheduled financial monitoring visit will be sent to the Contract Administrator and to the Local Agency WIC Director at least 15 days prior to the visit.

The ITCA accounting staff and/or WIC Director will complete an assessment of the local agency's financial management of their WIC Program using the forms in Attachment C.

Report of Findings

A written report of the desk review and on-site visit will be sent to the local agency no more than 30 days after the completion of the on-site visit. The report will list the specific findings and will include recommendations for improving financial management.

Corrective Action Plan

If findings are identified, the local agency will prepare and submit a corrective action plan to address each finding of non-compliance. The corrective action plan will contain a schedule for accomplishing various actions to correct the deficiencies and prevent their future occurrence.

The corrective action plan will be submitted to ITCA within 30 days of receipt of the on-site monitoring visit report of findings. ITCA will approve or reject the corrective action plan within 15 days of receipt.

E. Local Agency Self-Assessments

Policy

The local agency will complete a self-assessment using the forms in Attachment E every other year in the years that the agency does not receive a full monitoring review from ITCA. The self-assessment will be completed just prior to the ITCA technical assistance or follow-up visit.

Procedure

The WIC Director or other assigned staff person will complete Attachment E, Parts B-H and optionally Part I of the local agency self-assessment following the guidelines in Attachment E, Part A. All completed forms should be maintained on file for review at monitoring and technical assistance visits by ITCA.

Summary Report

The written summary of the self-assessment will be sent to ITCA prior to the technical assistance visit or follow-up visit or by June 30 of the fiscal year if no technical assistance visit or follow-up visit is scheduled for the year.

Chapter 10: Proposal

A. Who is Eligible to be an ITCA Local Agency?

Policy

According to federal regulations 246.2, the ITCA WIC local agency must be:

- A tribal government that is recognized by the Department of the Interior and operates a health clinic or is provided health services by an IHS service unit.
- A public or private, nonprofit health or human service agency that provides health services either directly or through a contract in accordance with federal regulations 246.5.
- IHS service unit.

B. Application

Policy

A notice will be published in the local media by ITCA when seeking new local agencies. The notice will include a brief explanation of the Program, a description of the local agency priority system and a request that potential local agencies notify ITCA of their interest. An application and instructions will be sent to each new agency requesting to provide WIC services to American Indians living in Arizona within 14 days of the request. Potential agencies must return the application within 30 days. If no potential agencies return an application, an application from an agency in another area may be accepted.

Procedure

1. Each agency will complete the WIC Application (See Attachment A) by the due date provided by ITCA in the application letter- usually on or around August 15th.
 - WIC Local Agency Information
 - Staffing Plan
 - Organizational Chart
 - Potentially Eligible and Service Area
 - Outreach and Public Notification Plan
 - Nutrition and Breastfeeding Plan
 - Staff Training Plans (Chapter 13, Attachment B)
 - Each agency will submit a proposed budget and budget narrative (Attachment B)
 - Most recent Indirect Cost Agreement
 - Certification Regarding Lobbying
 - Certificates of Insurance
 - Signed Memorandum of Agreement

2. E-mail the application to the WIC Director at ITCA as stipulated in the letter accompanying the application.
3. Applications received after the due date may not be approved prior to the beginning of the fiscal year on October 1st and the agency may not be reimbursed for expenses relating to client services or food costs for redeemed food instruments issued on or after October 1st.

C. Technical Assistance

Policy

ITCA state staff upon request will provide technical assistance in the preparation of the application. The ITCA staff will assist the agency in its preparation of the application by contacting the WIC program at (602) 258-4822.

D. Criteria for Review of the Application

Policy

The ITCA WIC staff will review the local agency applications using the review tool in Attachment C and either accept or deny the application. In the event that the application is incomplete, it will be returned to the submitting entity for revision.

Procedures

1. The application will be reviewed to determine that the application is complete and all of the required documents have been submitted.
2. The application will be evaluated by at least two state agency staff with at least one being a Registered Dietitian and the other being a person authorized to complete program monitoring.
3. The sheet in Attachment C will be used to evaluate each application.
4. The Primary Contact will be contacted in writing (including via email) if any information is missing, incomplete or unacceptable and will be provided five working days to resubmit the requested documents.
5. If the information is not received within five working days, the Authorized Official will be notified in writing that the application has not been approved and will be notified of the reason for non-approval. Another five days will be provided to submit the requested/revised documents. If the documents are not received, the application will be denied. The agency may resubmit the application for review and approval at any time, however, the program will not be authorized to provide WIC services until the application has been approved.
6. Once the application is approved, ITCA will notify the Authorized Official, Primary Contact and Administrative Contact of the approval and will send the signed Memorandum of Agreement.

E. Soliciting Local Comments - State Plan

Policy

ITCA will solicit comments from the public in the development of the ITCA WIC State Plan.

Procedure

- Local agency directors will be asked for their comments regarding the development of the ITCA WIC State Plan on an ongoing basis at Directors' Meetings.
- A notice will be posted by each local agency director informing the public of its right to review and comment on the WIC state plan in the WIC clinic and in other locations in the community.
- ITCA will post the proposed State Plan on the ITCA website and the public may submit comments via email, fax or US mail to ITCA.
- Each local agency director will send the WIC Director any written comments submitted at the WIC agency.

Chapter 11: Program Administration

A. Program Abuse and Fraud by Clients/Caregivers

Policy

Clients/caregivers are notified of their rights and responsibilities at certification using the ITCA Rights and Responsibilities Form, the Identification Folder and, when applicable, the Breastpump Agreement Form. Clients/caregivers who violate program rules are subject to sanctions and or disqualification according to the policies and procedures in this section and the Participant Sanction Schedule in Attachment F.

Fraud or Attempted Fraud Investigation

All cases of fraud or attempted fraud will be investigated by ITCA or the local agency. Suspected fraud or attempted fraud will be reviewed and the client and witnesses contacted to determine if there is adequate evidence that the fraud occurred or was attempted. If ITCA or the local agency is unable to contact the client/caregiver by phone, ITCA will send written correspondence to the client/caregiver requesting additional information.

Sanctions and Disqualification

If an investigation reveals that a client/caregiver committed or attempted to commit fraud, he/she will be disqualified and/or sanctioned according to the guidelines in Attachment F, Participant Sanction Schedule.

Client/Caregiver Notification

Clients/caregivers will be notified in writing in person or by certified mail of the sanctions and/or disqualification period resulting from the fraud.

Documentation Procedure for Minor and Major Program Abuse (without disqualification)

- The local agency or ITCA will document each written warning on a Program Abuse Warning Letter (Attachment A) and in the notes section of STARS.
- The client/caregiver will sign that the letter was received and be provided a copy or the letter will be mailed via certified mail.
- A copy of the letter will be placed in the weekly or monthly file.

Documentation Procedure for Disqualification- No Restitution Required

1. For sanctions that do not include restitution to the program, the Program Disqualification Letter- No restitution (Attachment B) will be completed at the local agency and signed by staff.
2. The client/caregiver will sign that the letter was received and be provided a copy or the letter will be mailed via certified mail with return receipt.
3. A copy of the letter and the return receipt will be filed in the weekly or monthly file.
4. The client/caregiver will be given a minimum of 15 calendar days written notice before their benefits are cancelled unless they are being disqualified or terminated for dual participation. A half food package will be issued unless the certification has ended. If the client has already received future month's checks/fruit & vegetable checks and the notice is sent via mail, the client will be informed of the last date to use checks/fruit & vegetable checks.
5. The client/caregiver will be advised of his/her rights to a fair hearing as outlined on the Program Disqualification Letter.
6. The client/caregiver will be informed that we may approve another caregiver to receive benefits for minor children.
7. The client/caregiver will be informed that he/she may reapply for benefits at the end of the disqualification period.

Documentation Procedure for Disqualification- Restitution Required

1. In cases that require restitution of benefits, ITCA will send a letter on agency letterhead according to the sample letter in Attachment G to the client/caregiver

via certified mail with return receipt. A copy will be sent to the local agency program. The disqualification will be noted in the notes section of STARS on all client records.

2. The client/caregiver will be given a minimum of 15 calendar days written notice before their benefits are cancelled unless they are being disqualified or terminated for dual participation. A half food package will be issued unless the certification has ended. If the client has already received future month's checks/fruit & vegetable checks and the notice is sent via mail, the client will be informed of the last date to use checks/fruit & vegetable checks.
3. The client/caregiver will be advised of his/her rights to a fair hearing as outlined on the Program Disqualification Letter.
4. The client/caregiver will be informed that we may approve another caregiver to receive benefits for minor children.
5. The client/caregiver will be informed that he/she must reimburse the ITCA WIC Program in cash or check for the value of the improperly issued food or breastpump benefits or establish a payment schedule for restitution.
6. The client/caregiver will be informed that the disqualification will not be imposed if, within 30 days of the letter demanding restitution, he/she reimburses the ITCA WIC Program in cash or check for the value of the benefits received improperly or establishes a payment schedule for restitution.
7. The client/caregiver will be informed that he/she may reapply for WIC prior to the end of a disqualification period if full restitution is made or a payment plan is agreed upon.
8. ITCA will notify the local agency if the disqualification will be invoked and/or of the payment plan.
9. The local agency will disqualify the client in STARS as instructed by ITCA.
10. ITCA will notify the local agency of any payment plan developed and if the client has not made payments per the plan.

Recovery of Food/Breastpump Benefits

ITCA will pursue recovery of funds for the full value of program benefits that have been obtained or disposed of improperly including food benefits and breastpumps. Clients may not participate in the program until the benefits have been recovered or a payment plan is set up and payments are being made by the client/caregiver.

- ✓ ITCA will send three registered letters via certified mail with a return receipt requested every 30 days to the client informing him/her of the amount due and disqualification period unless they contact ITCA for all cases as per the sample letters in Attachment G.
- ✓ For cases less than \$2500 no further action will be taken due to lack of cost benefit. For cases over \$2500, ITCA will pursue legal action in court.

Employees who are WIC Clients

Employees who are WIC clients are also subject to WIC client program abuse and fraud policies described above.

B. Program Abuse and Fraud by Employees

Policy

All cases of suspected program abuse and fraud by employees of either ITCA or a contracted local agency will be investigated and action will be taken against the employee, if necessary, according to the local agency employee policies for local agency employees or ITCA employee policy for ITCA employees. Action taken against employees will be as established by the appropriate agency policies up to and including termination from employment. Employee in this section refers to all employees providing services under the ITCA WIC Program at all local agencies and at ITCA.

Employee Confidentiality and Compliance Agreement Signature Form

All staff providing services under WIC either at a local agency or ITCA must sign the Employee Confidentiality and Compliance Agreement Signature Form prior to providing services or performing work for WIC.

Employee Program Abuse

Employee program abuse includes, but is not limited to the following:

- Disregard for confidentiality of program and client information;
- Certifying or issuing checks/fruit & vegetable checks to first or second degree family members or friends;
- Physical or verbal abuse of program clients, staff or vendors;
- Unprofessional or unfair treatment of WIC clients, staff or vendors;
- Failing to report conflicts of interest;
- Purposefully entering false information in a client's record that does not affect the client's or applicant's eligibility for the program;
- Misuse of Program supplies/equipment; or
- Failure to report knowledge of any of the above situations.

Investigation of Program Abuse

Program abuse will be investigated by the local agency in consultation with the state agency. ITCA will be notified within 10 days of any suspected program abuse. The abuse will be investigated within 14 days of notification of the abuse. ITCA will be notified of the investigation outcome and action taken, if any, against the employee within 14 days of the end of the investigation.

Documentation of Employee Program Abuse

All cases of employee program abuse will be written in a memo or letter format and placed in the employee's file. A copy of the memo or letter will be provided to ITCA. Documentation will include at least the name of the employee, date the abuse occurred, type of abuse, description of what happened, names of witnesses and the action taken against the employee.

Employee Fraud

Employee fraud includes, but is not limited to the following:

- Falsifying client/applicant information during eligibility determination in order to make a person eligible for the program;
- Creating false client records;
- Falsely obtaining benefits for self or others;
- Providing program benefits to persons ineligible for the program;
- Providing benefits in excess of the maximum program benefits;
- Assigning inappropriate food packages, inappropriately re-issuing benefits or removing proration rules;
- Discrimination toward WIC clients, other staff or vendors;
- Disclosure of confidential information regarding clients to any non-WIC official or the public at large;
- Use of WIC funds to purchase goods or services for personal use;
- Theft

- Redeeming unclaimed or falsely created WIC checks/fruit & vegetable checks for food or cash; or
- Failure to report knowledge of any of the above situations.

Investigation of Employee Fraud

Fraud will be investigated by ITCA, its representative or legal authorities in consultation with the local agency. Fraud will be investigated within 14 days of notification of the suspected fraud to ITCA.

Documentation of Employee Fraud

All cases of employee fraud will be written in a memo or letter format and placed in the employee's file. A copy of the memo or letter will be maintained by ITCA.

Documentation will include at least the name of the employee, date(s) the fraud occurred, type of fraud, description of what happened, names of witnesses, dollar amount of benefits obtained that involved fraud by the employee and the action taken against the employee. Any other relevant investigation documents, police reports and court judgments should also be maintained in the employee and ITCA files.

Action against Employee for Fraud or Abuse

Employees that have been found to commit fraud will be terminated from employment with WIC and will be permanently disqualified from working in WIC. Employees that commit program abuse will be disciplined according to local agency policy.

Reimbursement of Program Benefits

Employees will be required to pay back ITCA for the total amount of program benefits redeemed that involved fraud by the employee.

Documentation and Reporting of Fraud and Abuse by ITCA

ITCA will maintain a record of each incident of employee or client fraud or abuse in an Excel file including the following information:

- Name and address of person committing fraud or abuse
- Description of fraud or abuse committed
- Date of fraud or abuse
- Dollar amount of associated loss

C. Serving Oneself, Family Members and Employees

Policy

The local agency WIC Director, an ITCA staff person, or if neither are available, another local agency staff person will determine eligibility of and issue check/fruit & vegetable checks to person's with who staff have a conflict of interest including an employee; an employee's significant other; an employee's first or second degree relative; or close friends who are participating or applying to participate in that local agency program. All staff must complete the Conflict of Interest Form, Chapter 6, Attachment C annually by October 1, or when new conflicts of interest arise.

Serving Oneself, Family Members and Friends

A WIC staff person will not provide services oneself, to clients related in the first or second degree or to close friends. The WIC Director (who is not related to the WIC applicant or client) must complete the certification visit. Another non-related staff person must issue the check/fruit & vegetable checks to comply with separation of duty requirements. The RD may perform these duties in the absence of the WIC Director or if the WIC Director wishes to participate in WIC or has a relative participating in WIC.

In agencies with two staff persons, the non-relative staff person will provide WIC services including determining eligibility and issuing check/fruit & vegetable checks. This policy applies to the issuance of checks whether they are pre-printed, issued in person or mailed.

Compliance with Rules and Regulations

WIC staff participating in the WIC Program are expected to comply with the Rights and Responsibilities of the WIC Program as identified on the Rights and Responsibilities Form.

Nutrition Education

Staff and relatives are expected to participate in nutrition education and other program services as other WIC clients. Nutrition education will be provided by an appropriate staff person.

Confidentiality

Records of employees who are on the WIC program should not be accessed by any staff other than the WIC Director or RD. The employee participating in the program may not access his/her record. All requests for information should be through the WIC Director. Accessing employee WIC records will be considered program abuse.

Single Staff Agencies

The only exception to the policies described above is for local agencies that only have one staff person. In these cases, best practice is to do one of the following:

- the supervisor of the WIC staff person or another program staff person who is trained and competent to provide WIC services completes the certification
- the supervisor of the WIC staff person reviews and signs off on the certification form
- an ITCA staff person approved by the ITCA WIC Director provides the WIC services

Proxy

Local agency WIC staff may not serve as a proxy for a relative, friend or a fellow employee. The only exception to this is that a staff person may serve as a proxy for his/her spouse.

D. Blood Work Certification

All local WIC agencies that perform hemoglobin or hematocrit tests to determine WIC eligibility will have a valid CLIA certification. If the agency is not certified to perform the test, WIC funding will not be provided as a reimbursement for any of the expenses incurred in the performance of this test.

E. Information Systems Equipment (e.g., computers)

1. Placement/Use

Policy

All equipment shall be placed in a secure and safe operating environment.

- Do not place computer equipment by any heating/cooling system.
- Do not place computer equipment on an uneven surface or in physical danger.
- Do not place any magnetic objects on or around computer equipment.
- Do not leave computer equipment in an unsecured area. (i.e., no locked doors). Computer equipment cannot be left unattended.
- Do not use computer equipment in a wet environment.
- Use computer equipment in a safe climate, 60°F-80°F and 20%-80% humidity.

Procedure

If the clinic where the equipment will be used is **under 60°F or over 80°F**:

- Batch process monthly issuance before clinic time and manually enroll new or continuing clients.
- Modify clinic site - Example: If the WIC van is used, run the heater or air conditioning in the van while the clinic is in process.

Use WIC approved surge protectors and uninterrupted power supplies (UPS) on all WIC equipment.

- Do not plug calculators, fans, pencils sharpeners, etc. into the same surge protector used by the computer.
- If power is interrupted, exit out of the system. Do not continue working off the UPS battery. The UPS is designed to allow the user to safely exit

out of the system to ensure data integrity.

Keep all computer equipment dust free.

- Dust frequently around the computer area and storage areas.
- Use compressed air to blow out the dust from printers and keyboards.
- Empty trash daily.

Keep all foreign objects/liquids away from computer equipment.

- Do not eat or drink around computer equipment.
- Keep all small foreign objects, such as paper clips, away from open areas of the computer (i.e., disk drives, keyboard, etc.).

2. Transporting Computer Equipment

Policy

All computer equipment being transferred from one site to another by automobile or mail must be packed properly to ensure its safety during transport. In case of damage, it must be insured against loss. Any computer equipment transported without being properly packed and insured will be the responsibility of the sending local agency. The agency will be responsible for all repair costs or replacement if it is beyond repair.

Procedures for Transporting Equipment in Vehicles

Follow these steps when transporting a laptop computer:

- Detach all removable cords.
- Place the laptop in a heavy foam-padded traveling bag.
- Put the power cords in the outside pocket of the bag
- Lay the laptop down in an area of the vehicle where it will not be bounced around or stepped on.

Follow these steps when transporting a **printer**:

- Detach removable cords.
- Place the printer on the luggage cart and secure with tie downs.
- Ensure that the printer is secure and will not fall off.
- Transport the printer to the vehicle on the cart.
- Remove tie downs and carefully place the printer in the area of the vehicle where it will not be bounced around.
- Printers must be transported with the MICR toner cartridge installed in the printer.

Procedures for Transporting Equipment by Mail

Follow these steps when transporting equipment by mail:

- Detach removable cords.
- Wrap the printer in a protective plastic bag and attach the Styrofoam end pieces.
- Place the printer in its original box with packing material (see instructions below if original box is not available). Make sure the equipment fits tightly in the box.
- Place removable cords on the top area of the box or in the outside pocket of the bag.
- Printers must be transported with the MICR toner cartridge installed in the printer.
- Prepare a label with the agency's name and attach it to the piece of equipment.
- Remove all old mailing labels on the box.
- Use strong strapping tape to seal the cardboard flaps (top and bottom).

When the original box and packing material is not available use the following precautions to pack equipment in addition to the instructions above:

- Select a sturdy box of high quality cardboard that can withstand light to medium blows without puncturing. It needs to be large enough to allow at least three inches of packing on all sides.
- The protective plastic bag needs to be big enough for the equipment to be completely covered (preferably an antistatic bag). Place the equipment being shipped in the protective bag to guard against any foreign debris entering the working mechanisms of the equipment.
- Completely seal the opening edge of the bag.
- Wrap the equipment in several layers of bubble wrap and then bag it. This will help to cushion the equipment against any impact it may receive in shipment.
- Place the wrapped equipment into the box. If the bubble wrap does not fill the empty spaces, Styrofoam popcorn may be used. However, never place the equipment in a box filled with Styrofoam packing material without the protective wrapping around the equipment.

3. Insuring Computer Equipment for Shipment by Mail

Policy

When shipping equipment by any carrier, Federal Express, United Parcel Services etc., the items must be insured against damage or loss.

Procedure

1. Properly address the mailing label provided by the postal carrier. Make sure the information is complete.
2. Inform the postal carrier of the contents of the box.
3. Declare the value of the equipment being shipped.



Predetermined Equipment Values	
Laptop	\$3,500.00
Desktop Computer CPU	\$2,500.00
Monitor	\$ 400.00
Source Technologies 9325	\$2000.00
Source Technologies 9410	\$1200.00

4. Call the ITCA Help Desk to inform them that the equipment is on the way and who will be delivering it to ITCA.

4. Backups

Policy

All laptops will be backed up at the end of the remote clinic, prior to transporting the laptop using the flash drive and backup procedures provided by ITCA. The backup will be used if the system crashes to restore data files. Each local agency is responsible for ensuring that files are being backed up.

5. System Security Policy

ITCA will follow the procedures in the STARS Security Plan in Attachment E. All STARS system users will have a unique user ID and Password and an assigned security level.

Passwords

Passwords will be changed every 90 days through a system prompt. Passwords will not be shared among the users.

Security Levels

ITCA will define security levels to ensure that only authorized staff persons can access certain information. ITCA will assign users to a security level based on their job description and duties.

Procedure

ITCA will be notified of hiring of an employee at least three business days in advance of the start date. The user name and password will be provided to the local agency WIC Director. The user will be prompted to modify the password at the first login. ITCA will be notified on or before the last date of employment for staff that has resigned or has been terminated from employment. When an employee resigns, their user name and password will be inactivated.

F. Vehicles

Vehicle Operating Procedures

All vehicles must adhere to legal speed limits at all times. Particular care must be exercised around centers with small children. Drivers must take all necessary precautions and exercise extreme care during adverse weather conditions and when road hazards are encountered that would endanger the driver/passengers or cause discomfort. Road hazards include dips, bumps and potholes, which can either be avoided or taken at low speed.

Vehicle Maintenance

WIC vans should be cleaned regularly and kept free of dirt and trash. The WIC agency is responsible for ensuring all maintenance requirements are met according to the User's manual and tribal guidelines. The WIC agency must maintain the registration and have proof of insurance in the van at all times.

Emergency Procedures

In case of vehicle breakdown take the following precautions:

- Notify the tribe or agency of breakdown, stating vehicle location and probable cause of breakdown.
- Remain with WIC van until help arrives or until vehicle is repaired.

In case of vehicle collision take the following precautions:

- Assure the safety of any passengers.
- Report to the tribe or organization all accidents, collision, and if there are any injuries.
- Provide first aid treatment for passengers if necessary.
- Failure to report an accident may result in termination.

General Operating Procedures

- Approval: It is important that each driver be authorized by the local agency director.
- Seat Belts: It is mandatory that all drivers and passengers be buckled in while the vehicle is in operation, **no exceptions**.
- Overloading: Drivers are never to overload their vehicle with passengers. The number of passengers who can ride safely in a vehicle should be the same as the number of seat belts that the vehicle contains.
- Driving Citations: If at any time you receive a driving citation it must be reported to the local agency director. Driver will be responsible for all citations.
- Locking up: At the end of the day all vehicles must be secured. Driver must park the vehicle in the designated secure parking lot.

G. Records Retention

Overview

WIC client records and reports are considered official program documentation by the USDA, Food and Nutrition Service, and are subject to federal retention requirements. All WIC records for a fiscal year (FY) shall be retained for three years and five months from September 30th. Records shall be retained longer if required by written notice from FNS if an audit has not been conducted of that fiscal year's records.

Policy

All WIC records for a fiscal year (FY) shall be retained for three years and five months from September 30th. Records shall be retained longer if required by written notice from FNS if an audit has not been conducted of that fiscal year's records.

H. Disaster Plan

Policy

In the event of a natural or man-caused disaster, WIC services will be maintained and/or re-established during the emergency and will continue to provide WIC checks/fruit & vegetable checks to purchase supplemental foods for those eligible as conditions allow. The STARS Disaster Recovery Plan (Attachment D) will be implemented, if necessary, in addition to the steps outlined below.

Limitations

- The WIC program is not a first responder in an emergency and is not a provider of emergency food. WIC does not distribute food or infant formula. WIC does not provide checks/fruit & vegetable checks for purchase of WIC eligible foods or infant formula to persons living in emergency shelters or evacuation centers.
- The issuance of WIC checks/fruit & vegetable checks to clients are only reasonable when the food delivery system is in place.
- Check/fruit & vegetable checks can only be distributed by mail if the mail service is in place and transportation to the post office box is not prohibited.

Disaster Reporting

The extent of the disaster will be reported to the ITCA WIC Director as soon as possible and options for continuing WIC services will be discussed with the ITCA Executive Director, Assistant Director and other WIC state level staff persons. A plan of action will be developed and decided upon. The ITCA WIC Director will notify the local and state WIC staff of the plan as well as USDA, Western Region Office.

Service Delivery Options

Each emergency situation is unique, therefore the following service delivery methods are provided as examples of options that may be used in different situations.

1) Implement Manual Certification System

The staff will provide WIC services manually using Manual Certification Forms and checks/fruit & vegetable checks will be mailed when the system becomes available or power is restored.

Situations: WIC Clinic is accessible and safe, but automation system is down temporarily or there will be no power for three days or less. Food delivery system and mail service are intact. Transportation to clinic and post office boxes is not restricted.

2) Provide Services at an Alternate Location

The local agency director will locate another facility in which to provide WIC services which may include a satellite clinic, a mobile van, or another public or private building such as a church, school, health clinic or business with Internet access. ITCA will assist the local agency in preparing to provide WIC services by providing additional equipment (laptops, printers, etc.) and mobile Internet, if necessary.

Situations: WIC clinic is not accessible or safe or there is no power for an extended period of time. Food delivery system is intact.

3) Mail Checks/Fruit & Vegetable Checks from ITCA

The ITCA WIC staff will print checks for eligible clients and either mail checks/fruit & vegetable checks to clients or deliver to a specified distribution point near the local agency clinic site. Local agency or state staff will distribute checks/fruit & vegetable checks to clients.

Situations: WIC clinic is not accessible or safe or there is no power for an extended period of time. No alternate location is available. Food delivery system is intact. Mail service is intact if checks/fruit & vegetable checks are mailed. Transportation to distribution point or post office box is not restricted.

4) Suspend WIC services and coordinate with food distribution effort

The local WIC Director and ITCA WIC Director will maintain regular communications with emergency response teams at the disaster site. WIC staff will work with emergency response teams and formula manufacturers to ensure that infants are receiving formula. The situation will be assessed daily to determine action plan until the situation stabilizes. One of the other options listed above may be implemented prior to resuming normal services once the food distribution system is in place.

Situations: Food distribution system is not in place or transportation to vendors is prohibited.

Food Package Adjustments

Food packages will be adjusted to accommodate the circumstances by using the non-refrigeration/homeless food packages and by issuing Ready-to-Feed formula, if needed.

Emergency Authorization of Vendors

Vendors may be authorized on a temporary, as-needed basis during an emergency situation, when authorized vendors in the area cannot be accessed and/or clients have been evacuated to an area where there are no authorized vendors.

I. Caseload Allocation and Management

Policy

Caseload will be allocated to local agencies by mutual agreement between the local agency and ITCA. Caseload will be evaluated monthly to ensure that local agencies are meeting performance standards.

Allocation

The following will be considered when allocating caseload to local agencies:

- Administrative and food funding available
- Potentially eligible clients in the service area
- Historical caseload performance
- Projected caseload increases or decreases
- Staffing
- Space

Frequency

Caseload to be funded will be agreed upon by the local agency and ITCA in May preceding the fiscal year. Caseload will be evaluated and reallocated or modified, if necessary, depending on performance and potentially eligible clients in the area at least one time per year.

Monitoring of Caseload

ITCA will track and monitor caseload and participation for each local agency on a monthly basis. Caseload is monitored for percent of assigned caseload served per month, percent of annual caseload served to date and anticipated remaining caseload per month.

No-Show Appointment Tolerance Levels

Local agencies will monitor no-show rates by appointment type monthly. The tolerance level for certification no-shows is 20% and the tolerance level for nutrition education/check pick-up appointments is 18%. The overall tolerance level for enrolled, not participating (clients that are in a valid certification but did not pick up checks for the month) will be the average of all agencies for the previous year plus a 10% buffer.

Performance Standards

Local agencies with a caseload allocation of more than 200 clients must serve at least 95% of caseload per month to meet performance standards. Local agencies with an allocation of 100-200 clients must serve at least 90% of caseload. Agencies serving less than 100 clients are not subject to a specific performance standard, however, ITCA will use its discretion in citing agencies for non-performance.

Procedures for non-performance

Local agencies that do not meet the performance standard in two consecutive months are:

- notified via email to the WIC Director that the standard was not met
- notified that funding may be decreased if participation does not improve
- requested to provide written documentation for the reason caseload has not been met and how participation will be increased to meet the standard in the following months

Local agencies that do not meet the performance standard for three consecutive months will:

- Be sent a letter to the contractual obligator of the agency notifying them that the performance standard has not been met and that funding will be or may be decreased in accordance with the funding formula to a caseload where the agency can meet the performance standards

Waiver

A local agency may obtain a waiver to the funding decrease by submitting a request in writing with documentation to support continued funding of the current allocated caseload. The request must include a plan that the agency will implement to increase the participation.

Chapter 12: Outreach

A. Outreach

1. Outreach Plan

Policy

Each local agency will develop an outreach plan to coordinate services with other providers, notify tribal and community members of the available WIC services and obtain public comment regarding the WIC services being provided. The outreach plan will be submitted annually to the ITCA WIC Program. Each local agency will log all outreach activities in the Outreach Logbook (Attachment D).

Procedure

The local agency director or designee will describe the following:

- How the agency will target benefits to the following:
 - ✓ Working families
 - ✓ Pregnant women with special emphasis on enrolling in the early months of pregnancy
 - ✓ High risk postpartum women (i.e., teenagers)
 - ✓ Priority 1 infants and Priority 3 children (including those exposed to drugs perinatally)
 - ✓ Migrants
 - ✓ Homeless persons/families
 - ✓ Incarcerated pregnant women
 - ✓ Institutionalized persons
 - ✓ Children in foster care/protective services
- The policies and procedures for ensuring participation and following up on no shows, especially pregnant women.
- The steps that will be taken to provide outreach materials to the following

agencies:

- ✓ Health and medical organizations (i.e., immunizations)
 - ✓ Hospitals and clinics
 - ✓ Welfare and unemployment offices, social service agencies and tribal providers
 - ✓ Migrant farm worker organizations
 - ✓ Homeless organizations
 - ✓ Religious and community organizations
 - ✓ Head Start Programs
- The agency's plans for expanding to areas where WIC services are currently not provided or restricted due to travel costs or personnel limitations.
 - The local agency director will evaluate the effectiveness of the outreach plan and provide their assessment in the agency's annual report.

2. Notification of WIC Program Benefits

Policy

At least once annually, the local WIC agency will notify the public of its services by publishing an announcement in the local paper. A copy of the advertisement will be sent to ITCA.

Procedure

The local agency director or designee will identify the newspaper or other publication with the widest circulation in their area. An article will be developed and submitted for publication that includes the following:

- The agency's name, address and phone number
- A brief description of the WIC program

- A brief description of who is eligible and what WIC provides
- Civil rights statement

Once published, a copy of the article will be forwarded to ITCA with the application or amendment forms.

Documentation

Each local agency will log all outreach activities in the STARS Community Activity application.

Documentation Procedure

Each local agency staff person will document his or her daily outreach activities in the Outreach Logbook (Attachment D). The following information will be recorded:

- Name and address of the organization
- Name of the contact person
- Program description
- Date outreach was provided
- Staff member who provide the outreach
- Description of the outreach activity

Monitoring

ITCA will monitor Outreach Activities during annual program reviews.

3. Client Satisfaction Survey

Policy

The local agency will assess their clients' views on nutrition education and breastfeeding promotion and support annually using one or more of the following methods: surveys, focus groups, or individual interviews. Clients will be surveyed annually to determine their satisfaction with the WIC program services provided. Emphasis will be placed on

availability, accessibility, customer service, nutrition and breastfeeding education, authorized foods, food delivery and other pertinent areas related to WIC.

Procedures

1. The local agencies and the ITCA WIC Program will determine the methodology for surveying clients.
2. The local agencies and the ITCA WIC Program will work together in coordination with the ITCA Epidemiology Center to develop appropriate questions, tools, data collection time period, data entry, analysis and reporting for the method selected.
3. Reports of the results of the survey, focus groups or individual reviews will be shared with local agencies within 6 months of the close of the data collection period.
4. Results of the survey will be used to improve WIC services for clients and in the development of nutrition and breastfeeding goals and objectives.

B. Sharing of Information

Policy

ITCA or the local agency may enter into an agreement with organizations to share confidential client information according to the policies and procedures outlined in this section. ITCA will identify the organizations with which the state or local agency may enter into an agreement to share confidential WIC information.

Purpose of Information Sharing

WIC confidential client information may only be shared with non-WIC organizations for the following purposes:

- Establishing the eligibility of WIC applicants or clients for the program that the organization administers
- Conducting outreach to WIC applicants and clients for the such programs
- Enhancing the health, education, or well-being of WIC applicants or clients who are currently enrolled in such programs, including the reporting of known or suspected child abuse or neglect that is not otherwise covered by Tribal or State law
- Streamlining administrative procedures in order to minimize burdens on staff, applicants or clients in either the receiving program or the WIC benefits
- Assessing and evaluating the responsiveness of the Tribe's or agency's health system to client's health care needs and outcomes

Organizations with which ITCA and Local Agencies May Share Information

ITCA and/or local agencies may enter into Memorandums of Agreement for Sharing of Information only with the organizations listed below:

- Phoenix and Tucson Area Indian Health Service
- Pascua Yaqui Maternal and Child Health Program
- Pascua Yaqui Tribe Social Services
- Pascua Yaqui Sewa Uusim

- Pascua Yaqui Tribe Head Start
- Pascua Yaqui Tribe Diabetes Prevention Program
- Pascua Yaqui Dental Clinic
-
- Salt River Indian Community Diabetes Services
- Salt River Indian Community Police Department
- Salt River Indian Community Child Car Seat Program
- Salt River Indian Community Head Start
- San Carlos Apache Tribe Cradling our Future (Johns Hopkins)
- Johns Hopkins at White Mountain Apache Tribe
- Tohono O'odham HIV/AIDS Program
- Tohono O'odham Maternal Child Health Program
- Hopi Community Health Representatives
- Hopi Social and Behavioral Health Programs
- Hopi Early Intervention Program
- Hopi Public Health Nursing
- Hualapai Community Health Representatives
- Hualapai Social Services
- Hualapai Head Start
- Hualapai First Things First
- Hualapai Domestic Violence Shelter
- Hualapai Daycare
- Hualapai Transportation
- Native Health Medical Clinic
- Native Health Health Start Program
- Native Health Dental Clinic
- Native Health Behavioral Health
- Native Health HIV Program

- Native Health Home Visit
- Native Health AZ Long Term Care (ALTCS)
- San Carlos Apache Maternal and Child Health Program
- San Carlos Public Health Nurising
- San Carlose Health Care Corporation
- Colorado River Indian Tribes Child Protective Services
- White Mountain Apache Tribe Head StartProgram
- White Mountain Apache Tribe Diabetes Prevention Program

Memorandum of Agreement

The state or local WIC agency must enter into an agreement with an organization prior to sharing information. The agreement must include the following:

- Must specify that the receiving organization may use the confidential applicant and client information only for: (you can choose which apply)
 - Establishing the eligibility of WIC applicants or clients for the program
 - Conducting outreach to WIC applicants and clients for the program
 - Enhancing the health, education, or well-being of WIC applicants or clients who are currently enrolled in the program
 - Streamlining administrative procedures in order to minimize burdens on staff, applicants or clients in receiving the program's services or WIC services
 - Assessing and evaluating the responsiveness of the Tribe's or agency's health system to client's health care needs and outcomes
- Must contain the receiving organizations assurance that it will not use the information for any other purpose or disclose the information to a third party
- Must include what data/information is being shared, how it is being shared and how the receiving program will ensure confidentiality of the WIC data

Client Notification

Clients and applicants will be notified at the time of application that ITCA allows their confidential information to be shared for non-WIC purposes as outlined in this section.

Notification will be provided on the Rights and Responsibilities Statement in Chapter 1, Attachment H. This signed statement will be filed in the local agency's daily, weekly or monthly files.

C. Confidentiality

Policy

Information obtained from program applicants and clients is confidential and may not be shared or disclosed to any other person or party except those who are directly involved in providing WIC services or the administration or enforcement of the WIC program except as specified under the terms of a written agreement as identified in Section B of this Chapter.

HIPPA

WIC information is subject to the confidentiality requirements of WIC regulations and not those of the Department of Health and Human Services regulations implementing the Health Insurance Portability and Accountability Act (HIPAA). WIC regulations take precedent over HIPAA requirements or any other Federal, State or local programs' confidentiality provisions.

USDA and the Comptroller General

WIC program records including confidential vendor, applicant and client information can be shared with federal representatives of the United States Department of Agriculture, Food and Nutrition Service and the Comptroller General of the United States.

When it is allowable to provide information

All requests for specific information about a WIC applicant or client are denied unless:

- There is a written agreement to share information between the agencies as per Section B of this Chapter; or
- Information is being shared to report child abuse or neglect; or
- A subpoena or search warrant is presented from the court (see procedures below); or
- Written permission is obtained from the adult client or the legal custodian of the client in the case of children specifying the party to which the

information may be disclosed and the specific information to be shared

Procedure for Handling Requests for Confidential Information (excluding subpoenas and search warrants)

1. Determine whether the sharing of information is allowed by the policy outlined above. If sharing of information is allowed, only provide the information specified in the agreement or release form.
2. If the sharing of information is not allowed, explain to the requesting individual or organization that WIC information is considered confidential and that the agency is unable to provide information about WIC applicants or clients without their written permission.
3. If a release form is received as per the guidelines outlined above, the WIC agency will send only the information specified on the form to the requesting organization.
4. The release form will be filed in the daily, weekly or monthly file.
5. The information sent and who the information was sent to will be documented in the Notes section of the client record in STARS. In the case of sharing multiple clients' information, a copy of the information provided will be maintained in a file with the Memorandum of Agreement with the agency with whom the information was shared.

Procedures for Handling Subpoenas

1. If a subpoena is received by the WIC agency for a client's record or specific information, you must follow the procedure outlined below.
2. The local agency director should immediately notify ITCA.
3. The local agency WIC director should contact the tribal or agency attorney to determine the WIC program's response to the request for information. Make sure the tribal attorney understands the confidentiality requirement of WIC. Contact ITCA if additional information is needed or if you do not have legal counsel.
4. If the local agency determines that the information is confidential and prohibited from being used or disclosed as stated in the subpoena, attempt to quash the subpoena unless the local agency determines that disclosing the information is in the best

- interest of the Program. The determination to disclose confidential information without attempting to quash the subpoena should be made only infrequently.
5. If the local agency decides that disclosing the confidential information is in the best interest of the Program, inform the court or the receiving party that this information is confidential and seek to limit the disclosure by providing only the specific information requested in the subpoena and no other information and limiting to the greatest extent possible the public access to the confidential information disclosed.
 6. File a copy of the subpoena in the daily, weekly or monthly file and put a note in the notes section of the client's record in STARS if information is shared.

Procedures for Handling Search Warrants

1. Immediately notify ITCA upon receiving a search warrant.
2. Immediately notify your legal counsel (tribal or agency attorney).
3. Comply with the search warrant.
4. Inform the individual serving the search warrant that the information being sought is confidential and seek to limit the disclosure by providing only the specific information requested in the search warrant and no other information; and limiting to the greatest extent possible the public access to the confidential information disclosed.

D. Detection of Dual Participation

Policy

Dual participation will be detected both within ITCA and with Navajo Nation and Arizona Department of Health Services WIC Programs to prevent clients from participating in more than one WIC program at the same time.

Dual Participation within ITCA

Dual participation will be completed when completing a WIC certification in the STARS application.

Procedure for Detecting Dual Participation within ITCA at Application

- In the “Apply for WIC Screen”, the ‘Dual Participation Test’ must be completed to add a client’s record to the system. This test identifies all clients with the same last name, first letter of the first name and date of birth.
- If a dual is identified, resolve it by selecting the appropriate status of the applicant. You must make a note on every potential dual client candidate.

Procedure for Detecting Dual Participation Agency Wide

- The Potential Dual Participation report will be run at ITCA on a quarterly basis.
- The report will be reviewed to determine whether there are suspected cases of dual participation.
- Check/fruit & vegetable check issuance and redemption records will be reviewed to determine whether a client suspected of dual participation has used benefits from two different local agencies for the same month.
- If dual participation occurred, steps outlined below under Follow-up on Dual Participation will be completed.

Dual Participation Among WIC Programs in Arizona

A dual participation agreement (Attachment C) between the Arizona Department of Health and Human Services (ADHS), Navajo Nation and the Inter Tribal Council of Arizona, Inc. WIC Programs will be maintained to detect and prevent dual participation among the WIC programs and CSFP.

Procedure

ITCA will send a data file of active clients to ADHS monthly. ADHS will compile data from Navajo Nation, ITCA and ADHS to identify potential dual clients.

1. After the file is received and processed, a report will be sent to ITCA that lists the names of the clients who are potential dual clients.
2. The ITCA WIC staff will send additional information to the state to help determine whether the client is really a dual participant.
3. The state will investigate the situation and follow-up with ITCA to determine the next steps for action.
4. Each state will take the appropriate action based on their participant sanctions.

Follow-up on Dual Participation

Suspected cases of dual participation will be followed-up on within 120 days of detection. Clients who are found to be participating in more than one WIC program or WIC and CSFP will be terminated from one of the programs immediately. Clients who are found to be intentionally participating in more than one program at the same time will be disqualified from the program and requested to reimburse the WIC program for any improperly issued benefits according to the procedures in Chapter 11, Pages 3-5.

E. Standards for Homeless Facilities and Institutions

Policy

The local agency will work with homeless facilities and institutions that serve WIC clients to ensure that the guidelines stated below are followed and an agreement is signed between the facility and ITCA (See Attachment C).

Services

Services shall be provided to clients who reside in a homeless facility or institution found in compliance with policies set forth in this section, in a facility or institution whose compliance has not yet been established, or for whom no other shelter alternative is available other than a non-compliant shelter.

Monitoring

The facility will be reviewed by the local agency using the forms in Attachment C at the initiation of the agreement and annually thereafter.

Guidelines

The homeless facility or institution must meet the following standards:

- The homeless facility or institution does not accrue financial or in-kind benefits from a person's participation in the program.
- The WIC foods provided by the program do not become a part of the communal food service, but are available exclusively to the WIC client for whom they were issued.
- The homeless facility or institution places no constraints on the ability of the client to use the supplemental foods and all WIC services made available to the client.

Non-Compliance

If the facility where a homeless client is staying is found not to be in compliance with any of the three conditions after the first full certification period of a new participant or during an annual inspection, the local agency shall work with the facility to become in compliance with the requirements.

If the institution continues to be non-compliant, , all WIC clients residing in it shall be referred to an appropriate alternate institution as soon as it is determined that the residence they are staying in does not meet the requirements. In the event that no other shelter alternative is available other than a non-compliant shelter, services shall continue to be provided to clients residing in the non-compliant shelter.

F. Access for Clients with Special Needs

Policy

Clients who have special conditions that may make access to the WIC clinic difficult or impossible will be accommodated by the local agency to ensure equal access to all clients.

Employed Individuals

Employed clients' needs are met by:

- Extending clinic hours to evenings and/or weekends
- Priority scheduling of appointments,
- Mailing food instruments (checks/fruit & vegetable checks)
- Expediting clinic procedures.

Rural Clients

Those clients who reside in rural areas will have their needs met through:

- Mobile clinics
- Extended hours
- Mailing of food instruments

Limited English Proficiency

Clients with limited English proficiency will have their needs met by:

- Providing materials in different languages based on the service population
- Providing interpreters
- Providing access to a language line

Disabled clients

Clients with a disability must be accommodated by:

- Making the clinics handicapped accessible

- Making home visits when necessary
- Mailing food instruments
- Providing additional assistance when needed (interpreters, readers, signers).
- Allowing service animals
- Making sure websites are accessible
- Providing access to a TTY line

Chapter 13: Staff Management and Development

A. Staff Management

1. Staffing Standards for Local Agency

Policy

The local agencies will at a minimum have the following positions (More than one position can be filled by a single staff person) with written job descriptions outlining the responsibilities of the position. Minimum responsibilities must include those outlined in the job descriptions in Attachment A.

Registered dietitians/RD

A Registered dietitians, certified by the Commission on Dietetics Registration, or a person with a Bachelor's Degree in nutrition from an accredited college or university who has completed an ITCA approved training plan must oversee all nutrition services and provide high-risk counseling for all local agencies serving more than 250 clients. ITCA will provide nutrition support for those serving less than 250 clients.

Breastfeeding Lead

Each local agency must designate a breastfeeding lead as outlined in Chapter 3.

Certified Professional Authority (CPA)

A CPA and/or a Community Nutrition Worker who has been determined competent by ITCA is authorized to provide WIC services to clients.

2. Performance Evaluations

Policy

Local agency directors will perform annual performance evaluations to include the minimum standards for all WIC employees. Annual evaluations will supplement the agency's performance evaluations and will include observations of certifications, nutrition education and breastfeeding support and file reviews for CNWs, using ITCA monitoring forms. (Chapter 9, Attachment A) A staff competency evaluation will be completed using information obtained from the staff observations and file reviews. (Chapter 12, Attachment C) Clerks will be evaluated based on their job duties and responsibilities.

Documentation

Results of the evaluations will be filed in the employee file and will be available for ITCA review.

Standards for Annual Evaluation

The evaluation will be completed using the ITCA Monitoring Tools for File Reviews and Observations in Chapter 9. The following number of reviews must be completed for each staff person.

Community Nutrition Workers	
Type of Review	Number to Review
Certification Visit	2
Nutrition Education	3
File Reviews	5
Breastfeeding Support	2

Clerks shall be evaluated on the following depending on their job description and responsibilities:

- Appointment Scheduling

- Data Entry
- Anthropometric Measurements
- Laboratory Techniques
- Check/Fruit & Vegetable Check Issuance

3. Staffing Standards for State Agency

Policy

ITCA will at a minimum have the following positions with written job descriptions outlining the responsibilities of the position.

Nutrition Coordinator

The Nutrition Coordinator must be a Registered dietitians, certified by the Commission on Dietetics Registration, and will oversee all nutrition services at the state agency level.

RD

The RD must be a Registered dietitians, certified by the Commission on Dietetics Registration.

Breastfeeding Coordinator

The Breastfeeding Coordinator must have specialized training in breastfeeding and a certification such as a Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC).

4. Training Needs Assessment

Policy

The local agency director will assess each employee's training needs and develop a training plan which will be submitted to ITCA with the yearly proposal. ITCA will assess the training needs of local agencies as a whole through surveys, staff observations, informal discussions and local agency requests.

B. Staff Development

1. ITCA Directors' Training

Policy

The state agency will provide training opportunities for local agency directors on a quarterly basis. In addition, directors will attend all staff trainings and other training opportunities such as the National WIC Association (NWA) Annual Meeting or the NWA Nutrition and Breastfeeding Conference as they are available.

Topics

The following are some of the topical areas that may be addressed during these trainings:

- Staff management
- Outreach and coordination
- New policies and procedures
- Grant writing
- Vendor Management

2. WIC Skills Building Workshops

Policy

ITCA will sponsor the WIC Skills Building Workshop two to three times per year. All new staff must attend the workshop within six months of hire. ITCA will sponsor the WIC Skills Building Refresher Workshop two times per year. Current staff that are deemed not competent in certain skills or have not attended a WIC Skills building workshop in the past five years must attend the next refresher workshop offered.

Topics

The following are some of the topics that will be addressed during the WIC Skills

Building Workshop:

- WIC Basics
- Anthropometrics and Hemoglobin
- WIC Risks
- Nutrition Assessment
- Nutrition Education Topics and Handouts
- Client Education including WIC Rules and Regulations, Nutrition Education and Breastfeeding Promotion
- Prenatal Nutrition
- Infant Feeding
- Child Nutrition
- Counseling Skills including goal development
- Breastpumps issuance and usage
- WIC Food Package
- Retail Delivery
- STARS system (computer documentation)

The WIC Skills Building Refresher Workshop will include above topics as applicable to the needs of the staff.

3. All Staff Trainings

Policy

ITCA will develop, provide and/or coordinate training opportunities for local agency staff throughout the year. A mandatory training for all staff will be provided annually. All staff working for the WIC Program must attend the All Staff Training and other trainings that are deemed mandatory by ITCA regardless of funding source of staff salary. Other trainings provided will be optional. Local agency staff may also attend other pertinent

trainings provided by the local agency director or RD or other agencies such as the Indian Health Service. A minimum of ten hours of continuing breastfeeding and nutrition education must be completed for each staff member except for clerks each year. A minimum of two hours of continuing breastfeeding education must be completed by clerks each year. The majority of the additional training should focus on nutrition. The nutrition and breastfeeding portions of the all staff training, local agency in-services Dietetic Education Program (DEP) and can be included as part of the continuing education requirement.

Topics

The following are some of the topical areas that may be addressed during the trainings:

- Policies and Procedures
- Civil Rights (As specified in Chapter 7)
- Nutrition Issues
- Nutrition Assessment
- WIC Rules and Regulations
- Data Management Issues
- Breastfeeding Issues

Documentation

The local agency director will maintain a record of all training completed by local agency staff using the Record of Employee Continuing Education/Training Form (See Attachment B).

4. Dietetic Education Program (DEP) Requirements

Policy

All local agency cross-trained clerks (clerks who sometimes function as a CNW), CNWs and directors, excluding Registered Dietitians, Diet Technicians Registered and those

with a Bachelor's or Master's degree in Nutrition will complete the DEP classes listed below with a grade of a "C" or higher within 2 years of date of hire. Basic Nutrition must be completed within 6 months of hire. All staff must take the Breastfeeding and Human Lactation and Certified Breastfeeding Counselor Courses. Clerks, administrative assistants, and receptionists are encouraged to take the courses as well and it is expected that staff who may move into a CNW position in the future would initiate classes prior to becoming a CNW.

- NTR 104 Basic Nutrition (3 credits)
- NTR 141d Nutrition Lab (1 credit)
- NTR 123 Nutrition throughout the Life Cycle (3 credits)
- NTR 127 Breastfeeding and Human Lactation (1 credit)
- NTR 272 Certified Breastfeeding Counselor Course (2 credits)
- NTR 134 Healthy Weight for Kids (1 credit)
- NTR 232a Food and Culture (1 credit)
- NTR 191 Basic Nutrition Counseling Skills (3 credits)

Other college-level classes may be substituted for these courses with approval from the ITCA Nutrition Coordinator.

The following courses are optional and may be paid for by the local agency or ITCA depending on available funding and only after the above courses have been completed.

- NTR 130 Diabetes Prevention (1 credit)
- NTR 135 Healthy Weight for Adults (1 credit)
- NTR 136 Management of Gestational Diabetes (1 credit)

Funding

DEP classes, books and travel related expenses are allowable WIC training expenses; however, ITCA will not fund registration, books or travel for DEP courses from either the ITCA or local agency budget for staff that received a grade of a "D", "F" or "W" (withdraw) in any two classes. Staff is still required to successfully complete the courses and funding for these classes must be provided from non-WIC funds.

Time

Local agency staff may attend DEP classes and complete homework assignments during work hours. Local agency Directors must provide staff a minimum of six hours of work time per one credit unit of class taken to prepare for class.

5. Knowledge Modules

Policy

All local agency staff must complete all twelve of the ITCA Knowledge Modules within six months of hire. The twelve must be completed when significant changes occur. All of the Knowledge Modules listed below must be past with a score of 80% or higher.

- Unit 1: What is WIC
- Unit 2: Working with People
- Unit 3: Collecting Certification Data
- Unit 4: Anthropometrics
- Unit 5: Hemoglobin Testing
- Unit 6: Nutrition Risk Factors
- Unit 7: Referrals
- Unit 8: Food Package
- Unit 9: Participant Education
- Unit 10: Check Issuance & Food Delivery
- Unit 11: Cultural Competency
- Unit 12: Civil Rights

Procedures

The following procedures will be used to complete Knowledge Modules:

1. The staff member will complete each Knowledge Module according to the instructions in the unit.

2. The staff member will complete the post-test for the unit.
3. The director will submit the original post-test for the unit to ITCA and maintain a copy on file at the local agency.
4. If the staff person does not pass the unit (score is < 80%), the unit and the post-test must be repeated until it is passed.
5. ITCA recommends that new staff complete at least one competency unit per week until all units are completed.

6. Staff Competency Evaluation

Policy

Local agency staff must be determined competent in each competency area within six months of hire. If a staff member does not demonstrate competency in any area the staff will be re-evaluated within 60 days. The WIC Director or RD will complete weekly file reviews on all staff not deemed competent.

Procedures

The following procedures will be used to determine staff competency:

1. Prior to determining competency, the staff member must complete training including attending WIC Skills Building Parts 1 and 2 and successfully complete all knowledge modules and an approved breastfeeding class.

3. The Local Agency Director will review a minimum of five file reviews for the staff member using the file review monitoring tool. (Chapter 9, Attachment A)
4. The Local Agency Director will complete staff observations, including five nutrition education, three certifications and one breastfeeding session using the Staff Observation Form. If the WIC Director is not a Registered Dietitian, the Registered Dietitian for the agency must complete the nutrition education observations (Chapter 9, Attachment A).
5. The staff member will be rated as lacks competence, needs improvement or demonstrates competence in each competency area by the Local Agency Director using the ITCA WIC Staff Competency Evaluation Scoring Sheet. (Chapter 13, Attachment C) The ITCA WIC Competency Evaluation Form is completed using information compiled from the Staff Observation Forms, completed file reviews and trainings completed. Non-CNW staff (clerks, Registered Dietitians) will be evaluated based on the skills required for their position.
6. The Local Agency Director will complete the WIC Staff Competency Evaluation Form (Chapter 13, Attachment D) to determine competency in each area.
7. **Competent:** All nine areas of the ITCA WIC Staff Competency Evaluation Form received a rating of competent. The staff person will be able to perform as a CNW.

Not Competent: All nine areas of the ITCA WIC Competency Evaluation did not receive a rating of competent. The Local Agency Director will reassess competency in each of the areas the staff was found not competent in within sixty days of the evaluation.

Chapter 14: Finance

A. Financial Reports

1. Monthly Expenditure Report

Policy

The WIC Monthly Financial Report will be submitted to ITCA by the 30th day of the month following the month for which it pertains (See Attachment A).

Local Agency Procedures

Instructions for completing the monthly report are as follows:

1. Enter the name of your Tribe or organization.
2. Fill in the report month and year.
3. Enter the invoice number, if applicable.
4. Enter the approved budget for each line item, the total direct amount, the indirect amount and the total approved budget in the Approved Budget column.
5. Fill in the monthly expenditure amount for each line item for the current reporting period in the Current Expenditures column.
6. Enter the year to date expenditures for each line item in the YTD Expenditures column.
7. Total the direct costs for the current period and the year to date expenditures.
8. Subtract the year to date expenditures for each line item and the total direct expenditures, indirect costs and total expenditures from your approved budget and enter the amounts in the balance column.
9. The authorized tribal official must print his/her name, sign and date the form. A contact email or phone number should also be included.
10. Send the report to the ITCA WIC Director by the 30th day of the month following the report month.

ITCA Procedures

1. The WIC Director will review the monthly report for correctness and reasonability.
2. The WIC Director will sign the report and submit to accounting for payment.
3. Accounting will reimburse the tribe within 30 days of receipt of the report.
4. ITCA will only reimburse up to the amount of the year to date expenditures or the year to date earned, whichever is less.

2. Annual Expenditure Report

Policy

The Annual Expenditure Report will be submitted to ITCA by November 30 of each year for the previous fiscal year. The agency will report their use of WIC federal funds by functional area: **Client Services, Nutrition Education, Breastfeeding and Administration.**

Procedure

Excel spreadsheets are available to assist in completing the report electronically.

Instructions for the statement of expenditures are as follows:

1. Enter the name of the Tribe or organization.
2. Enter the fiscal year.
3. Enter the percentages from the time study for the fiscal year representing the report year for the four cost areas: client services, nutrition education, breastfeeding and administration in the row labeled Time Study Percentages. Ensure that the total percentage equals 100%. If, due to rounding, the total does not equal 100%, adjust a column to achieve 100%.
4. Enter the total actual expenditures and approved budget amount for the fiscal year for each line item in the Total Expenditures column and

Approved Budget column. Note that any line item expenditures with a variation from the budget exceeding 10% of the total budget require a budget modification.

5. Enter the Indirect Cost percentage in the cell next to Indirect.
6. Enter the total indirect costs in the Total Expenditures and Approved Budget columns.
7. Fill in the in-kind contribution, if desired in the Total In-kind row.
8. The authorized official should sign and date the completed form and mail it to the WIC Director by its due date.
9. ITCA will not pay indirect costs unless the agency's rate has been negotiated with a federal agency; a copy of the negotiated agreement is on file at ITCA; and the agreement reflects the grant period reported or up to two grant periods prior to the current grant period.
10. ITCA will accept revised reports; however, ITCA cannot accept a revised report after December 30.

B. Staff Time Study and Semi-Annual Certifications

Policy

Federal regulations require that WIC expenditures be reported by functional area. Therefore, the local agency shall document the use of WIC staff by functional areas: Client services, nutrition education, breastfeeding promotion and other (general administration) monthly using a time study (see Attachment C). The percentages obtained through this time study will be used to report expenses by functional area on the Annual Expenditure Report (see Attachment B).

Federal regulations require that all staff who are funded 100% by USDA WIC dollars complete a semi-annual certification to attest that the employee works 100% for the WIC program. All Directors and/or staff who work 100% for WIC or for the WIC Breastfeeding Peer Counseling Program will complete the appropriate form in Attachment E for the periods of October through March and April through September of each fiscal year by October 1 and April 1 respectively.

Procedures

1. During one week of each month or one month each quarter, a time study will be completed by the local agency. Excel spreadsheets are available to assist in completing the time study electronically.
2. Each USDA funded WIC employee will complete the time study sheet in Excel (see Attachment C) according to the following directions:
 - a. Fill in the project title, employee's name and title, their funding source, and full time equivalent (FTE) for WIC services.
 - b. For each workday fill in the number of minutes spent in each area under the appropriate column heading of Client Services, Nutrition Education, Breastfeeding Training or Other. Try to choose weeks without holidays. Leave days are counted as 0 hours.
 - c. Client services is identified as any time spent providing services to clients including, but not limited to certifying clients, preparing clinics schedules,

- issuing checks/fruit & vegetable checks, driving to clinics and answering telephones.
- d. Nutrition Education is identified as any time spent preparing for or providing nutrition education, developing educational materials, attending nutrition-related training or purchasing educational materials.
 - e. Breastfeeding Promotion is identified as any time spent preparing for or providing breastfeeding promotion or education, developing breastfeeding materials, attending breastfeeding-related training or purchasing breastfeeding materials and supplies.
 - f. Administration includes, but is not limited to staff meetings, supervision activities, reporting and preparing budgets.
 - g. At the end of the day, total the minutes recorded under each column. These minutes will be recorded on the total number of minutes spent on WIC activities lines. (**Remember: This total may not equal the total hours worked during the day.**)
 - h. All of the minutes recorded for each activity will be automatically tallied to obtain the total number of minutes spent by activity.
 - i. The Total Hours is calculated by dividing the total number of minutes by 60.
3. The Project Director is responsible for ensuring the Annual Time Study Summary Report (see Attachment C) is completed, calculated correctly in the Excel file and sent to ITCA along with the expenditure report.
- a. At the top of the sheet, fill the Project Name and the Funding Source (WIC).
 - b. Under WIC staff (column A), list the name of the staff members.
 - c. The hours are automatically calculated in the spreadsheet by activity along with the percentage by activity.
 - d. Provide the Summary Report to your accounting/finance department so it can be used to complete the Annual Expenditure Report.

- e. Mail Time Study Summary Report to the ITCA WIC Director with the Annual Expenditure Report due November 30th.
- f. Keep copies of all Time Study and Summary Sheets on file.

C. Annual Financial Audit Report

Policy

Internal: The ITCA will contract with a certified Account who will conduct an independent audit of the ITCA yearly.

Local Agency: Each local agency shall be required to submit a copy of their independent audit to ITCA yearly.

All audits are conducted to examine the performance in compliance with ITCA and local contractual obligations and applicable laws, regulations and financial management requirements. Tribes will give ITCA copies of their compliance audits. Each local agency has an audit yearly in compliance with OMB A-128 and OMB A-133.

Procedures

1. The ITCA Financial Manager will review the audits and send written comments to the WIC local agency if material findings are present in the report.
2. The ITCA Financial Manager is solely responsible for the maintenance of the audit reports and the integrity of the ITCA financial management system.
3. The ITCA and local projects will maintain all audit records for three years and five months from the time of submission of the Annual Expenditure Report as required by federal financial regulations.

D. WIC Program Audits

Policy

The Secretary, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers and records (except medical case records of individuals unless that is the only source of certification data) of ITCA and local agencies and their contractors, for surveys, audits, examinations, excerpts, and transcripts.

Procedures

1. The Financial Manager is responsible for reviewing the audit recommendations and the WIC Director forwards a copy of the report and recommendations to the local agency.
2. The WIC Director is responsible for reviewing the report and recommendations with the local agency to determine what specific action is needed and set deadlines.
3. The local agency will then reply to the WIC Director in writing by the requested date about what action has been taken to satisfy each recommendation according to a specific time schedule.
4. The WIC Director will evaluate the action plan submitted by the local project with the Regional Coordinator and then prepare a reply to the audit staff.
5. This reply will specify any action taken by the ITCA Program and will include any requests for further assistance from the audit staff. If the local project is unable or does not agree to comply with the audit recommendations, the WIC Director and the Financial Manager will meet with the local agency within 20 working days after receipt of the local project's reply and will attempt to resolve any problems relating to the audit recommendations.

6. ITCA should accomplish the above follow up procedures within 30 working days unless an extension date is justified and documented.

7. The Comptroller and WIC Director will monitor audit recommendations that the local agency has carried out.

E. Memorandum of Agreement

Policy

A Memorandum of Agreement (Attachment D) will be maintained between ITCA and the WIC Local Agency for five-year cycles beginning in FY 2016. The agency's official representative and the Executive Director of the ITCA will execute the Memorandum of Agreement (MOA) upon receipt of a complete and approved WIC application.

Procedure

1. ITCA will mail two original copies of the WIC MOA to each local agency (for continuing applicants) along with the application. The MOA will be signed and dated then returned along with the completed application on or around August 15th of each year as specified in the application letter. For new applicants, the Memorandum of Agreement will be sent following review and approval of the application and will be due as stated in the application approval letter.
2. Once the application is reviewed and approved, the MOA will be signed and dated by the Executive Director of ITCA to execute the agreement. One original will be returned to the local agency.
3. The ITCA Financial Manager will maintain all original copies of the local agency WIC MOAs according to retention requirements..

F. Financial Expenditures

Policy

Local agencies must expend WIC funds only as designated by OMB Circulars A-128 and A-133 and federal regulations. Expenditures must be included in the budget submitted and approved by ITCA annually.

Allowable Costs

Costs that are allowable using WIC funds include the following, however, WIC funds should be used judiciously regardless of whether the cost is allowable.

- Staff salaries and benefits for WIC services and program administration
- Staff travel for WIC services or WIC appropriate training
- Materials and supplies to run the WIC program
- Nutrition education and breastfeeding materials
- Breastpumps and breastpump kits, nursing pads
- Inexpensive outreach items for potential WIC clients
- Inexpensive incentive items for WIC clients
- Equipment such as copiers, fax machines and computers
- Office furniture, rugs, printer stands, etc.
- HemoCue equipment and supplies
- Food for food demonstrations for WIC clients that incorporates nutrition education and WIC foods
- Phone, electricity, rent, water, etc.
- Storage room rental fees

Disallowable Costs

Costs that are not allowed include, but are not limited to the following costs:

- Construction costs
- Food for meetings/trainings or snacks/hospitality
- Staff uniforms

- High-cost outreach or incentive items (Ex: Slings for BF moms, T-shirts for outreach)
- WIC Staff salaries for non-WIC functions including:
 - Issuing Farmers' Market checks and instructing clients about use of checks
 - Routinely doing health assessments for Head Start
 - Giving out car seats, doing fluoride varnishes
- WIC equipment/supplies for non-WIC activities
- HemoCue supplies for Head Start assessments
- Breastpumps for women who are not WIC clients
- Apparatus or devices (e.g. enteral feeding tubes, bags and pumps and bottles)

Allowable Costs with Approval

Certain costs are allowable but require ITCA and/or Food and Nutrition Service approval. The following costs require approval prior to expenditure:

- Computer equipment or software
- Costs of facilities
- Capital assets
- Repairs that materially increase the value or useful life of the asset
- Any other equipment or item exceeding \$5,000

G. Equipment Inventory

Policy

ITCA and local agencies will maintain inventory of all non-expendable equipment and will perform a physical inventory of all equipment one time per year in the first quarter of the fiscal year.

Items to tag and track

Local agencies will track the following equipment and any other non-expendable equipment that may be purchased by the local agency or ITCA valued at \$100 or more. Items purchased by ITCA may be tagged by ITCA and therefore the local agency is not required to retag the item but is responsible for tracking the item in their local inventory. All equipment purchased by the local agency must be tagged and tracked by the local agency.

- Copiers/printers/fax machines/scanners
- Shredders
- Carpet cleaners/vacuums
- Multi-user Breastpumps
- Computers
- Monitors
- Electronic signature pads
- Uninterrupted Power Supplies (UPS)/battery backups
- Televisions
- DVD/VCR players
- HemoCue/Massimo or other blood work devices
- Scales and measuring boards
- Office furniture such as tables, desks, chairs, credenzas, bookcases, file cabinets
- Large play equipment
- Vehicles
- Modular facilities

- Cameras/camcorders

Information to Track for Equipment

Each piece of equipment should have the following information tracked in the inventory. The sheet in Attachment X or a local agency form may be used as long as all of the following information is included:

- **Asset tag number-** Enter the ITCA or local agency tag number assigned to this equipment. If there is not tag number on the equipment contact ITCA or your local agency to obtain a tag as appropriate.
- **Equipment Type-** Enter the type of equipment such as Monitor, Scale or Chair.
- **Description-** Enter a detailed description of the item such as the make and model of the item such as Dell 18-inch flat screen monitor.
- **Serial number** – Enter the serial number of the item, if available. All computer equipment must have the serial number entered.
- **Date of purchase-** Enter the date the item was purchased.
- **Purchase price-** Enter the amount that was paid for the item.
- **Purchase order number-** Enter the PO number that the item can be tracked back to if documentation on the purchase is required.
- **Funding source/% WIC funds-** Enter the funding source such as “USDA WIC” that were used to purchase the item.
- **Location-** Enter the location of the item at the last inventory.
- **Disposition-** Enter how the item was disposed of such as sold, trashed, moved to different program or returned to ITCA.
- **Disposition date-** Enter the date the item was disposed of.
- **Last inventory date-** Enter the date the last physical inventory was completed for the item.
- **Condition-** Enter whether the item is Working, Not working-repairable, Not working-not repairable, Obsolete-working, Obsolete-not working, Other

Inventory Maintenance

The local agency will add to the inventory during the year as new items are received and tagged. Items that are disposed of will have the disposal documented in the status column of the form as per the disposal section below.

Lost or Stolen Equipment

Equipment that is lost should be reported to the appropriate authority such as the insurance carrier and or supervisor as appropriate. Equipment that is stolen must be reported to law enforcement and a police report should be maintained on file for all stolen equipment and provided to ITCA if item was purchased by ITCA. Any equipment directly purchased by ITCA that is lost or stolen must be reported to ITCA as soon as possible.

Disposal of Equipment

Equipment purchased by the local agency should be disposed of according to the local agency disposal policy. ITCA should be contacted for disposal instructions for items purchased by ITCA or capital expenditures such as vehicles and modular facilities. All items that are disposed of shall have the method of disposal and date of disposal documented in the inventory. All items should be maintained on the inventory listing including disposed items. Disposed items should only be deleted from the inventory three years and 5 months after the disposal date.

Annual Inventory Procedure

1. Every October, local agencies and ITCA will complete an inventory of equipment and will document the date of the physical inventory as well as the condition of the item.
2. Items that are not located will be resolved and the inventory will be submitted to ITCA by November 1.
3. ITCA will review the local agency inventory to confirm that the appropriate information is being tracked and the inventory is fully completed and correct. Any unaccounted items

will be followed-up on with the local agency and resolved. Items will be documented as lost or missing if needed as per guidance above.

4. Agencies identifying items without an asset tag will have an asset tag provided by ITCA for ITCA purchased equipment or will request one from their local agency.
5. ITCA will compare each local agency inventory with the location of equipment on the ITCA inventory to ensure that the two inventories match. Any items that do not match will be followed up on by the ITCA until the status is determined.
6. All unaccounted items will have follow-up to determine the location and will be resolved. Any equipment that cannot be resolved will have the disposition changed to missing, lost or stolen as appropriate along with the date.
7. Inventory will be completed by December 31, 2013 and will be maintained on file.
8. Local agency inventory will be checked during monitoring visits to ensure accuracy and correctness.