



WIC AND ADJUNCTIVE ELIGIBILITY

AS THE NATION'S PREMIER PUBLIC HEALTH NUTRITION PROGRAM, WIC IS A COST-EFFECTIVE, SOUND INVESTMENT—INSURING THE HEALTH OF OUR CHILDREN.

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

OVERVIEW OF WIC

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the nation's premier public health nutrition program, has improved the health of at-risk women, infants, and children for over 40 years. WIC serves over 7 million participants per month through 10,000 clinics nationwide.¹

ADJUNCTIVE ELIGIBILITY IN THE WIC PROGRAM

Adjunctive eligibility enables WIC applicants to be automatically income-eligible for WIC by showing proof of participation in the

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Medicaid. The Child Nutrition and WIC Reauthorization Act of 1989 established adjunctive eligibility as a way to simplify and streamline the WIC application process, given that the income eligibility cutoffs for these other programs were lower than those for WIC in 1989.

In the past 25 years, some states have expanded eligibility for these programs to include those with incomes above the WIC eligibility threshold of 185% of the Federal poverty guidelines. This means that, in certain states, women, infants, and/or children who would not normally qualify for WIC based on their income level are able to qualify based on their enrollment in Medicaid.

Despite the potential for enrollment of participants with incomes above the WIC threshold, the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) data from a 2014 census of WIC participants indicate that only about 1% of WIC participants have incomes greater than 185% of the Federal poverty guidelines.² Additionally, nearly 73% of participants report enrolling in WIC through adjunctive eligibility.³ In other words, the vast majority of participants who enroll in WIC through adjunctive eligibility would already qualify for WIC based on their income level.

THE IMPORTANCE OF ADJUNCTIVE ELIGIBILITY

Adjunctive eligibility:

- Links WIC to other social service and healthcare programs.
- Promotes clinic efficiency.
- Simplifies the WIC application process.
- Streamlines paperwork.
- Eliminates duplicative income documentation requirements.
- Reduces administrative error and costs.
- Increases coordination between WIC and other programs.

ADJUNCTIVE ELIGIBILITY RESULTS IN GREATER EFFICIENCY AND LOWER ADMINISTRATIVE COSTS

As mentioned, nearly 75% of WIC participants apply for WIC via adjunctive eligibility. For the remaining 25% of WIC participants who must provide income documentation, the process of demonstrating eligibility for WIC can be time-consuming and cumbersome. Income documentation requires participants to find and bring a variety of documents to the WIC clinic: Pay stubs for the last 30 days, tax returns, income-verification letters, utility bills, and/or rent receipts. Enrolling in WIC through income documentation can sometimes require several trips to the WIC clinic and in some instances may take several days. Enrolling in WIC through adjunctive eligibility, on the other hand, takes about one minute and simply requires a WIC client to present their Medicaid



card or demonstrate receipt of SNAP or TANF benefits. Adjunctive eligibility requires less time and paperwork, resulting in lower administrative costs for WIC and a lot less hassle for WIC participants.

LINKING WIC TO MEDICAID VIA ADJUNCTIVE ELIGIBILITY IMPROVES OUTCOMES AND SAVES HEALTHCARE COSTS

All WIC participants, regardless of how they qualify, are at nutritional risk. Adjunctive eligibility enables WIC, a preventive program, to directly link with healthcare. This results in low-income families benefiting from an integrated approach that can help prevent medical or dietary nutrition risks from escalating into serious chronic conditions. Linking WIC to Medicaid improves outcomes and saves healthcare costs. WIC helps prevent nutrition-related illnesses, developmental problems, and chronic diseases, which would be paid for by Medicaid.

CAPPING ADJUNCTIVE ELIGIBILITY WOULD TRANSLATE INTO AN INCREASED BURDEN FOR WIC STAFF AND PARTICIPANTS, AS WELL AS INCREASED COSTS FOR WIC, HEALTHCARE, AND TAXPAYERS

In many states, thousands of additional women and children would have to provide income documentation—which would increase administrative costs and labor time. Furthermore, the roughly 1% of WIC participants who qualify for WIC through adjunctive eligibility and have incomes above 185% of the Federal poverty guidelines, are still nutritionally vulnerable and in need of nutrition support.

NWA asked State and Local WIC directors if Medicaid adjunctive eligibility were no longer permitted, how would it impact your staff, families, and/or program efficiency? Many responded that there would be additional staffing needs, increased admin costs, and it would create a barrier to participation. The quotes in the boxes illustrate these impacts.

“ COSTS WOULD RISE, QUALITY OF SERVICES WOULD DECLINE, HEALTH OUTCOMES LIKE IMPROVED BREASTFEEDING RATES WOULD DECLINE, PEOPLE WHO REALLY COULD BENEFIT FROM WIC SERVICES WOULD NO LONGER GET THEM, CLINICS WOULD BE LESS EFFICIENT, FEWER PARTICIPANTS WOULD BE REFERRED INTO OTHER HEALTH SERVICES. ”

“ THIS WOULD ADD SIGNIFICANT TIME TO THE INTAKE PROCESS OF DETERMINING ELIGIBILITY. AS INDICATED, WE WOULD HAVE ABOUT 47% OF OUR PARTICIPANTS THAT WOULD NOW HAVE TO USE OTHER SOURCES OF INCOME TO BE DETERMINED ELIGIBLE FOR THE PROGRAM. THIS WOULD PRESENT A SIGNIFICANT BURDEN ON STAFF FOR TIME AND FOR PARTICIPANTS TO BRING IN OTHER FORMS OF INCOME PROOF. THIS WOULD ADD APPROXIMATELY 2.8 FTE STATEWIDE TO COVER THE ADDITIONAL TIME. ABOUT \$53,717 IN ADDITIONAL ANNUAL NSA COSTS.” (THIS IS FROM A SMALL STATE WITH LIMITED STATE STAFF POSITIONS). ”

The majority of states reported that the time it took to income screen a Medicaid adjunctively eligible participant was less than the time it took to income screen a participant using paystubs or other financial documents. Consequently, the estimated administrative cost was less for the income screening for participants who are Medicaid adjunctively eligible.

For example, one state reported that the estimated cost of conducting income screening using paystubs or other financial documents was around \$12.50 whereas the estimated cost of conducting income screening for Medicaid adjunctively eligible participants was only \$3.75.

ESTIMATED COST OF
INCOME SCREENING BY
DOCUMENTING PAYSTUBS
AND OTHER FINANCIAL
DOCUMENTS \$12.50

ESTIMATED COST OF
INCOME SCREENING
WITH MEDICAID
ADJUNCTIVE
ELIGIBILITY \$3.75

THIS IMPORTANT ENROLLMENT MECHANISM SHOULD BE PROTECTED

ADJUNCTIVE ELIGIBILITY LINKS A PREVENTIVE HEALTH PROGRAM WITH A HEALTHCARE PROGRAM, RESULTING IN DECREASED ADMINISTRATIVE COSTS BY REDUCING APPLICATION TIME AND PAPERWORK AS WELL AS DECREASED HEALTHCARE COSTS BY PREVENTING ILLNESS AND CHRONIC DISEASE.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

Please direct all questions to NWA at 202-232-5492

¹ United States Department of Agriculture, Food and Nutrition Service. (2013) Study of WIC Participant and Program Characteristics 2012 Final Report. Alexandria, VA: US Department of Agriculture, Office of Analysis and Evaluation.

² Thorn B, Tadler C, Huret N, Trippe C, Ayo E, Mendelson M, Patlan KL, Schwartz G & Tran V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C- 11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.

³ Thorn B, Tadler C, Huret N, Trippe C, Ayo E, Mendelson M, Patlan KL, Schwartz G & Tran V. (2015). WIC Participant and Program Characteristics 2014. Prepared by Insight Policy Research under Contract No. AG-3198-C- 11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service.