Providing Remote WIC Services From the Clinic
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Effective March 13, 2020, through May 30, 2020, the Office of Nutrition Services Management Team authorizes local WIC agencies to provide all WIC services remotely. These interim policies will be re-assessed during this time.

- Participants will be provided remote WIC services by staff that work from the clinic.
- The rationale for this decision is below.

Rationale:

- Washington State has the most cases of, and deaths from, the COVID-19 outbreak in the U.S.
- Governor Jay Inslee has declared a state of emergency. Governor Inslee directed state agencies to use all resources necessary to prepare for and respond to the outbreak.
- The outbreak is expected to get worse. The goal is to reduce the speed of the outbreak so the health care system doesn’t become overwhelmed.
  - Without effective mitigation efforts, COVID-19 infections are estimated to double every 6 days.
  - Pregnancy is identified as high risk.
- We need to continue to provide excellent participant-centered WIC services at the same time we support the broader Public Health efforts to contain the outbreak.
  - The integrity of WIC services, including risk assessment, breastfeeding support, nutrition education, referrals, and access to healthy foods must be maintained.
  - We can maintain excellent WIC services while supporting the public efforts to contain the outbreak.
- Social distancing is a major strategy for slowing the spread of the virus—that means staying 6 feet away from other people.
WIC services currently require close contact with participants for weighing and measuring, determining blood iron levels, and breast pump distribution and education.

We need to continue to provide excellent participant-centered services and still abide by this Public Health directive.

FNS may allow states to, “[...] conduct certification online or by phone, waive certain documentation requirements when they present an unreasonable barrier to participation, and allow states the option to substitute certain food package items with similar items when WIC-approved foods are unavailable.”

FNS Program Guidance on Human Pandemic Response (dated 3-6-2020)

- We have a precedent set in 2019, when FNS allowed Washington WIC to provide remote certifications due to a measles outbreak.

Local Washington WIC agencies may:

1. Waive the requirement for physical presence for WIC certifications, health assessments, and PE complete assessments.
2. Provide certifications, health assessments, and PE complete assessments via phone or secure interactive video chat.
3. Allow participants to provide proof of ID, residency, and income per the attached policies.
4. Review the Rights and Responsibilities per the attached policies.
5. Accept information participants provide about lengths or height and weight measures when available from another source within the last 60 days. This is in current policy.
6. Accept hemoglobin information from another source within 90 days. This is in current policy.
7. Certify participants even if information about length or height and weight, or hemoglobin is not available at the time of certification. See attached policies.
   - We don’t want to overburden the health care system or add stress to participants by requiring this information in order to provide WIC services.
8. Remotely issue food benefits per attached policies.
Additional questions and answers the state office is considering are:

**Q:** Can local staff provide services while they are not in the clinic? For example, staff wants to work from home to provide WIC services to participants.

**A:** We are working on this. For now, the answer is no, due to concerns about assuring security and confidentiality.

**Q:** How will breast pump distribution and support be handled?

**A:** We’re exploring guidance on how breast pump distribution works. Our staff are also exploring what videos are available for support.

**Q:** Will participants be able to access WIC foods without going into the store?

**A:** We are looking at possibilities. At this time, we don’t have a way for that to happen.

**Q:** What about transfers? How can they be done remotely?

**A:** We are working on a policy for this.

**Q:** Are there concerns about stores having adequate WIC formula and food?

**A:** So far, stores are telling us their suppliers assure them there is no shortage.

**Q:** The policies refer to “secure interactive video conference” and to talk to our local IT staff about what that is. What if we don’t have staff to ask? What if we don’t have access to that technology?

**A:** We will provide more guidance on this shortly.

**Q:** How do all these remote services impact monitoring?

**A:** Our monitor staff are working on figuring this out.