Providers of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are rapidly adapting to ensure continued services throughout the COVID-19 public health emergency. WIC agencies and other stakeholders are focused on three main goals during this emergency:

» Make sure all current WIC participants continue to receive their benefits.

» Make sure newly eligible families can receive benefits promptly.

» Make sure all current and newly enrolled participants can make full use of their benefits.

The Families First Coronavirus Response Act, signed into law on March 18, invests new authority in USDA to relax the physical presence requirement for WIC certifications and waive additional regulatory barriers to service delivery. The National WIC Association (NWA) recommends that state WIC agencies consider the following recommendations when submitting waiver requests to USDA:

REMOTE CERTIFICATIONS
With multiple state agencies reporting clinic closures, it is imperative that state agencies develop procedures to establish remote certifications. State agencies should consider certifying new or existing participants by phone, video conference, or through an online form. State agencies should consider additional issues related to certifications:

» The Families First Coronavirus Response Act specifically authorizes USDA to permit state agencies to defer anthropometric measurements and bloodwork throughout the COVID-19 emergency. State agencies should explore deferring such tests until the next in-person appointment.

» State agencies should establish procedures to create secure channels for applicants to submit documentation or proofs (i.e., for residency, income, etc.). Where possible, state agencies should encourage procedures to confirm adjunctive eligibility through online or telephone access to state Medicaid, SNAP, or TANF systems. Remember: documentation of income is not required when there is no income source. When documentation of residency or identity does not exist, a written confirmation of residency and/or identity may be accepted.

» State agencies should develop alternative means to provide notification (i.e., rights and responsibilities) and obtain signatures, including through electronic platforms.

» State agencies should proactively collaborate with WIC management information system providers to modify or create workaround options to omit measurements, blood tests, and other data fields normally required to complete a certification.

» State agencies should explore relief from the required inquiries into voter registration.

» When clinic staff is required to work from home, state agencies should modify the separation-of-duties requirement to reconcile limited staff capacity.

» When clinic staff is required to work from home, state agencies should explore appropriate measures to maintain the data security of WIC participant records, especially if staff is not issued work laptops, telephones, etc.

CLINIC PROCEDURES
In addition to remote certification procedures, state agencies should request additional waivers from USDA to relax clinic processes and remotely serve WIC participants.

» State agencies earlier exercised existing authority to extend certification periods for 30 days beyond a current certification period. State agencies should request additional authority to extend certification periods for as long as is deemed necessary, even up to 180 days.

» When possible, state agencies should work with their MIS providers to decouple certification periods and food packages. Local agencies should be encouraged to communicate with participants to adjust their food package (e.g., when a child turns one), but it should not involve the certification period ending.
State agencies should seek authority to automatically recertify pregnant women who give birth as postpartum/breastfeeding women and add their infants (no need to check income, residency, or perform nutrition assessment). Nutrition assessments can be deferred for 60 days or longer.

State agencies should seek authority to automatically recertify infants who turn one as a child (no need to check income or residency).

State agencies should employ nutritional risk codes for presumed dietary eligibility and regression, when applicable.

Local agencies should utilize existing authority to defer nutrition education and mid-certification nutrition assessments and offer ongoing nutrition education and breastfeeding support through online, telephone, or video options.

Local agencies should streamline nutrition assessment by focusing on information needed to determine an appropriate food package and to make referrals for health and social services.

**FOOD BENEFITS ISSUANCE**

Once remote certifications are established, clinics should explore options to minimize the participants’ time in clinic. Systems for remote benefits issuance will vary significantly based on the state’s food instrument - paper voucher, offline EBT, or online EBT. State agencies should take steps to ensure that participants are issued multiple months of benefits to provide stability in these first few weeks of disruption to service delivery.

USDA has existing authority to permit state agencies to issue three months of benefits. All state agencies should explore waivers to obtain authority to issue additional months of benefits (up to six months or for the remainder of the certification period). This may require working with the MIS provider and EBT processor to reconcile on the back-end.

State agencies should also explore waivers to extend the “last date of use” for benefits, allowing participants to redeem benefits in a subsequent month. This is especially critical as stores face stocking challenges, participants and their proxies fall ill, and families continue to remain concerned about exposure in public settings such as grocery stores.

For **online EBT states**, state agencies should explore options to remotely issue benefits to a participant’s existing EBT card. State offices should explore the option to create a batch issuance for mass benefit loading for all participants. State agencies should obtain waivers that permit the mailing of EBT cards to new participants who were remotely certified.

For **offline EBT states**, state agencies should explore a drive-through option to permit the loading of benefits while reducing exposure for both participants and WIC clinic staff. Where necessary, state agencies should obtain waivers to mail out new cards with additional benefits.

For **paper voucher states**, state agencies should explore steps to print and mail checks to directly to participants or create safetboxes and clinics to reduce exposure for both participants and clinic staff.

In extreme circumstances, all state agencies should make plans to provide food items (especially infant formula) directly to participants.

**VENDOR MANAGEMENT**

NWA encourages state agencies to proactively work with their state retail associations and retail partners to ensure adequate stock of WIC foods throughout the public health emergency. Many state agencies have reported stocking shortages in the face of increased purchases by all consumers. WIC agencies should play an active role in alerting retailers and manufacturers to deficiencies in the supply chain and collaborating with local retailers to develop creative solutions that address the needs of WIC shoppers.

State agencies should temporarily suspend vendor monitoring visits/investigations and proactively communicate this to their retailers. Where necessary, state agencies should apply for waivers of the five percent monitoring requirement.

State agencies should seek waivers to extend vendor authorization periods and otherwise suspend store reauthorization processes.

State agencies should temporarily waive mandatory WIC trainings of store employees or explore remote means (i.e., webinars) to communicate the training without increasing the risk of exposure to WIC staff.

Where a vendor is facing a shortage of WIC infant formula, state and local agencies should encourage vendors to hold WIC formula behind the customer service desk and alert WIC customers of the change. Please note that not all vendors will be able to do this.
» State agencies should encourage vendors to enforce quantity limits, if necessary, to ensure adequate stock of both infant formula and WIC foods. For paper voucher states, this strategy should be tailored to ensure that WIC participants are able to redeem all benefits without forfeiting specific items.

» State agencies should explore the use of alternative retail strategies or food delivery systems to reduce exposure for participants. This includes self check-out, curbside pickup, online ordering, and home delivery models. State agencies should seek waivers of the cashier/signature requirement to allow for online purchasing platforms. Where possible, WIC agencies should work proactively with retailers to waive delivery fees or other additional costs for WIC customers.

FOOD PACKAGE
As stores are reporting stocking shortages, WIC participants are having difficulty finding the formula or specific food items that they need - running into barriers such as brand and package size. State agencies should explore additional flexibilities to their approved product lists to enhance participant access to nutritious foods.

» State agencies should seek flexibility in brand and package sizes to encourage broad options within WIC food categories. State agencies should also seek substitutions of infant formula (i.e., liquid v. powder) to ensure continued access in the face of stocking shortages.

» In EBT states, state agencies should explore using a broadband category for infant formula rather than specific sub-categories.

» State agencies should also consider increasing the amount of benefits issued through the Cash Value Benefit and the types of foods available to be purchased with the Cash Value Benefit. This will ensure increased access to nutritious foods, especially vegetables and fruits.

COMMUNICATIONS
» State and local agencies are encouraged to utilize NWA’s COVID-19 Messaging Toolkit. The Toolkit is a living document - NWA will be adding communications resources to the toolkit several times each week.

» The Messaging Toolkit includes social media content and sample messaging on the following topics:

» Encouraging participants who are experiencing symptoms to stay home and call the WIC clinic.

» Debunking the myths. NWA has created a set of myths surrounding WIC and COVID-19 (that have been circulating on social media) accompanied by accurate statements. These myths and facts can be found in the Resource Toolkit.

» Thanking the dedicated WIC staff for their efforts during this crisis.

» Discouraging participants from making formula at home.

» Future topics as we are made aware of them.

NWA:
EMPOWERING FAMILIES,
STRENGTHENING COMMUNITIES
If you have any questions, please contact Brian Dittmeier at bdittmeier@nwica.org or Natalie Moran at nmoran@nwica.org.