



National WIC Association  
Your child has you. And you have WIC.



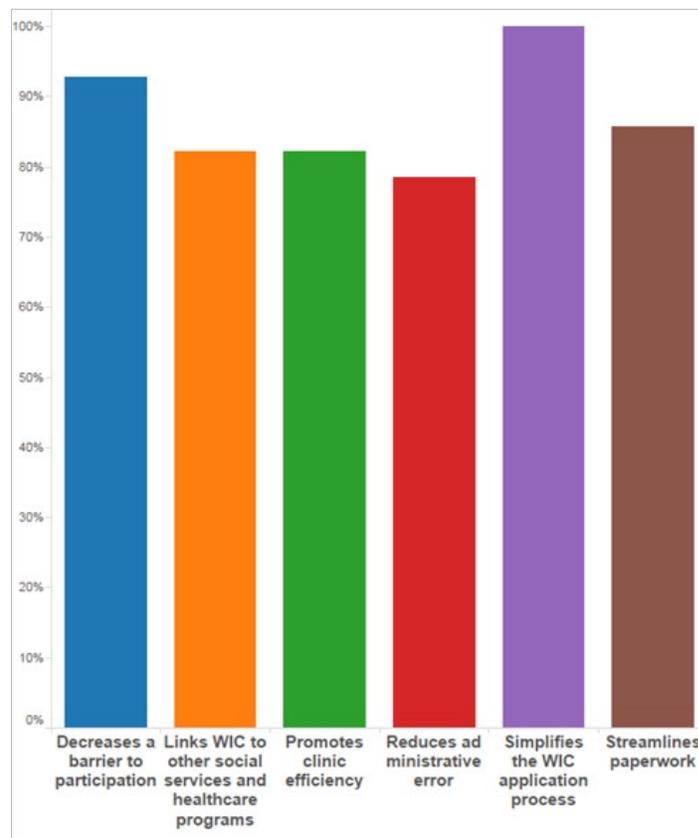
## WIC State Directors Value Medicaid Adjunctive Eligibility

Medicaid adjunctive eligibility is an important resource to WIC programs across America. States from every region completed an NWA survey on Medicaid adjunctive eligibility in their state (n=38). The findings indicate that MAE is an integral tool within WIC.

Below are some key findings:

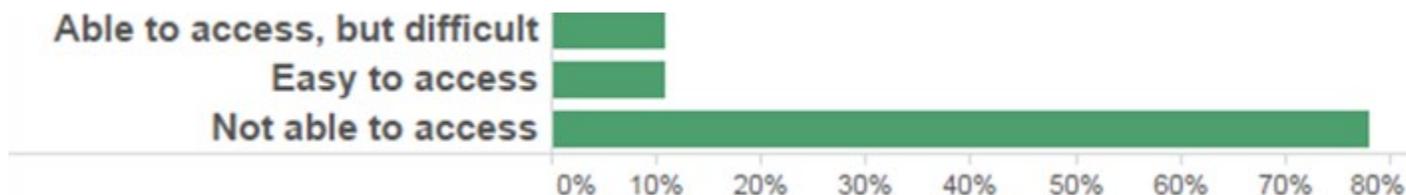
- State directors agree that Medicaid adjunctive eligibility simplifies the application process and streamlines paperwork, prevents a barrier to participation, promotes clinic efficiency, links WIC to other health and social services, and reduces administrative error.
- If MAE were removed there are concerns that administrative costs would rise as more staff/ staff time would be needed to document income eligibility.
- The barrier to participation caused by removing or capping AE would mean fewer low-income women, infants and children receiving healthy food, nutrition education and referrals to health and social services.
- State WIC directors cannot easily access data on Medicaid.

What are the main benefits of Medicaid adjunctive eligibility?



### How easily are you able to access participant income information that is collected by Medicaid?

The survey also found that State WIC directors cannot easily access participant income information collected by Medicaid.



# If Medicaid adjunctive eligibility were no longer permitted how would it impact your staff, families, and/or program efficiency?

## Increased administrative costs:

“ 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.”

“ Reduce the number of participants automatically eligible for WIC Increase certification time and effort Increase administrative costs.”

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.



## Create a barrier to participation:

“ Many applicants who are now on Medicaid do not have a steady source of income and will not have documents such as a pay stubs readily available.”

## There would be additional staffing needs:

“ We would need additional staffing in clinic - approximately 2 FTE statewide - for the additional time in come screening, and another 2-4 FTE statewide to follow up on provisional certifications. A provisional certification almost always involves a second visit to the clinic by the head of household, which is a great barrier to participation for the lowest income and most at risk families.” (This from a small state with limited state staff positions)

“ 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 also for participants to bring in other forms of income proof. This would add approximately 2.8 FTE statewide to cover the additional time. About \$53,717.00 in additional annual NSA costs.” (This from a small state with limited state staff positions)

## Anticipate a step backwards in breastfeeding:

One of our Local Agencies brainstormed with their staff regarding this question and came up with the following:

“ Decreased participation leading to decreased funding to local agencies resulting in loss of staff jobs increase in children/families in community who are hungry loss of safety net that WIC provides for needed linkages to community resources for prenatal care, medical care, mental healthcare, and social services...staff also anticipate that with less participating families, there will be less babies being breastfed and much less support of breastfeeding mothers resulting in less healthy infants with less eligible infants, formula will be incorrectly reconstituted more often to stretch farther...even more than they already do as WIC participants.”