Subject: Hybrid WIC Operations

Effective Date: August 9, 2023

Policy: Unless superseded by statute or determined to be no longer necessary or appropriate, this policy will remain in effect until September 30, 2026. This policy will supersede current Kansas WIC policies with related content.

For purposes of this policy, “must” refers to a requirement or obligation and “should” refers to a recommendation.

1. Remote Appointments

In-person appointments for all types of appointments must be offered to all clients. Local agencies have the choice to offer all appointment types remotely to alleviate barriers such as transportation, childcare, and scheduling restrictions. Local agencies who choose to offer remote appointments must also offer families the choice of in-person appointments for all appointment types.

Local agencies are not required to offer remote appointments. However, if a local agency cannot offer a remote appointment to a family who says they cannot attend in-person, the agency should refer to a local agency in Kansas that offers remote appointments so that benefits are not withheld from a qualifying applicant or participant.

Local agencies should develop procedures for any aspect related to hybrid operations that is not included in this policy. When developing procedures, agencies should prioritize client-centered services that are realistic for their agency.

Local agencies who offer remote appointments have the choice to limit remote appointments to certain categories, types of appointments, or number of appointments in a year (e.g., requiring in-person infant certifications or breastfeeding follow-ups). Local agencies with these limitations should allow occasional exceptions for families who state a hardship in attending an in-person appointment.

2. Remote Work

Employers of local agency staff may allow staff to work from home as long as the following are met:

a. Staff who interact directly with clients must have access to the KWIC system and a communications platform or phone while working from home. Cost should be considered when an agency is choosing between a communications platform or phone (e.g., A communications platform may be more cost effective for a larger staff.). Staff who assess proofs must also have the ability to view electronic proofs remotely. For more information, contact State agency staff.
b. Staff must maintain the security and confidentiality of all WIC-related data and client information regardless of work location. Remote appointments must be conducted through secure methods. Local agencies should verify and discuss with their local IT departments on recommendations and local agency policies related to secure messaging, calls, and video chats. For more on confidentiality of WIC program information, refer to policy PRI 04.00.00.

c. At least one clerk or one competent professional authority (CPA) must be available in the clinic during WIC clinic hours to assist with tasks that may require in-person contact with a client or use of material or equipment in the clinic (e.g., card issuance, in-person appointments).

   i. If an appointment is scheduled as a remote appointment, the client/caregiver has the right to switch to an in-person appointment at any time before or at the time of the appointment. A clerk or CPA must be in the office to attend to the client/caregiver.

   ii. If all CPAs are scheduled to work remotely during WIC clinic hours, a clerk in the office must be trained to perform anthropometric and blood iron collection. (Refer to policy ADM 10.01:00 for level 4 staff responsibilities. Contact State WIC staff for training information.) The clinic must also offer the client/caregiver use of a phone or video in the clinic to converse with the CPA in case the client/caregiver does not have access to a phone or reliable service. Refer to policies NED 02.01.00, NED 02.02.00, CRT 03.04.00, CRT 07.00.00, and CRT 07.03.00 for more on determining nutritional eligibility and providing nutrition education at certifications, mid-certifications, and low-risk secondary education contacts.

d. Dietitians who primarily conduct high-risk secondary education across multiple counties are not required to be in the clinic, but the client/caregiver must be offered use of a phone or video in the clinic to converse with the dietitian in case the client/caregiver does not have access to a phone or reliable service. Refer to policy NED 02.03.00 for more on high-risk secondary nutrition education contacts.

3. Non-Native English Speakers
   Local agencies must develop procedures to ensure verbal and written communications are culturally and linguistically appropriate at in-person and remote appointments. Local agencies are encouraged to develop policies and procedures to recruit and retain staff that have the literacy and language skills to address the needs of diverse participants (e.g., offering a higher salary to staff who use their language skills for a certain percentage of their job). See WIC Nutrition Services Standard 3.G.3., Standard 4.C.6., and Standard 7.A.2.j.
If offering remote appointments, local agencies must have a plan to offer remote interpreting services if a bilingual staff is unavailable (e.g., Individual interpreter or contracted service provider). Refer to ADM 01.03.02 for WIC access for individuals with limited English proficiency. For more information, contact State agency staff.

a. If a client declines professional interpreting services or prefers to have an adult family member or friend interpret, staff should document this in a KWIC note.

i. Children under 16-years-old should not be allowed to interpret.

4. **Internet and Phone Service for Clients**

Local agencies are encouraged to refer all WIC clients to the Affordable Connectivity Program to help them gain access to high-speed internet. If a client or their child/dependent participate in WIC, the household qualifies for this program.

Local agencies are encouraged to refer all WIC clients to Lifeline Support to help lower their cost of phone or internet service. Families with income that is 135% or less than the Federal Poverty Guidelines qualify.

5. **Proofs and Other Documentation**

With both in-person and remote certifications, local agency staff are encouraged to allow applicants and their providers to submit documents and information, electronically or in-person, prior to their appointments to streamline the certification process. Documents and information include but are not limited to:

- Proof of identity, residency, adjunct eligibility, and income (Policy CRT 01.02.02 Thirty-day Temporary Certification Period is still effective.)
- Anthropometric and hematological data (see 8 for acceptable options)
- Special Issuance Authorization
- Demographics
- Participation in the Kansas Food Assistance Program (SNAP), Medicaid, Child Support Enforcement, Temporary Assistance to Families, and other programs

Applicants and providers can submit electronic documents and information by:

- Sending to a local agency WIC staff email address
- Texting to a local agency phone number that accepts text messages
- Submitting through intake software
- Showing WIC staff electronic forms on their phone (e.g., patient portal)
- Faxing documents to the WIC clinic
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Staff must maintain the security and confidentiality of all WIC-related data and client information. Local agencies should verify and discuss with their local IT departments on recommendations and local agency policies related to secure messaging and intake software. Staff should encourage clients to send messages to the WIC clinic using a secure method. However, if staff inform the client of the potential security risk related to sending personal information using unsecure messaging, and the client still chooses to do so, they should not be stopped from sending messages through unsecure messaging methods. For more on confidentiality of WIC program information, see policy PRI 04.00.00.

If the local agency has reason to believe this information is questionable, WIC staff should take steps to verify the information presented.

6. Voter Registration & Rights and Responsibilities

7. eWIC Cards
   Local agencies can continue mailing eWIC cards with the client/caregiver’s permission as needed. (Refer to Policy FCI 04.07.00.)

8. Anthropometric & Hematological Data
   Local agency staff must make concerted efforts to obtain data for anthropometric and blood iron level measurements in advance of or at the time of the certification. If measurements are not obtained by the time of certification, local agency staff must continue making concerted efforts to obtain data for anthropometric and blood iron level measurements throughout the certification period.

   With both in-person and remote certifications, local agencies must allow the following options for obtaining anthropometric and blood iron level measurements. These options should be communicated to clients when scheduling their certifications:

   a. Collection of measurements taken by another healthcare provider
      i. Measurements must be submitted directly from the healthcare provider or on documentation filled out by the healthcare provider (e.g., patient portal, doctor’s note with their letterhead, Special Issuance Authorization form).
         1. Paper or electronic documentation is necessary. A client/caregiver verbally stating measurements from the healthcare provider is not acceptable.
      ii. Local agencies may consider developing Memorandums of Understanding (MOUs) with local healthcare providers or other programs to obtain measurements.
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iii. Once entered into KWIC, the documentation does not need to be saved (except for Special Issuance Authorization forms).

iv. The client’s WIC category on the certification date must agree with the category on the date of the medical data (e.g., Measurements at an 11-month visit would not be allowed if the client is now 1-year-old.) Refer to Policy CRT 07.01.00 and Policy CRT 07.02.01.

b. Collection of measurements in the WIC clinic in advance of or at the time of the certification

i. Offering advance collection is not required for in-person certifications.

ii. When scheduling a remote certification, staff must ask if the client/caregiver plans to submit measurement data from their healthcare provider in advance of or at the time of the appointment. If the client/caregiver does not, advance collection must be planned per local agency procedure.

iii. Options include allowing drop-ins during clinic hours or at specific times or scheduling appointments for collection prior to scheduled remote certifications. Measurements could also be taken in the WIC clinic on the day of the certification, allowing the client to leave after and conducting the nutrition assessment and education remotely.

When entering anthropometric and blood iron data collected on a previous date, local agency staff must backdate the measurements in KWIC.

Anthropometric data shall be measured within 60 days before or after the certification. A hematological test for anemia shall be performed or obtained from referral sources within 90 days before the certification. The hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources within 60 days after the certification.

(Refer to Policy CRT 07.01.00 and Policy CRT 07.02.01 for timelines and additional information about anthropometric and hematological testing.)

9. Measurement Deferral
On the rare occasion that anthropometric and hematological data cannot be obtained from the client/caregiver prior to or on the day of the certification, local agencies must allow the client to be certified and develop a plan for obtaining anthropometric data within
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60 days of the certification and blood iron data within 90 days of the certification. The plan must be documented in KWIC (e.g., in a KWIC note, measurement appointment scheduled).

a. The normal number of months of benefits can still be issued, but the local agency has the choice to limit the number of months issued at one time if they prefer. Benefits for the current month must never be withheld.

b. Local agencies should determine which staff will enter deferred measurements from external providers into KWIC once they’re obtained. Ideally, risk factors should also be reassigned by the CPA on the same day that the deferred measurements are entered into KWIC. If a new risk factor changes the client’s status from low- to high-risk, the client’s flowsheet and next appointment must be updated accordingly. (Refer to policy NED 02.03.00.)

   i. If a CPA is unavailable to reassign risk factors and assess status, reassigning can be delayed, but they must be reassigned within five business days.

c. If anthropometric data has still not been obtained after 60 days and bloodwork after 90 days, local agencies must allow clients to remain on the WIC program. Clients must not be terminated. At the minimum, local agencies are expected to document a plan for obtaining measurement data from the provider or in the clinic (as outlined above) at each following WIC appointment, within the certification period, until measurements are obtained.

10. Nutrition Assessment & Education
With remote appointments, local agencies are encouraged to offer clients the option of conducting the nutrition assessment and education via video or phone.

   a. Video conferencing software must maintain the security and confidentiality of all WIC-related data and client information. Local agencies should verify and discuss with their local IT departments on recommendations and local agency policies related to secure video chats. For more on confidentiality of WIC program information, refer to policy PRI 04.00.00.

11. Nutrition Education Materials
With both in-person and remote certifications, local agencies are encouraged to provide nutrition education materials in the client’s preferred form (e.g., electronic or paper) and secure delivery medium (e.g., email, text, physical mail) that meets the confidentiality requirements of WIC.
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Local agencies should verify and discuss with their local IT departments on recommendations and local agency policies related to secure delivery mediums. For more on confidentiality of WIC program information, refer to policy PRI 04.00.00.

A variety of electronic nutrition education materials were included in the June 2023 I-Memo to local agency staff.

12. Complete Certification

13. Benefit Issuance

14. Mid-Certifications and Secondary Education