Mission Statement of Program

The Montana Special Supplemental Nutrition Program for Women, Infants and Children (WIC) exists to meet the needs of it constituents: The people of Montana. We are an organization whose goal is to be open and responsive to the program applicants/participants. We will strive to make each contact with WIC a pleasant, convenient and satisfying experience.

The WIC staff is our most important asset. Each individual is an integral part of the team. WIC will ensure quality services by careful selection of staff at all levels and by constant attention to detail.

As a team we will work together to find solutions to problems and will be open to input from all staff members. We will treat each other with professional courtesy and promote cooperation. We will recognize the needs of our co-workers and serve each other in order to better serve our applicants/participants. We strive to create an atmosphere in which the individual can achieve a sense of self-satisfaction and reach his/her full potential.

WIC is dedicated to the delivery of quality nutrition education and counseling, intervention, referral and follow-up on identified risks and to improve eating behaviors and reduce or eliminate nutrition problems.

WIC affords access to preventive health programs and referral and follow-up to private and public health providers. Coordination and cooperation with related health care agencies will be used to provide quality, compassionate services for our applicants/participants.

WIC provides specific selected foods to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided are tailored to the individual's needs and nutrition risks.

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Policy Number 1-1
Overview
Effective Date: October 1, 2008

Overview

Purpose

To provide an action plan with defined goals and objectives for the annual operation and administration of the WIC Program.
To demonstrate compliance with Federal Law and USDA Regulations applicable to the WIC Program.
To inform the public and local programs of WIC Program components and operations and provide a mechanism for their input into program administration.

Authority

WIC is administered by the United States Department of Agriculture (USDA) under Public Law 7CFR 95-627, Child Nutrition Act of 1966. Current regulations were issued January, 2005, Consolidated WIC Regulations (see Federal Regulations).

Policy

Public Law 7CFR 95-627 defines the purpose of WIC:

"Congress finds that substantial numbers of pregnant, postpartum and breastfeeding women, infants and children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care or both. The purpose of WIC is to provide supplemental foods and nutrition education through local programs to eligible persons. The WIC program shall serve as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of these persons."

WIC Program

I. History

A. The Montana WIC Program began in 1974, with two pilot projects on the Fort Peck and Northern Cheyenne Reservations. Approximately 800 women, infants and children received program benefits monthly. Total program funds at that time were approximately $120,000.

B. Currently over 21,000 participants per month receive WIC benefits through 27 local WIC Programs (including seven Indian Reservations). See the listing of Montana State WIC Program Local Clinics and Service Area Maps.

II. Description

A. The Special Supplemental Nutrition Program provides low income, pregnant, lactating and postpartum women, infants and children up to age five, at nutrition risk, with:

1. Nutrition screening, education and counseling to improve eating behaviors and reduce or eliminate nutrition problems.
2. Access to preventive health programs and referral to private and public health providers.
3. Selected foods to supplement diets lacking in nutrients needed during this critical time of growth and development.

III. Organizational Overview

A. Funds for food and administrative costs are funneled from USDA, Food and Nutrition Services (FNS), to the State WIC Agency, which in Montana is the State Department of Public Health and Human Services, Public Health & Safety Division, Family and Community Health Bureau, Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

B. The State WIC Agency makes grants to local programs which provide direct services to the participants. Responsibilities for delivery of the services are divided into three levels:

Local Agency	State WIC Agency	USDA Regional Office Denver, Colorado
Follow Federal and State policies and procedures	Follow USDA regulations; Make policies and develop procedures for program operations	Act as a clearinghouse for USDA Policy and information
Hire a qualified CPA and additional professional and clerical staff as appropriate and notify State WIC Agency when vacancies occur	Provide technical assistance to local programs	Provide technical assistance
	Provide program funding to local programs through contracts via an established funding formula	Distribute funds to state agencies via published funding formulas
Maintain financial, administrative and participant records	Maintain responsible fiscal operations	
Determine eligibility of applicants and certify those eligible for Program benefits	Perform management evaluations of local programs	Perform management evaluations on state and local programs
Provide nutrition education to participants in accord with the nutrition education plan and prescribed nutrition services standards	Ensure valid and consistent nutrition training is available to local program staff	Provide guidance as requested
Provide certain minimum health services to participants, including but not limited to referral to and follow-up of appropriate medical care	Review, evaluate and follow-up on local program breastfeeding and nutrition plans. Provide opportunities for appropriate WIC continuing education	
Maintain a drug free workplace	Maintain a drug free workplace	

Program Overview

Purpose

This chapter provides program information for the Special Supplemental Nutrition Program for Women, Infants and Children.

Authority

7CFR 246.1

Policy

The Montana WIC Program exists to meet the needs of its constituents: the people of Montana. We are an organization whose goal is to be open and responsive to the WIC program applicants/participants. We will strive to make each contact with WIC a pleasant, convenient and satisfying experience.

Guidelines

I. WIC Staff

A. The WIC staff is our most important asset. Each individual is an integral part of the team. WIC will ensure quality services by careful selection of staff, input with local programs during hiring and by constant attention to detail.

B. As a team, we will work together to find solutions to problems and will be open to input from all staff members. We will treat each other with professional courtesy and promote cooperation. We will recognize the needs of our co-workers and serve each other in order to better serve our applicant/participants. We will strive to create an atmosphere in which the individual can achieve a sense of self-satisfaction and reach her/his full potential.

II. Benefits

A. WIC is dedicated to the delivery of quality nutrition education and counseling, intervention, referral and follow-up on identified risks, and to improve the eating behaviors and reduce or eliminate nutrition problems.

B. WIC affords access to preventive health programs and referral and follow-up to private and public health providers. Coordination and cooperation with related health care agencies will be used to provide quality, compassionate services for our applicants/participants.

C. WIC provides checks for participants to select foods to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided are tailored to the individual's needs and nutrition risks.

III. Determining Eligibility

A. Persons applying for WIC benefits must meet the following eligibility requirements:

1. Categorical: Must be a member of the population WIC serves (pregnant women, breastfeeding women, postpartum women, infants (up to age 1) or children (up to age 5).
2. Residential: The household resides in Montana.
3. Income: The household income is at or below current WIC income guidelines or household meets adjunctive income eligibility definition. Income guidelines change yearly.
4. Nutritional: Persons within the household applying for WIC have a nutritional risk as outlined in the WIC State Plan.

IV. Nutrition Education

Two (2) nutritional education contacts are required to be offered to all WIC participants during each 6 month certification period. Nutritional Education contacts shall incorporate valid and consistent information, such as “The Feeding Relationship” and “The Breastfeeding Initiative.”

V. Referral

Access to preventive health programs and referral(s) to and follow-up from private and public health providers is a benefit of WIC.

VI. Food Packages

Participants are provided checks to enable them to purchase specific foods to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided are tailored to the individual’s needs and nutrition risk.

Application Process

Purpose

This chapter provides general guidance for applying to operate the Special Supplemental Nutrition Program for Women, Infants and Children.

Authority

7 CFR 246.5

Policy

It is the policy of the Montana WIC Program to accept applications for providing WIC services in a designated service area and satellite clinics. Applications will be reviewed on the information provided according to the Review Criteria described below.

Procedures

I. Application

A. The process for application of agencies interested in operating a WIC program (this applies to additional clinic sites within existing program, new agencies, satellite sites or conversion of satellite site to standalone site) is: Potential contracts may call or write the State WIC Agency and express interest, request information, request application, etc., from the agency and/or DPHHS.

B. An Application Packet will be sent to applicant within five (5) calendar days of initial contact.

C. The written request must include, but may not be limited to:
Reason(s) for opening the site:

1. Estimated caseload of the new site, by month and category of client including racial/ethnic composition; including supporting documentation for numbers used in caseload estimate;
3. Staffing pattern;
4. Location of the clinic site;
5. Estimated equipment (weighing and measuring devices, etc.) needed;
6. Assessment of community resources available;
7. Estimated budget (staff, travel costs, etc.);
8. Proposed days and hours of operation;
9. Availability of currently authorized WIC retailers.
10. Within fifteen (15) calendar days after receipt of an incomplete application, written notification to the applicant agency of the additional information needed will be provided; and
11. Within thirty (30) calendar days after receipt of a complete application, the applicant shall be notified in writing of approval or disapproval of its application.

D. Within 90 days notification of completeness and approval, the state agency shall complete the following activities:

1. Prepare computer software, including changes to both the central PC host computer and the local agency computer;
2. Check computer hardware, including whether existing equipment is capable of handling more data;
3. Ordering additional equipment, if needed;
4. Assure sufficient blank food instrument stock is available;
5. Notify the bank of additions to the system; and
6. Such other activities as required (system testing) to assure that additional sites are functional.

E. Additional clinic sites may not open until final written approval is received from the State Office.

F. When funds are available and an application is approved, the State WIC Agency shall schedule an on-site visit to the agency and assist in the set-up of operational procedures as soon as practical after approval, but not less than 30 calendar day's post-approval.

G. If the additional clinic site is within an existing program's service area, the additional site must be funded and operated within that program's budget as determined by the current funding formula.

H. No additional funding will be provided, based on the funding formula, until the beginning of a new contract period (or mid-year, if the statewide WIC grant is increased). Additional funding for equipment to furnish a new site will be evaluated on a case by case basis.

I. When an application is disapproved, the applicant agency shall be given written notification of its right to appeal as set forth in 7 CFR 246.18, and of the reasons for disapproval.

J. When an agency submits an application and there are no funds to serve the area, the applicant shall be notified within thirty (30) calendar days of receipt of the application (whether incomplete or not) that no funds are available. The application shall be returned to the applicant, and the name and address of the applicant agency shall be retained by the State WIC Agency.

II. Review Criteria

A. The review criteria for selection of local programs to administer the WIC Program will include, but not be limited to, the following factors:

1. The applicant's position in the Montana WIC Affirmative Action Plan; and
2. Adherence to 7 CFR 246.5:
   a. Priority A: A public or private non-profit health agency that provides ongoing routine pediatric and obstetric care and administrative services;
   b. Priority B: A public or private non-profit health or human service agency that will enter into a written agreement with another agency for either ongoing routine pediatric and obstetric care or administrative services;

c. Priority C: A public or private non-profit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing routine pediatric and obstetric care to a specific category of participants (women, infants or children);
d. Priority D: A private or non-profit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing routine pediatric and obstetric care;
e. Priority E: A public or private non-profit health or human service agency that will provide ongoing routine pediatric and obstetric care through referral to a health provider:

B. The applicant's projected ability to meet a minimum average monthly caseload of 200 participants in the WIC Region proposed by the applicant and accepted by the State WIC Agency. Supporting documentation of the projected caseload must accompany the application. Historical data from prior contractors may be used. The standard time period used for historical data will be the most recent annual time period of April to March.

C. The applicant's projected ability to meet WIC Program regulations and State policies and procedures.

D. The qualifications of the staff, the applicant's history of performance in other programs and in administering similar public health services.

E. The applicant's plan for providing linkages with appropriate health care providers.

F. The applicant's ability to make the WIC program accessible to participants.

G. The applicant's projected cost of operations.

H. The applicant's financial integrity and solvency as demonstrated by independent audits.

III. Affirmative Action Plan

The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (2000) and updated (1985) data on low birth weight infants from the Montana Department of Public Health and Human Services (DPHHS).

IV. Affirmative Action Ranking

A. The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.

B. A Request for Proposal (RFP) for agencies meeting Program criteria would be solicited in the area(s) of proposed expansion in accordance with regulations. Such agencies could include county governments, hospitals and so forth. The RFP would be advertised in the media and the State WIC Agency would make direct contact with known eligible agencies in the area. Applicants would be assisted in the application process as outlined in the APPLICATION PACKET FOR LOCAL PROGRAMS, and selected in accordance with 7 CFR 246.5(d).

Note: Copies of application(s) at end of this section.

Supplemental Nutrition Program for Women, Infants and Children (WIC)

Montana Application for Local Programs

I. Instructions

A. It is suggested the applicant contact the State Program Coordinator before completing this application. Early contact between the applicant and the State Agency will help minimize problems.

B. Please answer all questions completely.

C. Use the most current data available.

II. Evaluation Criteria

The following criteria, but not limited to, will be taken into consideration:

- Is there public health office support/coordination in the proposed service area.
- Are there enough participants in the area to support a clinic and is there potential for growth.
- Is there a registered dietitian or nutritionist available to work with high risk participants.
- Is the proposed clinic a public or private nonprofit health agency which provides ongoing, routine pediatric and obstetric care and administrative services. If not, is such an agency within the same service area for referral.
- Are there retail outlets in the service area where food instruments can be cashed.
- Does the funding per participant fit within the structure of the funding formula. If not, is in-kind funding available.
- How will the addition of a clinic affect the operation of the WIC computer system (i.e. processing time, upload/download, reporting, hard disk space, etc.).
- What equipment will need to be purchased in order to begin operation of a new clinic (i.e. computer, scales, measure/stature boards, hemocue, office furniture, storage cabinets, etc.). As well, what costs are associated with this and is there existing equipment that could be shared with another public health agency.
- How will the addition of a clinic affect the workload of the state office staff (i.e. computer and competency based training, monitoring, technical assistance, etc.).
- Are there sufficient funds to operate an additional clinic within the existing federal grant.

III. Applicant Information

A. Applicant Agency Name:_____

B. Address:_____

_____

C. Telephone:_____

D. Name, title and address of responsible official:_____

_____

E. Type of Agency:

- ☐ Public
- ☐ Private, Non-profit
- ☐ IRS Tax Exempt #_____
- ☐ IRS application pending (Date submitted ___/___/___)
- ☐ Tribal
- ☐ Other. Describe:_____

_____

IV. Health Services

A. Is there currently a Well-child service in your community? If yes, describe (use additional sheets if needed):

If no, describe your plans to provide this service (use additional sheets if needed):

B. Do you currently have a Prenatal Education program? If yes, describe (use additional sheets if needed):

C. Is breastfeeding education part of the Prenatal Education program?

1. Is there a linkage with the hospital to provide support for the woman who chooses to breastfeed her infant? Describe. Include the number of pregnant women served by the hospital in the last 12 months. (Use additional sheets if needed):

2. If no linkage exists, describe whether other community health agencies provide this service. (Use additional sheets if needed):

D. Describe your plans to refer Program participants to a public agency or private provider for follow-up on identified health problems, including the procedure for feedback from the public or private provider. (Use additional sheets if needed):

V. Nutrition Services

A. Provide the name of the individual who will act as Competent Professional Authority, CPA. A CPA is an individual on the staff of the local agency authorized to determine an applicant eligible for participation, determine nutritional risk and prescribe supplemental foods. The only persons who may be authorized to serve as a CPA are: Physicians, Nutritionists, Dietitians, Registered Nurses, Certified Physician's Assistants, Home Economists, or a state or local medically trained health official:

B. Provide the qualifications (education, licensure, etc.) of the person named above. (Use additional sheets if needed):

C. What do you anticipate necessary FTE to be? For example, CPA, Aide, office manager, etc. List position title and anticipated FTE.

VI. Socio-Economic/Vital Statistics

A. What will be your service area (county or reservation):_____

_____

B. What is the service area population?_____

C. What is the service area racial/ethnic composition?

1. White _____%

2. Black _____%

3. Hispanic _____%

4. American Indian _____%

5. Asian or Pacific Islander _____%

D. What is the median family income in your service area ?_____

_____

E. Which of the following programs are available in your service area. Provide the most current caseload figure. List a contact person who will be used for referral for each program.

1. Pathways/FAIM:_____

2. Food Stamp Program:_____

3. Medicaid:_____

4. MCH Home Visiting:_____

F. What is the incidence of the following for your service area:

1. Premature Infants_____

2. Low Birth Weight Infants_____

3. Teen Pregnancy_____

4. Other risks you have identified (describe):_____

_____

_____

VII. Financial Management

A. Provide a projected 12 month budget for the proposed WIC activities. This should consist of salaries, benefits and operating expenses (include and list any new equipment which will need to be purchased; ie, weighing and measuring devices).

B. Provide a copy of the most recent financial audit of your agency.

C. List who will provide expenditure reporting? (i.e. WIC Staff, Clerk & Recorder, etc.)

VIII. WIC Caseload	Current	Projected
A. Women	_____	
B. Infants	_____	
C. Children	_____	

Any descriptions of the characteristics of the projected caseload, such as number of pregnant teens, older pregnant women, etc., are very helpful.

IX. Physical Location

Describe the location where participants will be served. Be specific (i.e. Health Department, City-County Building, Hospital, etc.). Describe office space, size of space, location of phone and power outlets, available waiting area, etc. A drawing of the space is helpful.

Describe what secure storage is available for food instruments, computer equipment, participant files, etc.

X. Retailer Services

List name and location of retail stores which are currently authorized or under contract to redeem WIC food instruments; or ones which may be willing to enter into contract (use additional sheets if needed).

XI. Begin Date

A. When do you anticipate being ready to open a WIC clinic?

B. How many days per month and hours per day do you anticipate offering WIC services?
The applicant agrees that WIC Program benefits will be provided to eligible participants without discrimination on the basis of race, color, national origin, age, disability or sex.

The applicant further agrees and assures that if selected, it will comply with the WIC Program Federal Regulations and State Policies and Procedures for WIC Program operations.

The information contained in this application for a WIC Program is true and accurate to the best of my knowledge.

_____ _____

Date Signature of Local Official with Authority to Implement WIC Program

Supplemental Nutrition Program for Women, Infants and Children (WIC)

Montana Application for Operation of Satellite or Outlying Clinic

I. Instructions

A. It is suggested the applicant contact the State Program Coordinator before completing this application. Early contact between the applicant and the State Agency will help minimize problems.

B. Please answer all questions completely.

C. Use the most current data available.

The following factors will be taken into consideration, but not limited to, availability of funds, caseload, physical location, days of operation, and available equipment or funds to purchase additional equipment.

II. Applicant Information

A. Applicant Agency Name:_____

B. Address:_____

_____

_____

C. Telephone:_____

III. Proposed Service Area Statistics

A. Proposed Service Area:_____

B. Describe below the reasons for opening a clinic in the proposed service area and what benefits you anticipate. Provide any information you used in this determination; ie, reports, survey for interest, etc (use additional sheets if needed).

C. What is the service area population?_____

D. What is the service area racial/ethnic composition?

1. White _____%
2. Black _____%

3. Hispanic _____%

4. American Indian _____%

5. Asian or Pacific Islander _____%

E. What is the median family income in the service area ?_____

F. What is the incidence of the following for the service area:

1. Premature Infants:

2. Low Birth Weight Infants:

3. Teen Pregnancy:

4. Other risks you have identified (describe):_____

_____

_____

_____

G. Which of the following programs are available in the proposed service area. Provide the most current caseload figure. List contact person who is used for referral for each program.

1. Pathways/FAIM:

2. Food Stamp:

3. Medicaid:

4. MCH Home Visiting:

H. What is the anticipated caseload for the proposed service area?

1. Women

2. Infants

3. Children

I. List the name and location of the nearest authorized retailer(s) in the proposed area.

IV. Physical Location

A. Describe the location where participants will be served. Be specific (i.e. Health Department, City-County Building, Hospital, etc.). Describe office space, size of space, location of phone and power outlets, available waiting area, etc. A drawing of the space is helpful.

B. Describe what secure storage is available for food instruments, computer equipment, participant files, etc.

V. Nutrition Services

A. Provide the name of the individual who will act as Competent Professional Authority, CPA. Is this person currently a member of your staff, or will she/he be a new hire? If a new hire, provide qualifications (education, licensure, etc.) of the person.

B. Will it be necessary to hire other additional staff to provide WIC services in the proposed service area? Describe.

C. What is the planned staffing time -- CPA and Aide hours?

VI. Computer Requirements

A. Describe computer requirements you feel will be necessary to efficiently operate the proposed site. Will you be able to use existing equipment? Will upload/download processes be performed at the proposed site or at your main clinic? (Use additional sheets if needed.)

VII. Financial Management

A. Will the operation of the proposed clinic affect your current budget? Examples which could impact your budget include, salaries for additional staff, rent, utilities, supplies, weighing and measuring devises, etc. Describe in detail which you feel may have an impact, include an estimated cost (use additional sheets if needed).

B. As a consideration for satellite site applications, you must be prepared to enter into agreement with the county in which the site exists, if different than your main clinic. See definitions of satellite and outlying clinic sites, and the model satellite agreement in the State Plan.

VIII. Begin Date

A. When do you anticipate being ready to open a WIC clinic at the proposed site?

B. How many days per month and hours per day do you anticipate offering WIC services at this site?

The applicant agrees that WIC Program benefits will be provided to eligible participants without discrimination on the basis of race, color, national origin, age, disability or sex.

The applicant further agrees and assures that if this application is approved, it will comply with the WIC Program Federal Regulations and State Policies and Procedures for WIC Program operations.

The information contained in this application for a WIC Program is true and accurate to the best of my knowledge.

_____ _____

Date

Signature of Local Official with Authority to Implement WIC Program

Policy Number: 3-1
Goals & Objectives
Effective/Revised Date: October 1, 2008

Program Goals and Objectives

Purpose

This section provides a description of the State Agency operational goals and objectives of the Special Supplemental Nutrition Program for Women, Infants and Children in accordance with Federal Regulations.

Authority

246.4(a)(1)

Policy

The State Agency is the administrative designee of USDA for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) under the Department of Public Health and Human Services (DPHHS) in Montana. The State Agency will set goals and objectives for improving Program operations.

I. 2009 Program Goals and Objectives

A. Ensure that pregnant, breastfeeding and postpartum women, infants and children from financially qualifying families who are at nutritional risk have expedient access to quality WIC services.

1. Caseload Management Plan Objectives

a. Update and revise the caseload management plan to determine supportable caseload levels.

OBJECTIVE	COMPLETE BY
TV and PSA's statewide	Fall 2008
Outreach letter to food stamp participants with children	Aug. 2008
Revise three-year forecast of revenues for food and program services and administration	On-going
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On-going
Evaluate targeted Outreach Projects through out the State.	On-going

2. Program Plan Objectives

a. Program enhancement within Family and Community Health Bureau.

OBJECTIVE	COMPLETE BY
Implement an annual work plan for WIC	Oct. 2008
Continue evaluation of WIC regionalization and clinic size/location with the support of the WIC Futures Study Group	Jan. 2009
Continue and enhance training plan for state office staff	Sep. 2008
Coordinate training activities with other Maternal and Child Health programs.	On going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	On going
Cooperate and assist with Family & Community Health Bureau Dental Health goals.	On going
Complete work on establishing a Memorandum of Understanding (MOU) with other Child/Nutrition programs (MCH, Immunizations, Head Start, etc.)	On-going

b. Implementing new food packages.

(Prior to new FFY, recommendations from FP Task Force, determine food category options, revise retailer policies, revise food package policies, draft food list for review.)	
Prepare OA request for additions funds for New Food Package Implementation. Submit RPF for participant/retailer training materials. Plan training for local staff.	Oct. 30, 2008
Finalize policy changes. Plan training for retailers. Finalize participant materials.	Dec. 1, 2008
Train state and local staff on participant education materials for the revised food packages at Regional Meetings. Distribute to local programs materials for participant education.	Jan. 31, 2009
Complete materials for training retailers.	Mar. 31, 2009
Train local agency retailer coordinators for retailer training. Begin training retailers	Apr. 30, 2009
Complete training of retailers.	May 31, 2009
Implement new food packages in conjunction with SPIRIT system.	June 30, 2009

3. Information Services Objectives

   a. To transfer a State Agency Model (SAM) system.

OBJECTIVE	COMPLETED BY
Re-asses clinic configuration and communications.	July 2009
Complete SAM (M-SPIRIT) transfer	Oct. 1, 2009

b. Work with local agencies and state agency staff

OBJECTIVE	COMPLETED BY
Create innovative service delivery mechanisms	Dec. 2008

4. Contract Services Objectives

a. Improve contract service and reimbursement of local agency contracts.

OBJECTIVE	COMPLETED BY
Work with a committee to review funding for regional contracts.	June 1, 2008
Review satellite clinic evaluation form and work with committee on additional regionalization plan.	Sept. 30, 2008
WIC Futures Study Group will continue their review of evaluation and assessment of the WIC Program in Montana	

5. Retailer Services Objectives

a. Fully implement the Retailer Management System of Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

OBJECTIVE	COMPLETED BY
Work with state nutritionist to create new food handouts and lists pursuant to new food packages. Update participant handbook.	Jan. 1, 2009 On-going
Continue upgrading and improving retailer state plan regulations.	On-going
Insure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals. Deadline moved to 9-30-08.	On-going. Sep. 30, 2008
Continue upgrading and improving Retailer State Plan regulations.	On-going
Ensure necessary state rule and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory Committee. The old list could not be found. An article asking for volunteers was in the Oct. 2006 newsletter with no response. Another article will be placed in the July 2007 newsletter.	Dec. 31, 2006 On-going
Vendor Price Surveys updated.	On-going
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 2008

6. Nutrition Services Goals

a. Promote the health of women, infants, children and families in Montana by developing and delivering nutrition services which allow each individual to reach his or her full potential.

b. Increase to at least 75% the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and increase to at least 50% the proportion who continue breastfeeding until their babies are 6 months old (Healthy People 2010). The current

Montana WIC breastfeeding initiation rate per CDC Ped-NSS 2003 data is 74.76%. The current Montana WIC breastfeeding rate at 5-6 months per CDC Ped-NSS data is 30.8%.

c. Provide valid and consistent nutrition information and services to all participants.

OBJECTIVE	COMPLETED BY
Establish standardized care plan documentation for incorporation into the SPIRIT computer system which incorporates VENA principles and the provision of participant-centered education	Sep. 30, 2009
Review and revise all policies and procedures necessary for full implementation of VENA and the adoption of the SPIRIT computer system.	Sep. 30, 2009
Develop guidance for self-evaluation of VENA skills at the local agency level.	Sep. 30, 2009
Provide training and technical assistance for implementation of the WIC New Food Package Rule.	Sep. 30, 2009

7. Breastfeeding Goals and Objectives

Objective	Completed By
Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine any necessary changes to better gather information to assess the viability of current BPCPs for future approval of funding.	Sep. 30, 2009
Visit and review the breastfeeding peer counselor projects. Visits are planned for Cascade and Deer Lodge.	Sep. 30, 2009
Consider a session at the Spring Public Health Conference to inform other local WIC and health programs of the activities of the BPCPs.	April 30, 2008
Review the SPIRIT system and expected business practices for impacts on breastfeeding information, education and documentation. Determine if policies or procedures will need to be modified.	Dec. 31, 2008
Review options for lactation training for peer counselors and WIC staff. Request inclusion in Operational Adjustment requests funding to support purchase of modules for CLC CEUs and other training, including local staff who have not attended CLC training to attend if it is offered in Montana. If an annual US Breastfeeding Committee conference is held in January 2009, plan for the Breastfeeding Coordinator to attend.	Sep. 30, 2008
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2009 On-going

Objective	Completed by
Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine viability of current BPCPs for future approval of funding. Five BPCPs are in operation. Additional funds were requested both as an Operational Adjustment (OA) request and in a redistribution request. OA funds were received and local BPCP submitted plans for use of the funds. Awards were made based on those plans. An evaluation tool has been developed and used Evaluation of the tool will be made. Maintaining BPCP in 2009 will continue as an objective.	Sep. 30 2009 Completed April 30, 2008
Visit and review the breastfeeding peer counselor projects. Visits are planned for Missoula, Ravalli and Blackfeet BPCPs. If DEAP BPCP was not visit in FFY 2007, they will also be visited. Revise the monitoring tool as necessary after the visits have been completed. Review policies and determine revisions required. Blackfeet WIC decided to decline the BPCP funds. Visits to Missoula and Ravalli are scheduled with a plan to also visit DEAP (Custer) this year.	Sep. 30, 2009 Plan to be completed by Sep. 30, 2008
Consider a session at the Spring Public Health Conference WIC Day to inform other local WIC programs of the activities of the BPCPs. A session reporting on local BPCP was not held at the SPHC. In its place was a session on the breastfeeding social marketing campaign and a brief description of USDHHS' " The Business Case for Breastfeeding" presented by Suzanne Haynes. Such a session will again be a consideration for next year's SPHC.	Dec. 31, 2008 Incomplete, move to 2009
If funding is made available and we pursue a State Agency Model Automated System, review the system and expected business practices for impacts on breastfeeding information, education and documentation. Determine if policies or procedures will need to be modified. Early review was made, but many items are still unknown. This objective will be moved to 2009 for completion.	Sep. 30, 2009 Incomplete, move to 2009
Review options for lactation training for peer counselors and WIC staff. Request inclusion in Operational Adjustment requests funding to support purchase of modules for CLC CEUs and other	Completed January 2008

training. Attend the US Breastfeeding Committee's conference in January 2008. Operational Adjustment funds were used to support local program staff to obtain CEUs for CLC recertification. Modules and/or test packets were purchased, stipends to attend the MT Breastfeeding Strategies for Success. In addition some of the additional OA funds for BPC were distributed to a local if their plan included staff training to attend one of these or initial CLC training. If scholarship funds are requested again next year, this type of training and CEUs will be included. The Breastfeeding Coordinator did attend the US Breastfeeding Committee's conference in January 2008, along with MT State Breastfeeding Coalition Members.	Completed April 30, 2008
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established. As of this point because of tight food dollars, no breast pumps have been ordered this year. We have entered into an agreement with the Oral Health Program to conduct a survey of oral health among WIC participants. We will receive breast pumps for our participation. This objective will continue in 2009	Sep. 30, 2009 On-going

II. 2008 Program Goals and Objectives

A. Ensure that pregnant, breastfeeding and postpartum women, infants and children from financially qualifying families who are at nutritional risk have expedient access to quality WIC services.

1. Caseload Management Plan Objectives

   a. Update and revise the caseload management plan to determine supportable caseload levels.

OBJECTIVE	COMPLETE BY
TV and PSA's statewide	Fall 2007
Outreach letter to food stamp participants with children	Aug. 2007
Smart WIC shopping Brochure	Oct. 1, 2007
Revise three-year forecast of revenues for food and program services and administration	On-going
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On-going

2. Program Plan Objectives

   a. Program enhancement within Family and Community Health Bureau.

OBJECTIVE	COMPLETED BY
Implement an annual work plan for WIC	Oct. 2007
Continue evaluation of WIC regionalization and clinic size/location	April 2008
Continue and enhance training plan for state office staff	Sep. 2008
Coordinate training activities with other Maternal and Child	On going

Health programs.	
Participate in the Family & Community Health Bureau Strategic Planning sessions.	On going
Cooperate and assist with Family & Community Health Bureau Dental Health goals.	On going
Complete work on establishing a Memorandum of Understanding (MOU) with other Child/Nutrition programs (MCH, Immunizations, Head Start, etc.)	On-going

3. Information Services Objectives
   a. To transfer a State Agency Model (SAM) system.

OBJECTIVE	COMPLETED BY
Re-asses clinic configuration and communications. Communications surveys sent out April 2008. Alternate clinic configurations have been determined and are currently being tested. February 2008.	March 30, 2008
Transfer to a SAM system. Funding has been obtained. October 2007. A project manager RFP is being advertised. April 2008.	October 1, 2009

   b. Goal: To maintain current automated system.

OBJECTIVE	COMPLETED BY
Continue communication with clinics. Various memos have been prepared to help Clinic personnel deal with situations not explicitly covered in the state plan. Ongoing. Selected clinic personnel have had the opportunity to evaluate the SPIRIT system. March 2008. Covansys gave a presentation on the SPIRIT system at the Spring Meeting. April 2008.	Sep. 30, 2008
Improve our service to State Office personnel by providing additional reports as needed. Peer grouping functionality has been implemented. July 2008 Participation reports have been improved. January 2008 A special MCH black grant report has been created Nov. 2007 Various ad-hoc requests have been services. Ongoing	Sep. 30, 2008

4. Contract Services Objectives
   a. Improve contract service and reimbursement of local agency contracts.

OBJECTIVE	COMPLETED BY
Work with a committee to review funding for regional contracts.	June 1, 2008
Review satellite clinic evaluation form and work with committee on additional regionalization plan.	Sept. 30, 2008

5. Retailer Services Objectives
   a. Fully implement the Retailer Management System of Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

OBJECTIVE	COMPLETED BY
Work with state nutritionist to create new food handouts and lists pursuant to new food packages. Update participant handbook.	Sep. 30, 2008
Continue upgrading and improving retailer state plan regulations.	On-going
Insure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals. Deadline moved to 9-30-08.	On-going. Sep. 30, 2008
Continue upgrading and improving Retailer State Plan regulations.	On-going
Ensure necessary state rule and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory Committee. The old list could not be found. An article asking for volunteers was in the Oct. 2006 newsletter with no response. Another article will be placed in the July 2007 newsletter.	Dec. 31, 2006 On-going
Vendor Price Surveys updated.	Oct. 2007
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 2008

6. Nutrition Services Goals

   a. Promote the health of women, infants, children and families in Montana by developing and delivering nutrition services which allow each individual to reach his or her full potential.

   b. Increase to at least 75% the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and increase to at least 50% the proportion who continue breastfeeding until their babies are 6 months old (Healthy People 2010). The current Montana WIC breastfeeding initiation rate per CDC Ped-NSS 2003 data is 74.76%. The current Montana WIC breastfeeding rate at 5-6 months per CDC Ped-NSS data is 30.8%.

   c. Provide valid and consistent nutrition information and services to all participants.

OBJECTIVE	COMPLETED BY
Provide further VENA training for local agency staff. Two major VENA trainings were held during 2008. The first training included Cultural Awareness and Critical Thinking. The second included Emotion-Based Messages and Health Outcomes.	Sep. 30, 2008
Develop guidance for self-evaluation of local agency. A review for self-evaluation resources has occurred.	Sep. 30, 2008 On-going into 2009
Staff working towards the provision of participant-centered education. Local agency staff are incorporating participant-centered education into their clinics. Progress in achieving this is being monitored at regular State monitoring visits and guidance and technical assistance provided.	Sep. 30, 2008

7. Breastfeeding Goals and Objectives

Objective	Completed By
Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine viability of current BPCPs for future approval of funding.	Sep. 30, 2008
Visit and review the breastfeeding peer counselor projects. Visits are planned for Missoula, Ravalli and Blackfeet BPCPs. If DEAP BPCP was not visited in FFY 2007, they will also be visited. Revise the monitoring tool as necessary after the visits have been completed. Review policies and determine revisions required.	Sep. 30, 2008
Consider a session at the Spring Public Health Conference WIC Day to inform other local WIC programs of the activities of the BPCPs.	Dec. 31, 2007
If funding is made available and we pursue a State Agency Model Automated System, review the system and expected business practices for impacts on breastfeeding information, education and documentation. Determine if policies or procedures will need to be modified.	Sep. 30, 2008
Review options for lactation training for peer counselors and WIC staff. Request inclusion in Operational Adjustment requests funding to support purchase of modules for CLC CEUs and other training. Attend the US Breastfeeding Committee's conference in January 2008	Sep. 30, 2008
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sep. 30, 2008

Policy Number: 3-2
State Staffing
Effective/Revised Date: October 1, 2007

State Agency Staffing Pattern

Purpose

The staffing pattern and general responsibilities of each position ensure the state-level responsibilities of the WIC Program are met.

Authority

246.3(e) and 246.4(a)(4)

Policy

The WIC Program is located in the Nutrition Section of the Family and Community Health Bureau (FCHB). The FCHB Chief reports to the Public Health and Safety Division (PHSD) Administrator who reports to the Director of the Department of Public Health and Human Services (DPHHS). The DPHHS Director reports to the Governor.

WIC Staff

I. Health Services Manager: 1.0 FTE (Full Time Equivalent)

- Incumbent: Joan Bowsher
- Designation: Nutrition Section Supervisor
- Position Requirements: Degree in Business, Nutrition, Public Administration or Public Health (preferably with major work in health, human services, administration or nutrition).
- Responsibilities: responsible for administration of the WIC and FMNP Programs in Montana.

II. Administrative Assistant: .75 FTE

- Incumbent: Lynn Van Aken
- Designation: Administrative Assistant
- Responsibilities: office management; local WIC program name, telephone and address changes; orders for forms; local WIC program signature cards; inventory control; equipment purchases; filing/records management; travel arrangements; competency testing records; and continuing education records and various administrative support functions for FMNP.

III. Human Services Specialist: 1.0 FTE

- Incumbent: Linda Stallings
- Designation: Administrative/Quality Assurance
- Responsibilities: development, implementation and administration of the WIC/FMNP/BPC Programs as it relates to the administration of grants, service delivery through contracts with WIC local agencies, retailers and oversight of other contracts related to benefit delivery including but not limited to banking services, infant formula rebates. This position serves as the technical lead of the Administrative and Retailer Section Unit.

IV. Program Specialist: .75 FTE

- Incumbent: Michelle Sanchez
- Designation: Administrative and Retailer Section Member
- Responsibilities: contract management and expenditure reports; caseload management; writing instructions for implementation of policies on categorical and financial eligibility; monthly reports (potential duals, racial/ethnic, participation and waiting lists) and duties as assigned related to contracting, expenditure reimbursement and monitoring for FMNP.

V. Program Specialist: 1.0 FTE

- Incumbent: Trish Kurek
- Designation: Administrative and Retailer Section Member
- Responsibilities: retailer agreements; retailer data system; retailer and retailer coordinator training; retailer report updates; retailer newsletter; retailer coordinator newsletter; policies concerning food instrument redemptions and corrections; instructions to implement policies concerning infant formula rebate reporting; policies for retailer on-site visits; policies for retailer training, both manual and on-site; handling participant complaints; handling retailer complaints; writes policies for retailer and participant fraud; TIP reporting and creating and reviewing training materials for retailers and participants and duties as assigned for FMNP.

VI. Retailer Specialist: 1.0 FTE

- Incumbent: Carrie Reynolds
- Designation: Administrative and Retailer Section Member
- Responsibilities: state outreach coordinator; retailer contract record-keeping; review and approval of rejected checks submitted by retailers; works with retailers and bank to provide payment for checks lost in the banking system; WIC System food price updates; bank output control monitoring; distribution of newsletters, surveys and training materials for retailers, retailer liaisons and participants; and maintaining mailing lists for retailers and retailer liaisons; monitoring void/reissue of infant formula; and duties as assigned for FMNP.

VII. Information Systems Specialist IV - Applications: 1.0 FTE

- Incumbent: Mark Walker
- Designation: Information Services Unit Lead
- Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, and reporting and duties as assigned for FMNP.

VIII. Information Systems Specialist III - Applications: 1.0 FTE

- Incumbent: Richard Jokela
- Designation: Information Services Unit Member

- Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and
- implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, reporting; fulfills duties as Information Services Unit Project Manager and lead staff member of the Information Services Unit; and duties related as assigned for FMNP.

IX. Information Systems Specialist II: 1.0 FTE

- Incumbent: Bobbi Walker
- Designation: Information Services Unit Member
- Responsibilities: WIC System Help Desk; system trouble-shooting; technical assistance to Local WIC Programs; WIC System Training; maintaining all technical manuals and WIC Information Services publications; food instrument inventory and duties as assigned for FMNP

X. Nutritionist: 1.0 FTE

- Incumbent: Chris Fogelman
- Designation: Nutrition Services Section Member/State Breastfeeding Coordinator
- Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; authorization of special formulas manages the Breastfeeding Peer Counsel Grant and manages FMNP Grant.

XI. Nutritionist: 1.0 FTE

- Incumbent: Kim Mondy, RD
- Designation: Nutrition Services Section Member/State Nutrition Coordinator
- Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; and authorization of special formulas and duties related to nutrition education and monitoring as assigned for FMNP.

Policy Number: 3-3
Financial Management
Effective/Revised Date: October 1, 2007

Financial Management Services

Purpose

This section provides a description of the State Agencies methodology in determining funding disbursement

Authority

246.13

Policy

The State Agency will work with the appropriate state and local agency staff to ensure fair and appropriate funding to all Local Agencies.

Guidelines

I. State WIC Agency Responsibilities

A. Determine distribution of food dollars and administrative funds to local programs. Administrative funds for local programs are determined by review of local program operations, local budget requests and funding allocation methodology.

B. Determine budget for State WIC Agency.

C. Pay local programs monthly in accordance with contract on expenditure report requests. Local programs must send in expenditure reports for the previous month's expenditures by the 28th of the next month, unless other arrangements have been made. Warrants are issued by the State WIC Agency and payments are received by the local programs.

D. Make drawdowns against the letter of credit. Funds drawn are based on current average expenditures for the state WIC agency as reflected in the SABHRS System, and on current requests for reimbursement from local programs. A request is made to USDA for the estimated amount needed for no more than 3 days of operation.

E. Maintain documented, accurate and ongoing reports of State WIC Agency expenditures via the SABHRS system. Financial records are maintained which account for all expenditures and letter of credit withdrawals for the Montana WIC Program Section.

F. The SABHRS System meets all basic accounting principles as outlined in OMB Circular A-102. The accounting system complies with all general legal provisions and fully discloses the financial position and results of financial operations of the WIC Program.

1. The accounting system is organized on a fund/account basis (accounting entity). An accounting entity is defined as an independent fiscal entity with a self-balancing set of accounts provided to record assets or other resources together with all related liabilities, obligations, reserves and equities which are segregated for the purpose of carrying on specific governmental activities or attaining certain objectives in accordance with specific regulations, restrictions or limitation.

2. Financial records and reports are prepared at least monthly and at the close of each fiscal year covering all accounting entities and financial operations of State government.
3. As a rule, expenditures are charged to the fiscal year in which they were incurred. Expenditures are recorded on the basis of valid obligations when contractual agreements overlap fiscal periods.

G. Operate data processing system for reconciliation of food instruments.

H. Negotiate contract with banking institution to process food instruments and pay food retailers.

I. Notify and request prior approval from FNS for any equipment purchases exceeding $5,000.00.

II. Distribution of Administrative Funds

Funding is dependent on Federal Grant Award received.

A. Start-up Funds - If and when expansion monies are available, any new local programs will receive start-up funds in accordance with DPHHS contractual policy and applicable State law.

B. Administrative awards to local programs will be based on an average participant funding level and consideration of other factors. Average participation will be an average of client caseload per Region from October 1st to March 31st of each year.

Policy Number: 3-4
Information Services
Effective/Revised Date: October 1, 2005

Information Services

Purpose

This Section provides a description of the Information Services operations.

Authority

7 CRF 246

Policy

The Information Services Unit of the State WIC Program is responsible for the day-to-day activities of all computer systems supporting the WIC program.

Guidelines

I. Introduction

A. Computer System Support

1. The Information Services Unit provides a hardware and software environment to sustain the State Central Processing Computer, State Office and Local Agency WIC systems, VMS (Vendor Management), AWACS (Agency Wide Accounting and Client System) and SABHRS fiscal support systems.
2. The Information Services Unit runs unattended nightly processing which updates the Central Processing Computer system with certification, food instrument issuance and related bank payments and other updates to participant records. The Central Processing Computer is a master repository of the information held on Local Agency WIC systems. This information is used for monthly reporting, aggregating data and to rebuild clinic systems if necessary.

II. Reports

A. Daily

The daily report provides information on clinic upload/download status and file transfer, possible dual participant, food instrument information and errors in processing, etc.

B. Monthly

1. Several monthly reports are run.
   a. The WIC monthly reports provide information on participation data, potential duals, waiting lists, racial/ethnic data and food dollars spent.
   b. The VMS monthly report provides information to the VMS section regarding food instrument information on a vendor basis to identify fraud and abuse.
   c. The Infant Formula Rebate is run to identify amounts of formula that should be included in the infant formula rebate program utilizing the VMS.

C. Ad Hoc

1. Frequently run at the request of state staff, local agency staff, legislature and other political parties.

Policy Number: 3-5
Nutrition Services
Effective/Revised Date: October 1, 2005

Nutrition Services

Purpose

This Section provides a description of the Nutrition Services Unit responsibilities

Authority

7CFR 246.11

Policy

The Nutrition Services Section of the State Agency is responsible for ensuring that the nutrition component of the WIC program is in compliance with the Federal Regulation.

Guidelines

I. State Agency Responsibilities

A. In the provision of nutrition education the Nutrition Services Section is responsible for:

1. Development and coordination of the nutrition education component of the Montana WIC Program including section goals for program operations;
2. Establishing standards for nutrition/medical eligibility;
3. Collecting and analyzing program nutrition data for use in program planning and evaluation;
4. Providing in-service training and technical assistance to local agency staff in matters of nutrition education and management of breastfeeding;
5. Identifying or developing resources for nutrition education and breastfeeding promotion and management;
6. Establishing standards for the provision of nutrition education and breastfeeding education;
7. Establishing standard for breastfeeding promotion and support;
8. Developing and implementing procedures to ensure that nutrition education is offered to all participants or the parent/guardian of infants and children; and
9. Evaluating local agencies nutrition education activities (including those for breastfeeding) and ensuring compliance with the nutrition education provisions in the Federal Regulations.

Policy Number: 3-6
Retailer Services
Effective/Revised Date: October 1, 2005

Retailer Services

Purpose

This section provides a description of the Retailer Services Unit responsibilities.

Authority

7CFR 246.12

Policy

The State WIC Agency is responsible for ensuring the state compliance with the Federal Retailer rules and regulation.

Guidelines

I. State Agency Responsibility

A. The State WIC Agency Administrative and Retailer Unit assume responsibility for the creation and distribution of the following:

1. Retailer training materials and newsletter.
2. Coordinator training materials and newsletter.
3. Selected participant handouts (in conjunction with the Nutrition Services Unit).
4. Participant Fraud Complaints.
5. Retailer Fraud Complaints.
6. Selecting/scheduling retailer visits.
7. Compliance purchases.
8. Organize/schedule annual retailer/retailer coordinator training.
9. Retailer applications review and subsequent contracts.
10. Retailer selection criteria.

Policy Number: 3-7
Federal Reports
Effective/Revised Date: October 1, 2007

Federal Reporting Requirements

Purpose

This section lists the required Federal Reports

Authority

7CFR 246.25

Policy

The State Agency is responsible for ensuring the timelines of required Federal reports.

Guidelines

I. Required Federal Reports

Report Title	Person Responsible for Preparing and Accuracy of Report	Date Due
FNS-798	Corrine Kyler, Fiscal Officer 406) 444-6369	Monthly - by the 30th
FNS-798 & 798A Close Out Report	Corrine Kyler, Fiscal Officer 406) 444-6369	120 days after FYE
TIP Report	Trish Kurek, Program Specialist, (406) 444-5530	Annually -January 31

Policy Number 3-8
Affirmative Action Plan
Effective Date: October 1, 2008

Affirmative Action Plan

Purpose

The Montana WIC Program has established an "Affirmative Action Plan" to be used if participation increases to the level that a waiting list and priorities need to be established.

Authority

7CFR 246.4(a) (5)

Policy

The Montana WIC Program will use the following guidelines to establish new WIC clinics or guide participation in the event that funding and caseload maintenance become an issue.

Guidelines

I. Introduction

A. Montana has 27 regions consisting of 56 counties and 7 Native American Reservations. The Tribal WIC Programs on the reservations include portions of 11 counties and serve both on and off reservation Native Americans in their respective areas.

B. The data used in this study are statistically reliable. The Records and Statistics Bureau of DPHHS reviewed the Affirmative Action Plan for appropriate statistical technique and analysis. Data presented included the 56 counties and 7 Native American Reservations.

C. Figures for Indian Health Service Units, however, had to be extrapolated from the county figures (2000 census). Figures for Native Americans in Big Horn, Blaine, Flathead, Glacier, Hill, Lake, Missoula, Phillips, Pondera, and Roosevelt, Rosebud, Sanders and Valley counties were therefore pulled from the totals for those counties and used to establish data for the reservations.

II. Affirmative Action Plan

A. The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (2000) and updated data on low birth weight infants from the Montana Department of Public Health and Human Services (DPHHS).

B. Actual monthly caseload by priority reflects the month of April in the current calendar year. The number of eligible participants for each regional WIC service area are listed in Policy 3-8, Affirmative Action Plan.

FISCAL YEAR 2009 AFFIRMATIVE ACTION PLAN											
Region# / County	Rank	April-08	April-08	April-08	April-08	April-08	April-08	April-08			
ACTUAL PARTICIPATION BY PRIORITY FOR APRIL 2008											
	AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Partici pation	Potential Eligible	% Served
2 Broadwater	4	43	17	70	1	64	12	0	207	417	49.64%
3 Cascade	8	628	139	428	34	410	120	0	1759	3102	56.71%
4 Custer (DEAP)	21	208	34	159	14	211	26	0	652	914	71.33%
5 Dawson	1	56	15	37	2	53	7	0	170	431	39.44%
6 Deer Lodge	22	126	27	169	12	85	18	0	437	538	81.23%
7 Fergus (HRDC)	2	67	20	68	3	82	12	0	252	619	40.71%
8 Flathead	12	559	107	284	47	467	67	0	1531	2560	59.80%
9 Gallatin	3	374	37	243	24	276	50	0	1004	2210	45.43%
10 Hill	17	115	42	134	8	83	28	0	410	623	65.81%
11 Lake	24	160	97	153	11	150	20	0	591	698	84.67%
12 Lewis & Clark	19	367	71	249	34	328	65	0	1114	1655	67.31%
13 Lincoln	16	116	20	102	13	156	20	0	427	651	65.59%
14 Missoula	20	794	223	559	82	181	123	0	1962	2763	71.01%
15 Ravalli	6	243	31	173	13	208	31	0	699	1301	53.73%
17 Sanders	11	95	26	81	16	70	10	0	298	501	59.48%
18 Sheridan	10	72	27	60	12	101	11	0	283	477	59.33%
19 Silver Bow	9	265	66	163	21	211	43	0	769	1309	58.75%
20 Teton	5	121	57	125	15	164	20	0	502	954	52.62%

FISCAL YEAR 2009 AFFIRMATIVE ACTION PLAN											
Region/ County	Rank	April-08	April-08	April-08	April-08	April-08	April-08	April-08			
ACTUAL PARTICIPATION BY PRIORITY FOR APRIL 2008											
	AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Partici pation	Potential Eligible	% Served
21 Valley	7	55	14	65	6	83	10	0	233	430	54.19%
22 Yellowstone	14	939	256	700	51	706	172	0	2824	4561	61.92%
23 Ft. Peck Res	23	139	85	167	8	165	12	0	576	684	84.21%
24 N Cheyenne Res	27	179	30	171	11	152	29	0	572	367	155.86%
25 Blackfeet Res	18	131	68	210	6	141	14	0	570	859	66.36%
26 Crow Res	25	158	61	205	10	187	45	0	666	749	88.92%
27 CS&K Res	13	149	34	98	3	127	10	0	421	690	61.01%
28 Ft. Belknap Res	26	97	8	135	2	56	19	0	317	334	94.91%
29 Rocky Boy Res	15	73	31	97	3	100	10	0	314	486	64.61%
Total		6329	1643	5105	462	5017	1004	0	19560	30883	63.34%

III. Description of Ranking System

A. To establish the ranking, the following criteria were used:

1. Incidence of low birth weight infants (1996 - 2001). Data was based on the statistical report done by the Bureau of Records and Statistics, Department of Public Health and Human Services (DPHHS). The data in the statistical report is broken down by county, and within county, by race (white, Indian, and other).
2. Percentage of population (women, children under age 5) at 185% of poverty or less (2000 census). Population at 185% of poverty or less was determined from income and poverty status data based on 2000 Bureau of Census statistics for General Social and Economic Characteristics. Income for women and children under 5 at or below 185% of poverty is used as an indicator for evaluating financial eligibility throughout Montana.
3. Minority populations (2000 census). Information on minority populations was taken from 2000 census reports.

IV. Affirmative Action Plan Ranking

A. The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.

B. The number of potentially eligible persons was obtained by utilizing census data for children below 185% poverty and number of total births. This data was inserted into the following formula, as suggested by State Plan Guidance:

(Total births x 1.25) x % children below 185%) + # children below 185% = potentially eligible population.)

V. Priorities Served

The Montana WIC Program serves Priorities I-VI.

VI. CSFP Programs

The Commodity Supplemental Food Program (CSFP) works with the WIC Program to ensure no dual benefits are issued to participants.

Policy Number: 3-9
Appeals by Local Programs
Effective Date: October 1, 2006

Appeals by Local Programs

Purpose

Local WIC programs have the right to request a fair hearing review from the State WIC Office due to notification of certain adverse actions.

Authority

7CFR 246.18(a)(3),(b),(d),(e) and (f)

Policy

The Montana WIC Program will provide, upon request, a full administrative review fair hearing to a local agency who has received the following adverse actions:

- Denial of application;
- Disqualification;
- Suspension; and/or
- Sanctions that affect a local agency's participation.

An administrative review will not be provided if the action is a result of:

- The expiration of the agreement with the local agency; or
- Montana state procurement procedures applicable to the process of local agency selection.

Procedures

I. State Agency Responsibilities

The State Agency shall advise the aggrieved WIC agency of their rights under the regulations.

II. Administrative Review Request

The State Agency, upon request for an administrative review (hearing) by a local WIC program, shall schedule a administrative review and inform the local WIC program of the time and place, giving the local WIC program 10 days advance notice.

III. Administrative Review Decision

The administrative review shall be conducted in Helena and the local WIC program will be informed in writing of the decision and its basis within 60 days of the date of the request for a hearing. The hearing shall be conducted by a fair and impartial official, whose decision shall rest solely on the evidence presented at the administrative review and statutory and regulatory provisions governing the WIC program.

IV. Administrative Review Procedure

A. The procedure for the administrative review shall provide at a minimum to the local WIC program:

1. Ten (10) days advance notice of the time and place of the administrative review to provide all parties involved with sufficient time to prepare for the hearing;
2. The opportunity to present its case;
3. The opportunity to confront and cross-examine adverse witnesses;
4. The opportunity to be represented by counsel, if desired;
5. The opportunity to review the case record prior to the administrative review; and
6. The opportunity for two rescheduled hearing dates.

V. Adverse Actions

Adverse action taken by the State WIC Agency shall be postponed until a administrative review decision is reached. All appellants denied program benefits at the State level shall be informed in writing, along with the decision of the administrative review officer, of their right to appeal the decision to a District Court within 30 days of receiving the written notice.

VI. Advance Notice

Local programs shall be given 60 days advance notice of any adverse action, including written notice of the action, cause(s) for and the effective date of the action.

Local Program Address List

The Local WIC Agency Address/Telephone Number List will be updated as changes are received.

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
2	04101	**Broadwater**	Townsend WIC Program (Broadwater Co.)	Linda Campbell	124 N Cedar	Townsend	MT	59644	266-5209, x25 (Dana)	266-3940	Mon., Tues, Thurs 9:00-5:00
2	22201		Boulder WIC Program (Jefferson Co.)			Boulder	MT	59632	225-4231	225-9473	Mon 9:00-4:00 once a month, usually 2nd Monday
2	22101		Whitehall WIC Program (Jefferson Co.)			Whitehall	MT	59759	287-3249		Mon 9:00-4:00 once a month, usually 1st Monday
2	30101		White Sulphur Springs WIC Program (Meagher Co.)			White Sulphur Springs	MT		266-5209		usually 1st Wed. of the month 9:00-3:00
3	07101	**Cascade**	Great Falls WIC Program (Cascade Co.)	Carol Keaster	115 4th St So	Great Falls	MT	59401	454-6950		Mon., Wed., Thurs., Fri., 8:00-5:00; Tues 9:00-6:00
3			Malmstrom AF Base (Cascade Co.)			Great Falls	MT	59401	454-6953		Every other Friday per month (2 Fridays/ mo)
4	09101	**Custer**	Miles City WIC Program (Custer Co.)	Vicky Tusler	2200 Box Elder Ste 151	Miles City	MT	59301	234-6034 or 800-224-6034	234-7018	Mon 1:00-5:00, Tues, Wed, Thurs 9:00-5:00
4	44301		Ashland WIC Program (Rosebud Co.)			Ashland	MT	59003	784-2346 or 2349; or 800-224-6034		2nd Mon 10:00-3:00
4	02101		Hardin WIC Program (Big Horn Co.)			Hardin	MT	59034	665-8727	665-1025	Mon 12:00-5:00; Tues 8:00-12:00
4	06101		Ekalaka WIC Program (Carter Co.)			Ekalaka	MT		775.8738 (clinic days)		3rd Tues. 9:00-4:00 (every other month)

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
4	44201		Colstrip WIC Program (Rosebud Co.)			Colstrip	MT	59323	748-2800 or 800-224-6034	748-3670	1st Mon 10:00-4:00
4	13101		Baker WIC Program (Fallon Co.)			Baker	MT	59313	778-2824	778-2819	2nd and 4th Tues 8:00-5:00
4	44101		Forsyth WIC Program (Rosebud Co.)			Forsyth	MT	59327	346-4350, 346-4266 or 800-224-6034	346-4242	1st and 3rd Wed 9:30-5:00
4	38101		Broadus WIC Program (Powder River Co.)			Broadus	MT		800-224-6034		3rd Wed 9:00-2:00
4	52101		Hysham WIC Program (Treasure Co.)			Hysham	MT	59038	342-5886 or 800-224-6034		3rd Mon - even months, 9:00-12:00
5	11101	**Dawson**	Glendive WIC Program (Dawson Co.)	Connie Undem	207 West Bell	Glendive	MT	59330	377-5215	377-2022	Mon, Wed 8:00-5:00
5	55101		Wibaux WIC Program			Wibaux	MT	59353	795-2485		3rd Tues, 1:00-5:00 (even months)
5	28101		Circle WIC Program (McCone Co.)			Circle	MT	59259	485-2444		2nd Tues, 9:30-1:00
5	40101		Terry WIC Program (Prairie Co.)			Terry	MT	59349	635-5863		1st Tues 1:00-5:00 (odd months)
6	12101	**Deer Lodge**	Anaconda WIC Program (Deer Lodge Co.)	Linda Best	PO Box 970	Anaconda	MT	59711	563-7863	563-2387	Tues through Thurs 8:00-5:00
6	01101		Dillon WIC Program (Beaverhead Co.)	Kendra Webster		Dillon	MT	59725	683-9811 or 683-3041 (hospital)	683-9216	Wed 10:00-4:00
6	29201		Sheridan WIC Clinic (Madison Co.)			Sheridan	MT	59749	842-5453 or 683-9811		Third Tues 10:00-2:00
7	14101	**Fergus**	Lewistown WIC Program (Fergus Co.)	Jane Timpano	300 First Ave North	Lewistown	MT	59457	535-4928 or 1-800-766-3018	535-2843	Wed, Thurs 8:00-5:00, Fri 8:00-12:00
7	19101		Harlowtown WIC Program (Golden Valley Co.)			Harlowtown	MT		535-4928 or 1-800-766-3018		
7	23101		Stanford WIC Program (Judith Basin Co.)			Stanford	MT		535-4928; 1-800-766-3018		3rd Tues, 9:00-4:00, of odd months
7	35101		Lewistown WIC Program (Petroleum Co.)			Lewiston	MT	59457	535-4928, 800-766-3018		

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
7	54101		Harlowtown WIC Program (Wheatland Co.)			Harlow-town	MT		535-4928 or 800-766-3018		4th Tues of odd months 9:00-4:00
8	15101	**Flathead**	Kalispell WIC Program (Flathead Co.)	Jeannie Lund	1035 First Ave West	Kalispell	MT	59901	751-8170	751-8171	Mon-Fri 8:00-5:00
8	15201		Columbia Falls WIC Program (Flathead Co.)			Columbia Falls	MT		892-4811		Wed and Thurs, 9:00-4:00
9	16101	**Gallatin**	Bozeman WIC Program (Gallatin Co.)	Darcy Hunter	12 North Third RM 101	Bozeman	MT	59715	582-3115 or 3116	582-3112	Mon-Fri 8:00-5:00; some Tues & Wed 8:00-6:30, varies
9	34101		Livingston WIC Program (Park Co.)			Livingston	MT	59047	222-4189		Every Thurs, 9:00-4:00
9	16201		West Yellowstone WIC Program (Gallatin Co.)			West Yellow-stone	MT		582-3115		1st Wed even months 11:00-as needed
9	291		MSU WIC Program (Gallatin Co.)			Bozeman	MT	59715	582-3115		2nd Wed 9:00-4:00; 3rd Tues 11:00-6:00
10	21101	**Hill**	Havre WIC Program (Hill Co.)	Teresa Roberts	315 4th St	Havre	MT	59501	265-5481, x266	265-6976	Mon-Thurs 9:00-12:00, 1:00-5:00
10	26101		Chester WIC Program (Liberty Co.)			Chester	MT	59522	759-5517 or 265-5481, x266		1st Wed 9:00-4:00, every other month
10	03101		Chinook WIC Program (Blaine Co.)			Chinook	MT	59523	357-2345 or 265-5481, x266		Every other Fri. 9:00-5:00; after hours by appt.
11	24101	**Lake**	Polson WIC Program (Lake Co.)	Linda Davis	802 Main Street	Polson	MT	59860	883-7308 or 866-556-4205	883-7290	Mon - Fri 8:30-4:00
12	25101	**Lewis & Clark**	Helena WIC Program (Lewis & Clark Co.)	Maggie Petaja	1930 9th Ave.	Helena	MT	59601	457-8912	457-8990	Mon - Thur 8:00 - 6:00 Fri 8:00-5:00

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
13	27101	**Lincoln**	Libby WIC Program (Lincoln Co.)	Linda Wagner	933 Farm to Market Ste A	Libby	MT	59923	293-5711	293-5835	Mon 8:30-12:00, Wed 8:30-5:00, Tues & Thurs
13	27201		Eureka WIC Program (Lincoln Co.)			Eureka	MT	59917	296-2751		1st and 3rd Tues & Wed, 9:00-4:00
13	27301		Troy WIC Program (Lincoln Co.)			Troy	MT	59935			1st & 3rd Thurs 9:00-4:00
14	32101	**Missoula**	Missoula WIC Program (Missoula Co.)	Mary Pittaway	301 West Alder Street	Missoula	MT	59801	258-4740	258-4906	Mon-Wed, 8:00-5:00
14	32501		Lolo WIC Program (Missoula Co.)			Lolo	MT		273-0197		4th Tues.
14	32601		UofM WIC Program (Missoula Co.)			Missoula	MT		728-8253		2nd Tues.
14	32901		Missoula South Ave. Location (Missoula Co.)			Missoula	MT		542-7747		4th Thurs, 10:00-4:30; 1st Mon 8:20-4:00
14	32201		Seeley Lake WIC Program (Missoula Co.)			Seeley	MT		677-2220		Fri 8:00-5:00
14	32401		Frenchtown WIC Program (Missoula Co.)			French-town	MT		626-4492		1st Tues.
14	20101		Drummond WIC Program (Granite Co.)			Drummond	MT		523-4740 (Missoula)		1st Mon 8:20-4:00
14	20101		Philipsburg WIC Program (Granite Co.)			Philipsburg	MT		523-4740 (Missoula)		3rd ? 8:20-4:00
15	41101	**Ravalli**	Hamilton WIC Program (Ravalli Co.)	Jackie Cenis	205 Bedford Ste P	Hamilton	MT	59840	375-6685	375-6690	Mon-Thurs, 8:00-5:00
15	41201		Stevensville WIC Program (Ravalli Co.)			Stevens-ville	MT		375-6688	376-6687	Every Wed 9:00-3:30 except the 5th Wed.
15	41301		Darby WIC Program (Ravalli Co.)			Darby	MT		375-6691		3rd Mon 9:00-3:40
15	41501		Victor WIC Program (Ravalli Co.)			Victor	MT		375-6685 (front desk)		2nd Mon 9:00-3:40
17	45101	**Sanders**	Thompson Falls WIC Program (Sanders Co.)	Cindy Morgan	PO Box 519	Thomp-son Falls	MT	59873	827-6931	827-4388	Mon-Fri, 8:00-5:00
17	31101		Superior WIC Program (Mineral Co.)		PO Box 488	Superior	MT	59872	822-3564	822-3745	Monday, 8:30-5:00

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
17	45201		Plains WIC Program (Sanders Co.)			Plains	MT		827-6931		1st and 2nd Tues 9:00-3:00, 3rd Tues 10:00-12:00
17	45301		Noxon WIC Program (Sanders Co.)			Noxon	MT		827-6931		4th Mon, 10:00-Noon
17	45301		Heron WIC Program (Sanders Co.)			Heron	MT		827-6931		4th Mon, 1:00-3:00
17	45401		Lonepine WIC Program (Sanders Co.)			Lone Pine	MT		827-6931		3rd Tues. 1:30-3:00
18	46101	**Sheridan**	Plentywood WIC Program (Sheridan Co.)	Susan Tefre	100 West Laurel Ave	Plenty-wood	MT	59254	765-3473 or 3410	765-3495	2nd Mon 9:00-5:00, 3rd Wed
18	10101		Scobey WIC Program (Daniels Co.)			Scobey	MT		765-3473		3rd Tues 9:30-4:00
18	42101		Sidney WIC Program (Richland Co.)			Sidney	MT	59270	433-2207	433-6895	Tues & Wed 8:00-5:00, alt times avail
18	42201		Fairview Migrant WIC Program (Richland Co.)			Fairview	MT		742-5201		1st Tues of month, Wed evening as needed during Migrant seasons
18	43101		Culbertson WIC Program (Roosevelt Co.)			Culbert-son	MT		433-6923	433-6895	3rd Thurs 9:30-5:00
19	47101	**Silver Bow**	Butte WIC Program (Silver Bow Co.)	Jamie Paul	25 West Front Street	Butte	MT	59701	497-5060	782-8150	Mon-Fri., 8:00-5:00
19	39101		Deer Lodge WIC Program (Powell Co.)			Deer Lodge	MT	59722	846-2420	846-3436	Mon-Thurs 8:00-4:30
20	50101	**Teton**	Chouteau WIC Program (Teton Co.)	Lora Wier	905 4th St NW	Choteau	MT	59422	466-2562	466-5292	1st & 3rd Mon., 8:00-5:00; 3rd Tues. 1:00-4:00
20	08101		Fort Benton WIC Program (Choteau Co.)			Fort Benton	MT	59442	622-3771	622-3411	1st Mon Tues Wed 8:00-5:00 (Health Dept Mon-Fri 8:00-5:00)

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
20	18101		Cut Bank WIC Program (Glacier Co.)			Cut Bank	MT	59427	873-2969	873-2205	last Mon Tues Wed of every month
20	37101		Conrad WIC Program (Pondera Co.)			Conrad	MT	59425	271-3247	271-3248	Mon-Thurs, 8:00-5:00, 2nd full week
20	50201		Fairfield WIC Program (Teton Co.)			Fairfield	MT		590-5125		4th Mon and Tues., 9:00-12:00
20	51101		Shelby WIC Program (Toole Co.)			Shelby	MT	59474	424-5169	424-2425	Tues and Thurs of first full week, 8:30-7:00
21	53101	**Valley**	Glasgow WIC Program (Valley Co.)	Yvette Phillips	621 Third St S	Glasgow	MT	59230	228-3626 or 800-322-3634, ext 3626	228-3559	1st, 2nd, 3rd, and 4th Tues of each month, 8:00-5:30
21	17101		Jordan WIC Program (Garfield Co.)			Jordan	MT	59337	557-2500 or 1-800-322-3634, ext 3626	228-3559	3rd Wed 12:30-4:30 every other month
21	36101		Malta WIC Program (Phillips Co.)			Malta	MT	59538	654-1380	654-2876	2nd Mon 9:00-4:30;2nd Tues 12:30-4:30; 4th Mon & Tues 12:30-4:30
22	56101	**Yellowstone**	Billings WIC Program (Yellowstone Co.)	Gayle Espeseth	PO Box 35033	Billings	MT	59107	247-3370	247-3340	Mon, Tues, Thurs, Fri, 8:00-5:00, Wed 10:00-7:00
22	05101		Joliet WIC Program (Carbon Co.)		128 S Main	Joliet	MT	59041	247-3370 (Billings)		4th Fri. 10:00-3:00 (Joliet)
22	05201		Red Lodge Migrant Clinic (Carbon Co.)		PO Box 1067	Red Lodge	MT	59068	247-3370 (Billings)		2nd Fri. 10:00-3:00 (Red Lodge)
22	49101		Big Timber WIC Program (Sweet Grass)		PO Box 549	Big Timber	MT	59011	932-5449		2nd Thurs, 8:00-6:00
22	481		Columbus WIC Program (Stillwater Co.)		PO Box 959	Columbus MT	MT	59019	322-4296	322-9957	1st and 3rd Tues., 8:00-5:30

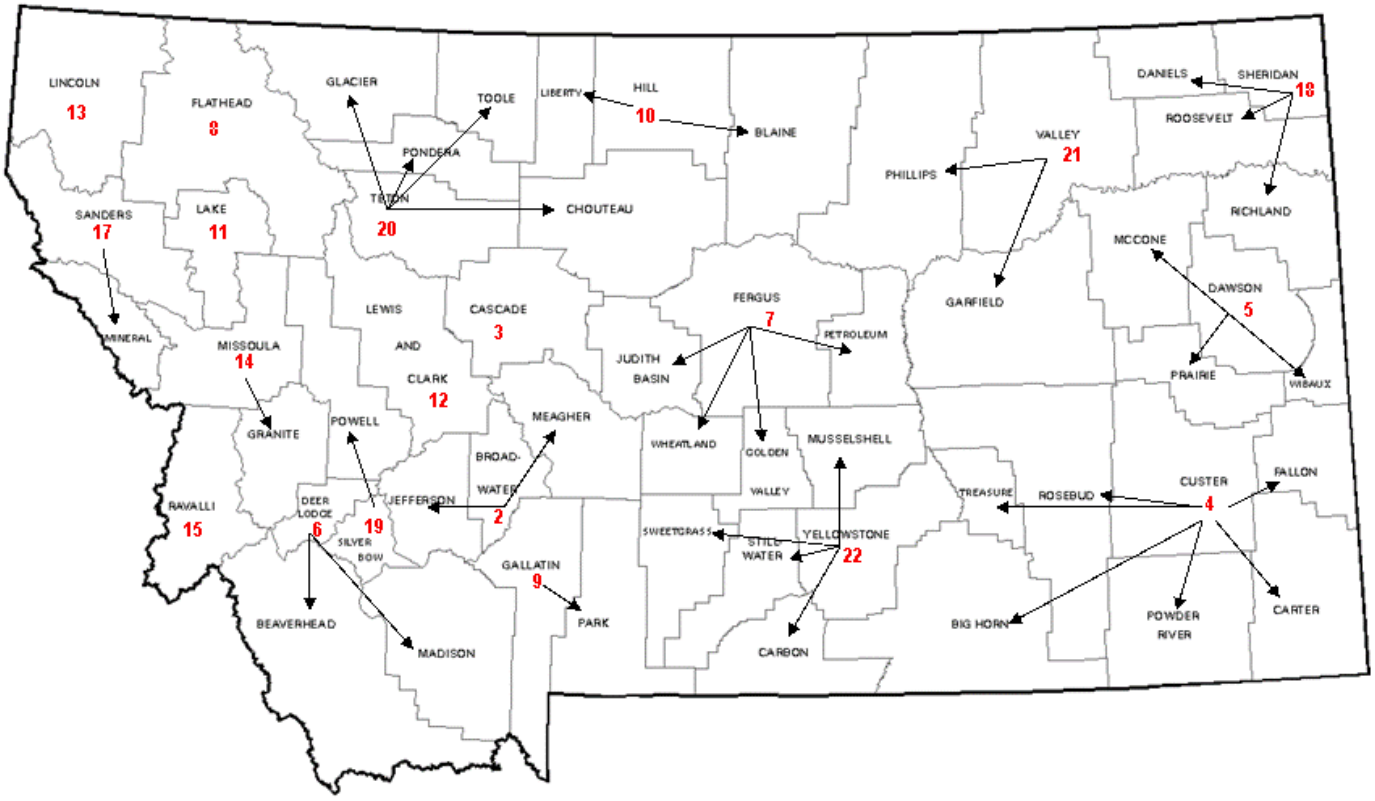
Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
22	33101		Roundup WIC Program (Mussellshell Co.)			Roundup	MT	59072	247-3370 (Billings)		1st and 3rd Tues., 10:00-3:00
22	56201		Laurel WIC Program (Yellowstone Co.)			Laurel	MT	59044	247-3370 (Billings)		1st and 3rd Fri, 9:30-4:00
22	56401		Billings Migrant WIC Program (Yellowstone Co.)			Billings	MT		247-3370 (Billings)		2nd and 4th Fri., 10:00-3:00 (Carbon Co.)
22	56501		Billings Heights WIC Program (Yellowstone Co.)			Billings	MT		247-3370 (Billings)		2nd and 4th Tues, 9:30-4:00
23	57101	**Fort Peck Tribal Health Dept**	Poplar Ft. Peck Tribe WIC Program	Irene Evanson	PO Box 1027	Poplar	MT	59255	768-5301, x4408	768-5780	Mon, Thurs, 8:00-4:30
23	57201		Wolf Point Ft. Peck Tribe WIC Program			Wolf Point	MT	59201	653-1204	653.1641	Tues and Wed., 9:00-4:00; Friday 9:00-4:00
24	58101	**Northern Cheyene Tribe**	Northern Cheyenne WIC Program	Tom Mexicancheyenne	Hwy 39, Box 67 100 Cheyenne Ave.	Lame Deer	MT	59043	477-4527 or 4526; 477-4501 (Tom)	477-4504	Mon - Fri., 8:00-5:00
25	59101	**Blackfeet Tribe**	Blackfeet WIC Program	Dorthy Champine	PO Box 2969	Browning	MT	59417	338-5311 after 3:30	338-7530	Mon - Fri., 8:00-4:30
26	60101	**Crow Tribe**	Crow WIC Program	Margo Stops Mary Snell (AIDE)	PO Box 670	Crow Agency	MT	59022	638-4038	638-3959	Mon - Fri., 8:00-4:30
26	60301		Pryor WIC Program (Crow Tribe)			Pryor	MT	59066-0017	256-9612		1st Fri., 9:00-3:00
26	60201		Lodge Grass WIC Program (Crow Tribe)			Lodge Grass	MT	59050	639-2246	639-2976	Mon., Tues., and Wed., 8:00-4:30
27	61101	**Confederated Salish & Kootenai Tribes (Flathead Res)**	Salish & Kootenai WIC Program	Arlene Templer	PO Box 880	St. Ignatius	MT	59865	745-3525, x5068; 800-823-8228	745-4235	Mon-Fri, 8:00-4:30
27	61201		Ronan WIC Program			Ronan	MT		676-0137 (Ronan Diabetic Ctr)		Tues. and Wed, 8:30-4:00; late clinic 2nd and 4th Tues.

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
27	61301		Arlee WIC Program			Arlee	MT		726-3213		3rd Fri of the month, 8:00-4:00
27	61701		Hot Springs WIC Program			Hot Springs	MT		741-3266		1st Fri., 9:00-1:00
28	62101	**Ft. Belknap Community Council**	Ft. Belknap Harlem WIC Program	Barb Skoyen	Fort Belknap Agency, RR 1, Box 67	Harlem	MT	59526-9705	353-3249; 353-3157 message	353-4267 or 353-4374	Mon-Fri., 8:00-4:00
28	62201		Ft. Belknap Hays WIC Program			Hays	MT	59527	673-3777	673-3144	Mon-Fri., 8:00-4:00
29	63101	**Rocky Boy WIC**	Rocky Boy WIC	Lois Gopher	PHS Indian Health Ctr., Rocky Boy Route, Box 664	Box Elder	MT	59521	395-4902	395-4781	Mon-Fri, 8:00-4:30

Local Program Maps

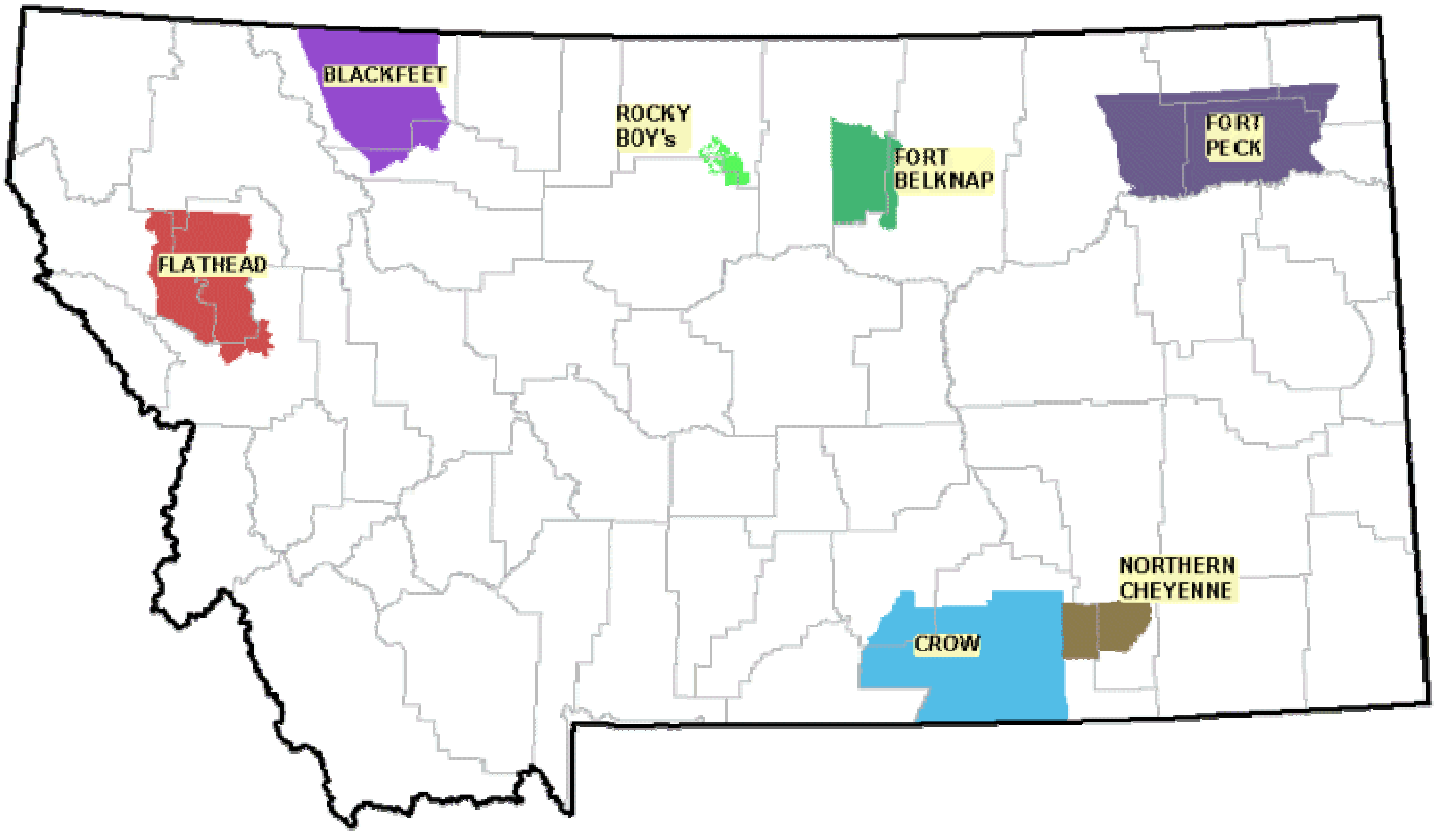
The Local Program maps are attached designating service areas.

Montana WIC REGIONS



June 2007

MONTANA
INDIAN RESERVATIONS
WIC PROGRAMS



Region	Tribe
23	Fort Peck Tribal Health Dept.
24	Northern Cheyenne Tribal Health Dept
25	Blackfeet Tribal Health Dept.
26	Crow Tribe
27	Flathead Confederated Salish & Kootenai Tribes
28	Fort Belknap Community Council
29	Rocky Boy

Policy Number: 3-10
General Complaints
Effective Date: October 1, 2007

General Program Complaints

Purpose

The Montana WIC Program has established a formal process for all written or verbal complaints to be handled.

Authority

State Policy

Policy

It is the policy of the Montana WIC Program to accept all written and verbal complaints regarding the WIC Program and to handle them in an appropriate manner within 180 days.

Procedures

I. All written or verbal complaints about any part of the operation of WIC in Montana shall be accepted and processed within 30 days of receipt by the State WIC Agency or any local WIC program.

II. Any person alleging improper treatment, discrimination or other wrong doing must communicate to the State WIC Agency or any local WIC program said mistreatment within 180 days of the alleged action.

III. Complaints regarding discrimination will be processed according to the instructions provided in Civil Rights see Chapter 10.

IV. Acceptance of Complaints

All complaints, written or verbal, shall be accepted. Information submitted must be sufficient to identify the WIC agency or individual involved. See Policy 4-20 Local Program Retailer Coordinator, VII Participant Complaints for details about handling complaints involving/against retailers.

V. In the case of a verbal or telephone complaint, every effort should be made to collect the following:

A. Name, address and telephone number of complainant, or other method of contacting the complainant.

B. Date of complaint.

C. Nature of the complaint.

D. Retailer name, if involved.

E. Witness name and contact information.

F. Local WIC program, if involved.

VI. Use of the WIC Complaint Form is required. A full record of all contacts and activities related to the complaint must be maintained on file in the receiving WIC agency's office in order to track the action taken to address the complaint.

VII. Notification

A. Local programs shall notify the State WIC Agency by phone and follow-up in writing of any complaint(s) received and request guidance for disposition of the complaint.

B. The State WIC Agency shall notify a local WIC program by phone and follow-up in writing of any complaint(s) received concerning their jurisdiction.

VIII. Resolution

Investigation and resolution of complaints will be handled on a case-by-case basis with all pertinent facts considered.

WIC Program Complaint

Participant Name: _____

Address: _____

Telephone #: _____

Nature of Complaint: _____
_____
_____
_____
_____
_____

Retailer Name (if applicable): _____

Witness Contact Information: _____

Local WIC Program: _____

State Office Comments: _____
_____
_____
_____
_____

Local Program Comments: _____
_____
_____
_____
_____

Policy Number: 3-11
Participant Fraud/Abuse
Effective Date: October 1, 2007

Participant Fraud/Abuse/Sanctions

Purpose

Maintaining program integrity is important for our participants to be able to continue benefits from services of the WIC program. Loss of the WIC program due to participant's fraud and abuse by a few participants would be greatly detrimental to the larger population.

Authority

246.7(i)

246.12 (w)

246.23 (c)

Policy

It is the policy of the Montana WIC Program that participants or authorized representatives who misrepresent their circumstances in order to receive WIC benefits or commit an identified fraud/abuse of the WIC Program will be issued sanctions. Standard and uniform procedures will be used to sanction a participant. Sanctions may include education and a warning, disqualification and repayment of benefits.

Guidelines

I. Fraud/Abuse

A. The WIC program is to be alert for possible participant abuse. When abuse is detected or suspected, the WIC agency must document as completely as possible, including a narrative account of how abuse was detected and copies of any relevant food instruments or other documents.

B. This information is entered on the WIC Participant Fraud Form, and discussed with the participant/guardian. The participant/guardian is given an opportunity to make a statement, but in no case should be forced to. If the participant/guardian will not, or cannot sign a statement, note this on the form.

C. A log will be established and maintained by the state office regarding all reported fraud/abuse.

II. Definition of Fraud/Abuse

A. The definition of fraud/abuse is (one or more of the following):

1. Intentionally making false or misleading statements or intentionally misrepresenting, concealing or withholding facts to obtain benefits.
2. Sale or exchange of food or food instruments for cash or other items.
3. Stealing WIC checks from a local WIC program or WIC participant.
4. Receipt of cash, credit or rain checks from food retailers in a WIC purchase.
5. Purchase of unauthorized food or other items of value.
6. Alteration of food instruments.

7. Redemption of food instruments reported lost or stolen.
8. Redeeming a WIC check outside the authorized date range.
9. Redeeming a WIC check at stores not listed as an authorized WIC retailer.
10. Dual participation, receiving/redeeming food instruments from 2 or more programs/clinics in the same month.
11. Verbal or physical abuse or threat of physical abuse, of clinic or food retailer staff.

III. Federal Regulations Require the Collection of Benefits Through Misrepresentation

Procedures

I. Dual Certification

A. Definition: Receiving/redeeming food instruments from two (2) programs/clinics in the same month.

B. Dual certification constitutes a potential for fraud/abuse. Beginning-of-Day reports identify potential dual participation cases within the state. The local program receiving notification must research the potential dual case(s).

1. Obvious inconsistencies like clinic errors and twins are screened out. An initial contact is made between the local programs involved to determine if fraud exists or whether the case(s) are “false” duals.
2. Information about the situation, including food instruments issued, clinics where food instruments were issued, dollar amount, county of participant residence, etc., must be included in the report.

C. Once a dual participant is clearly identified (food instruments were received and cashed), the local WIC clinic takes steps outlined in “Participant Sanctions” (see below). And take necessary action.

D. The local WIC Program will notify the State Office of a dual participant. Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency

II. Participant Sanctions

A. The State WIC Agency determines uniform procedures and sanctions to be applied in cases of program abuse by participants or applicants. A sanction, which is based on the severity of the abuse, may range from education and warning letter to disqualification from the WIC program for a maximum of twelve months. See Table 1 for listing of abuses and corresponding sanctions.

B. Participants or authorized representatives who misrepresent their circumstances in order to receive food benefits will be required to pay the cash value of improperly received benefits to the State WIC Office.

1. Local WIC program staff will notify the State WIC Agency staff when a participant is suspected to improperly receiving WIC benefits.
   a. Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency

b. The local WIC program staff will provide the State WIC Agency all information regarding the participant and other family/household members that is requested.

c. The State WIC Agency will review the information and any redemption.

2. If misrepresentation has occurred, the local WIC program staff will be notified of the outcome.

a. The participant will be notified in writing by the local WIC program staff of sanctions issued and the duration of any disqualification or suspension.

b. The participant will receive information about the right to a fair hearing including the timeframe and process of requesting one.

3. If misrepresentation has occurred and benefits were issued, then in addition to sanctions being issued by the local WIC program staff, the State WIC Agency will pursue collection in cash from the participant of the improperly issued benefits.

a. Included in the written sanction notice (including the fair hearing information), will be the amount of the claim based on our information which must be repaid by the participant.

b. If full restitution has not been received or a payment plan developed and on track, follow-up contracts will be made every thirty (30) days.

c. State WIC Agency staff shall follow accepted DPHHS practice and applicable State law in pursuing cash recovery.

d. State WIC agency staff shall refer participants who abuse the WIC program to Federal, State or local authorities for prosecution under applicable statutes where appropriate.

4. If no misrepresentation has occurred the local WIC Program will continue issuing benefits.

III. Other Participant Abuse

A. The local WIC Program will issue appropriate sanctions if the participant has abused the WIC Program as described in Table 1.

B. Participant will be informed of their right to a fair administrative review including the timeframe and process of requesting one, if the sanctions include as adverse action.

IV. Mandatory Disqualification

A. The State Agency must disqualify the participant for one year (12 months) when

1. A claim is assessed for misrepresentation;

2. A claim is assessed for dual participation; or

3. A second or subsequent claim for any amount is assessed on a participant.

B. The State WIC Agency may allow an exception to disqualification. Exceptions to mandatory disqualification are:

1. If within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on or, in the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy; and

2. The State agency may permit a participant to reapply for the WIC Program before the end of a mandatory disqualification period if full restitution is agreed upon, or in

the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy.

V. List of the types of Participant Abuse and the Sanctions

A. Following is a list of the types of participant abuse and the sanctions to be imposed on participants or applicants and their authorized proxies.

WIC Program Abuse and Sanctions

	Abuses	Offense	Sanctions
1	Knowing and deliberate misrepresentation of circumstances to obtain benefits: •misrepresentation of income; •misrepresentation of residence; •misrepresentation of family size; •misrepresentation of health status •falsification of medical data or health status. •misrepresentation of actual date of birth so as: a) to appear to be categorically eligible, or b) to go undetected as a dual participant.	1st	Twelve month disqualification from the WIC program. Participants or authorized representatives will be required to pay the State WIC Agency in cash, the value of food benefits improperly received. See Mandatory disqualification exception (above).
NOTE: Participants can in fact be eligible in spite of their misrepresentation of circumstances. A participant, with an actual family size of 4, claims she has 5 in the family. Her proof of income makes a family of 5 or 4 eligible for benefits. In this case a warning letter must be given to the participant.			
2	Dual participation (redeeming food instruments from 2 programs/clinics in the same month).	1st	Immediate removal from one program/clinic and twelve month disqualification from the other program/clinic. See Mandatory disqualification (above). See Mandatory disqualification exception (above).
3	Stealing WIC checks from a local WIC clinic or other participant.	1st	Three month disqualification.
4	Physical abuse of WIC or food retailer staff.	1st	Three month disqualification.
5	Sale or exchange of supplemental food or WIC checks to other individuals or entities, or to obtain cash refund for WIC foods.	1st	Three month disqualification.
6	Receipt of, or attempt to receive from WIC food retailer, cash or credit toward purchase of unauthorized food or other items of value in lieu of, or in addition to, authorized supplemental foods.	1st 2nd	Three month disqualification. Twelve month disqualification.
7	Redeeming WIC checks that were reported as lost or stolen.	1st 2nd	Three month disqualification. Twelve month disqualification.
8	Altering WIC checks.	1st 2nd	Three month disqualification. Twelve month disqualification.
9	Purchasing, or attempting to purchase, food in excess of that authorized on the WIC check.	1st 2nd	Three month disqualification. Twelve month disqualification.
10	Purchase, or attempt to purchase, unauthorized foods.	1st 2nd	Three month disqualification. Twelve month disqualification.

11	Redeeming WIC checks prior to or after the valid dates.	1st 2nd	Education and warning letter (also monthly check pick-up may be appropriate. Twelve month disqualification
12	Redeeming WIC check(s) at store not listed as an authorized WIC retailer. It is the responsibility of the WIC participant to reimburse the retailer for the value of the WIC check.	1st 2nd 3rd	Education and warning letter. One month disqualification. Three month disqualification.
13	Verbal abuse or harassment of WIC or food retailer staff.	1st 2nd	Education and warning letter (change of retailer/authorized representative/proxy may also be appropriate). Three month disqualification.
14	Threat of physical abuse of WIC or food retailer staff.	1st 2nd	Education and warning letter. Three month disqualification.

VI. Participant Abuse and Sanctions

A. All offenses under this policy shall be kept on the participant's record for one year.

1. A repeated (2nd or 3rd) occurrence of an actual or attempted abuse within one year of the first offense warrants a second or third abuse sanction, whichever is appropriate, even if the latest abuse is unrelated to the previous abuse(s).
2. For instance, a participant steals WIC checks from a local WIC clinic (abuse #3). As a first offense, the participant will receive a three month disqualification. If within a one year period, this participant redeems WIC checks for unathorized foods (abuse #6), this constitutes a second offense. The participant would be disqualified for three months.

NOTE: The coordinator must attempt to discern whether the conduct of the food retailer staff may have provoked the authorized representative or proxy. The authorized representative or proxy has the right to complain about improper or discourteous treatment and shall not be penalized for making a legitimate complaint

Policy Number: 3-12
Fair Hearing
Effective Date: October 1, 2007

Fair Hearings

Purpose

Participants may request a fair hearing because of an adverse action (suspension, termination, monetary claim etc).

Authority

7CFR 249.9

Policy

Program may request an administrative review (see Policy 3-9, Appeals by Local Program).

Procedures

I. Introduction

A fair hearing procedure shall be provided through which any individual may appeal a State or local agency action which results in a claim against the individual for repayment of the cash value of improperly issued benefits and/or results in the individual's denial of participation or disqualification from the WIC Program.

II. State Agency Responsibilities

A. All requested fair hearings will be conducted by DPHHS within three weeks of the date the Department received the request for a hearing. Those requesting the hearing shall be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.

B. The hearing will be conducted in accordance with 7 CFR 246.9 and Title 2, Chapter 4 of the Montana Code Annotated.

C. The hearing shall be conducted by a fair and impartial hearing official and the appellant shall be notified in writing of the decision of the hearing official, and reasons for it, within 45 days of the receipt of the request for a fair hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to District Court within 15 days.

D. The hearing official's decision is binding on the State Office and local WIC program.

1. If in favor of the appellant, program benefits shall begin for an applicant and continue for a participant within the 45 day limit.
2. If the decision is in favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately.
3. If the decision concerns disqualification and is in favor of the WIC agency, as soon as administratively feasible, the local WIC program shall terminate any continued benefits, as determined by the hearing official.
4. If the decision regarding repayment of benefits by the appellant is in favor of the WIC agency, the State or local WIC program shall resume its efforts to collect the claim, even during pendency of an appeal of a local-level fair hearing decision to the State WIC Agency.

E. All records of the hearing shall be retained in accordance with 7 CFR 246.18 and 7 CFR 246.25, and shall be available to the appellant or representative.

III. Local Agency Responsibilities

A. Informing each program applicant or participant of their fair hearing rights at initial and subsequent certifications. Appeal rights are provided at the time of a claim for repayment of the cash value of improperly issued benefits or denial of participation or disqualification.

B. Written notification shall be made to:

1. Applicants found ineligible. Documentation of the ineligibility must be kept in their file.
2. Each participant found ineligible at any time during a certification period. Documentation must be kept in their file. The participant needs to be notified a minimum of 15 days prior to termination of program benefits. They must also be informed of their right to a fair hearing.
3. The person against whom the collection of improperly issued benefits is undertaken. The reason(s) for the claim, the value of the improperly issued benefits and their right to a fair hearing shall be included in the notification.
4. Each participant will receive notice at least 15 days before the expiration of each certification period that the period is about to end.

C. Local programs, at the time of application or when notifying persons found ineligible of their right to a fair hearing, shall advise them of the method for requesting the hearing and their right to be represented at the hearing by a relative, friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.

D. Local programs shall advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing from the State Department of Public Health and Human Services. The request for hearing is defined as any clear expression by the individual, guardian or other representative that an opportunity to present its case to a higher authority is desired.

1. If a hearing is requested within the 60 day period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached in accordance with 7 CFR246.9 or the certification period expires, whichever occurs first.
2. Applicants who are denied benefits at initial or subsequent certifications shall not receive benefits while awaiting the hearing. Local programs should obtain legal counsel to represent the WIC program if a hearing is requested.
3. Participants who become categorically ineligible during a certification period shall not receive benefits while awaiting a hearing and results.

E. A request for hearing shall not be dismissed or denied unless:

1. The request is not received within 60 days from notification of ineligibility;
2. The request is withdrawn in writing by the appellant; the appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing;

3. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.

IV. Time Sequence for Fair Hearings

Step	Participant	State/Local Agency
Participant is notified of ineligibility for WIC benefits.	Has 60 days to request a fair hearing. *	Local Agency must provide participant with Notice of Ineligibility and follow procedures outlined in WIC State Plan.
Participant requests a fair hearing to the State WIC Agency within 60 days.	Will receive 10 days written notice of time and place of the fair hearing within 3 weeks of request.	Local Agency obtains legal counsel to represent the WIC program at the hearing within 3 working days of receipt of the hearing request.
Fair hearing is held in the county where the participant resides.	Will receive the decision of the hearing official within 45 days of the original request.	Within 45 days the State Agency sends the participant the decision of the hearing official.
Participant appeals decision.	Request must be made to the District Court within 30 days of receipt of written notification of the decision.	State Agency notifies Legal Division of appeals request.

*The participant who is terminated during a certification period and requests a fair hearing within 60 days of termination will continue receiving benefits until a hearing decision is made or the certification period expires. Applicants denied at initial certification, participants who become categorically ineligible during a certification period or whose certification period expires shall not receive benefits while awaiting a hearing and results.

Policy Number: 3-13
Potential Dual Participation
Effective Date: October 1, 2006

Potential Dual Participation

Purpose

To prevent WIC participants from participating in more then one WIC program at a time.

Authority

7CFR 246.7(L)

Policy

It is the policy of the Montana WIC Program to follow-up and coordinate with border states and the commodity program to prevent dual participation.

Guidelines

I. Introduction

A daily potential dual certification check is performed each night using new participant records which have been uploaded from the sites to the central Host computer. A monthly dual certification check is performed at the State WIC Office at the end of each month. All participants on the Host participant master file are analyzed to identify potential matches of all active participants.

II. Process

A. In the daily check, all participants currently certified are compared and if any of the following conditions are met, all records that match are listed on the dual certifications report: the first and last name of the participants are the same, the birth date and first four characters of the last name are the same, the birth date and first four characters of the parent/guardian last name are the same.

B. The information is grouped according to the clinic ID that generates the new participant ID. A copy of the data for each clinic grouping is downloaded to the clinic each night to be printed with the Beginning of Day report. Clinic personnel are responsible for following up on the information contained on their report.

C. The monthly dual certification check is viewed as a centralized report for State Program personnel to use to monitor the dual participant resolution activity at the clinics. This report functions as a follow-up to the daily reports that have been generated for the past month. If the clinics have not resolved the dual certifications that appeared on the daily reports, the matches will appear on the monthly report.

III. Action

Once a participant is confirmed as participating in two or more clinics, steps outlined in this Policy 3-11 Participant Fraud/Abuse/Sanctions are implemented.

Policy Number: 3-14
Coordination/Service
Effective date: October 1, 2007

Coordination of Program Operations with Other Services

Purpose

The WIC Program acts as a gateway to other health services. Coordination with these services is crucial to a successful interventional contact. Coordination may take the form of referral to other services or individual contacts with community leaders and groups.

Authority

7 CFR246.4(a)(8)

Policy

It is the policy of the Montana WIC Program to coordinate program operations with other services or programs that may benefit participants in, or applicants for, the program.

Guidelines

I. Referrals to Other Services

A. Local Agencies will routinely refer WIC participants to other community services that provide services appropriate to their needs.

1. Special counseling services and other programs include but are not limited to:

Alcohol and Drug Abuse Programs	Child Protective Services
Clinics, including Well-Child and KIDS COUNT (early and periodic screening, diagnosis and treatment programs)	Dental
DPHHS Immunization Program	Drug and Alcohol Treatment and Education Programs
Family Planning	Farm worker Organizations (with special emphasis on migrants)
Food Bank network	Health and Medical Organizations
Hospitals	MCH Programs, including block grants and case
Montana Hunger Coalition	Office of Public Instruction Homeless Education Project
Program Administration Unit (foster care)	Religious and Community Organizations in low income areas such as community action agencies, Headstart, Expanded Foods and Nutrition Education Program (EFNEP)
Schools	Social Service Agencies
Tribal Organizations and Agencies contacting off-reservations or landless Native Americans	Unemployment Offices
Welfare Programs, including Temporary Assistance to Needy Families (TANF), Food Stamps, and Medicaid	Etc.

B. General Public: The State WIC Agency has available public service announcements, brochures, posters, etc., which can be used by local WIC programs in their outreach campaigns.

C. Health Professionals: Local WIC programs develop their own referral systems with the local health care providers.

D. County Commissioners: Local and State WIC Agency personnel keep county commissioners informed of WIC by sharing results of the annual monitoring process.

E. Community Agencies: Community organizations and agencies will be invited to future WIC workshops as they have been in the past. Contacts have been made with migrant organizations throughout the State and local WIC programs have been encouraged to work with these organizations.

F. The State WIC Agency will contact the Montana Migrant and Seasonal Farm workers Council located at 2406 6th Avenue North, Billings, Montana 59102, annually to determine appropriate agencies to contact for outreach and referral. Provide the council with names, addresses, phone numbers and operation hours of all WIC clinics. Refer this information to local WIC programs and encourage contact with the Migrant Council in their area.

G. Urban Indian Organizations: Ongoing efforts are being made to increase the participation of off-reservation Indians in existing WIC programs. One WIC clinic has been established in a health clinic serving urban Indian populations.

II. Health Officers, Indian Health Service Unit Directors, etc.

A. Whenever possible, State WIC Agency personnel visit these persons during the biennial monitoring.

B. Local WIC program staff is encouraged to make visits to these groups at least once annually to inform them of WIC successes in their area.

III. Program Administration Unit

A. The State WIC Agency will coordinate with the Foster Care Child and Family Services Division by:

1. Providing copies of the Montana WIC Program income guidelines, “Nutrition Program for Montana’s Women, Infants, Children” brochure, a listing of WIC clinic phone numbers for various towns in Montana, and a “Dear Foster Parent” letter which includes information about acceptable proof of placement and how to receive benefits; and

2. Offering local WIC program CPA’s to provide information about the WIC Program to potential foster parents attending training sessions sponsored by the unit.

IV. Substance Abuse Programs

The State WIC Agency shall contact, on an annual basis, the three drug-alcohol intervention programs in the State that serve pregnant women. Information will be provided about WIC and the location of its clinics. Local WIC programs will be instructed to include these programs in their outreach and referral plan.

V. Nutrition and Physical Activity Program (NAPA)

1. Participate in the Cardiovascular Health/obesity Prevention Task Force.

2. Collaborate on breastfeeding promotions and support activities with NAPA to prevent obesity.

VI. Eat Right Montana (ERM)

1. Participate in ERM activities.
2. Disseminate Healthy Formulas Packet to local programs to use who appropriate. Participate in the Statewide Breastfeeding Coalition (subcommittee of ERM) to coordinate (collaborate) on activities for promotion and support of Breastfeeding in Montana.

Policy Number: 3-15
Outreach
Effective Date: October 1, 2006

Outreach

Purpose

The State WIC Agency is responsible for coordination of outreach with all appropriate agencies and local agencies.

Authority

7CFR 246.4(a)(7)

Policy

It is the policy of the Montana WIC Program to coordinate outreach services with local WIC Agencies

Guidelines

I. State Agency Responsibilities

The State Agency is responsible for coordinating the listed outreach/referral efforts with Local Programs.

II. Press Releases

A. Develop annual press release statements and public service announcements for the Local WIC Programs to send to newspapers, radio and television stations in their areas at least once annually, or more often as needed.

B. Press releases and announcements must include name and address of the Local WIC Program, eligibility criteria and information on program benefits which include supplemental foods, nutrition education, and access to on-going health care. In areas where maximum caseload has been reached, press releases will focus on maintenance of caseload and reaching high-risk participants.

C. The press release(s) must also include information relating to the homeless, including participant eligibility criteria, location of local programs and the three conditions for participation by organizations and agencies serving homeless individuals. See Policy 5-5 Institutions and Homeless.

D. The State WIC Agency will use other available media in outreach activities, such as newspapers, newsletters and radio.

E. All Press Releases developed by the State or Local WIC Agencies will contain the Civil Rights Non-discrimination statement and the State 1-800 phone number or appropriate Local Agency phone number.

III. Promotion of Services

A. Prepare and distribute posters, brochures and referral forms to local programs for use in enlisting new WIC participants, and in providing information to health professionals and allied services in their community.

B. Provide local agencies with outreach and referral information and pamphlets about allied services such as Medicaid, Food Stamps and TANF eligibility, Child Support Payment

Enforcement availability and Children's Health Insurance Plan (CHIP), Family Planning and Immunization programs.

IV. Information Exchange

A. Inform State Food Stamp Program, TANF Program, Medicaid Program, Office of Public Instruction Homeless Education Project, Family Services, Food Bank Network, Community Health Centers, and Montana Hunger Coalition of WIC regulations regarding income guidelines and qualifications. Arrange State-wide effort to have local programs coordinate with local offices of the above programs. Forward outreach and referral information about allied services to appropriate local WIC program.

B. Contact State MCH programs and encourage exchange of information on Program operations as an enhanced effort of improved services to mutual clients.

V. Statewide Meetings and Workshops

State Agency staff will attend appropriate Statewide meetings to present the WIC Program and the services it provides.

VI. Local Agency Outreach/Referral Plans

Review local WIC program "Outreach/Referral Plan" and monitor their efforts in meeting the goals of the outreach/referral plan.

VII. Legislative Queries

A. Provide the Montana Congressional delegation information about WIC upon request.

B. Provide the State policy makers with information about WIC's contribution to the health of women, infants and children.

VIII. Breastfeeding Materials

A. Regularly mail breastfeeding related information to local programs. In the past, these mailings have included copies of:

1. The National WIC Association's (NWA) Position Papers on Breastfeeding and The Role of Formula in WIC;

2. Guidelines for Promotion and Support of Breastfeeding;

3. Breastfeeding topic continuing education opportunities; and

4. Activities planned for August (which Montana recognizes as Breastfeeding Promotion and Support Month).

IX. Unserved Counties

A. Every effort will be made by State WIC staff to assure that all counties in Montana are served by WIC. Should a county lose service for any reason the State staff will contact (and maintain contact with) the health providers in the county without a contract to offer WIC program benefits.

B. State staff will explain verbally and in writing the WIC program's operations in order to gain support for the implementation of WIC services.

C. Local contacts will include governing officials (county commissioners, city and town officials); health providers (public health nurse, health officer, physicians); and other human service agencies (Medicaid, TANF, Food Stamps).

D. The regional office of USDA will be requested to provide sufficient funds in Montana's annual grant to support this goal.

X. Notice to the General Public

A. On the first Sunday in May of each year, the Montana WIC Program shall publish in the Sunday edition of seven major newspapers in the State a public notice requesting comment on the development of the State WIC Plan for the upcoming fiscal year.

B. The published notice for WIC comments shall include a statement to the effect that copies of existing State plans are available at local WIC offices or by contacting the Nutrition Section Supervisor.

C. This notice shall allow comments to be received in writing up to the close of business on May 31. Such comments should be addressed to the Nutrition Section Supervisor, Health Policy and Services Division, Department of Public Health and Human Services, Cogswell Building, PO Box 202951, Helena, MT 59620-2951.

D. The Nutrition Section Supervisor shall receive and review each written comment and acknowledge receipt of same to the sender within 10 days of receipt. A record of comments received and acknowledged shall be included as an appendix in the final approved State WIC Plan.

E. The Nutrition Section Supervisor shall incorporate such comments as deemed appropriate.

Policy Number 3-16
Targeting Benefits
Effective/Revised Date: October 1, 2007

Targeting Benefits

Purpose

The state WIC agency will use outreach programs to reach potentially the most high risk participants.

Authority

7CFR 247.4(5)(I) & (II)

7CFR 247.4 (a) (5) (I) & (II), (7) (18)

Policy

It is the policy of the Montana WIC Program to provide WIC services to the most high risk participants. Outreach and advertising will focus on reaching high risk potentially eligible participants.

Guidelines

I. Introduction

Outreach through networking with agencies, groups and individuals will be the preferred method of targeting benefits.

II. Methods of Targeting Benefits

A. The State WIC Agency, recognizing the importance of Agency/Program cooperation, will continue to use available opportunities to educate other health professionals to WIC services and benefits.

B. The State WIC Agency, along with the Local WIC Programs, will provide agencies, organizations and offices in the outreach network with materials describing WIC and its locations and the locations of agencies serving the homeless.

Policy Number 3-17
Monitoring
Effective/Revised Date: October 1, 2007

Monitoring

Purpose

The State WIC Agency monitors all local WIC Agencies to assure compliance with Federal Regulations and State Polices and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

Authority

7CFR

Policy

It is policy of the State WIC Agency to assure that all local agencies provide effective and quality program for clients.

Procedures

I. Introduction

The State Agency staff will perform on-site reviews of all local programs biennially at a minimum of 25% of their clinics. These visits will determine compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

II. State Agency Responsibilities

A. The State Agency shall inform USDA of unresolved problems, delays or adverse conditions.

B. The State Agency shall provide technical assistance and training to local programs when necessary and applicable for resolution of monitoring recommendations.

C. State Agency staff, consisting of a Nutritionist and a Program Specialist, visits the local WIC program to review records with local WIC program staff.

D. The Monitoring Worksheet sets forth the questions that will be used to review the WIC records.

E. A schedule for the entire 12-month period of the Federal Fiscal Year will be prepared by October. This tentative schedule is based on past years experience in terms of weather and efficient use of travel time, however, it is subject to change. The needs and schedules of each local agency are usually accommodated.

III. Federal Office Responsibilities

The Regional Office of USDA will perform a management evaluation of the State WIC Agency as needed which includes on-site visits to a representative number of local programs.

IV. Local Program Responsibilities

A. The local WIC program shall maintain the required records for each participant.

B. The local WIC program records shall be available to State and Federal agencies for monitoring.

C. The local WIC program shall respond and follow-up on recommendations made by the Federal or State WIC Agency as a result of a monitoring visit.

V. Monitoring Procedures

A. The State Agency staff conducts an entrance interview with local WIC program personnel before the monitoring.

B. A representative sampling of participant records is selected and reviewed.

C. The State staff conducts an exit interview with the appropriate local WIC program staff and gives a verbal report of its findings. A discussion of improvement from past visits, resolutions of problems, non-compliance and/or revisions in procedures is appropriate during this interview.

D. Within 60 days after the visit, a written report of the State WIC Agency's findings and recommendations are sent to:

1. Local Health Officer/County Commissioners; and
2. Local WIC program CPA and/or Program Manager.

E. Within 60 days after receipt of the monitoring findings, the local WIC program shall respond in writing, with a plan of action stating how and when corrections, revisions or compliance have been or will be accomplished.

F. If the local WIC program's corrective action plan is deemed appropriate, and no further actions for correction are needed, the State WIC Agency will acknowledge in writing that the local WIC program's response is acceptable.

G. If major areas of concern remain uncorrected or are not addressed in the corrective action plan, a follow-up visit may be scheduled.

VI. Nutrition Services Review

A. Local WIC program operations are evaluated for nutrition services compliance against current Federal and State regulations.

B. Charts are reviewed and the environment and clinic procedures are observed.

C. This visit also serves as an assessment by the State team of training needs of local staff.

VII. Administrative Review

A. The administrative team member will review the client files for complete documentation of income and current Certification and Eligibility form; conduct a visual site review for space, security, privacy, etc.; and verify inventory.

B. The administrative team member will also review original documents (timesheets/cards for WIC employees, telephone bill and how it is distributed among programs, bills for office supplies, rent, etc.). If rent is distributed among programs, written justification for the plan or method used will need to be

available. A general guide is that the "paper trail" of expenses claimed must be easy and convenient to follow.

VIII. Local Program Review of their Operations

A. Federal Regulations require that each WIC agency establish a system by which they review their own program operations and that of their satellites annually.

B. The local WIC program may use the State's Monitoring Checklist, a modification thereof, or a system which they develop to review their program operations.

C. Local programs shall maintain results of their reviews on file for review by the State team during the biennial monitoring visit.

IX. Local Program Review of State Agency Operations

A. Local WIC program staff complete the report. It is not necessary that this report be signed.

B. Once each year, by September 1, the report is sent to the State Office. The State Office will summarize and send the results to local programs for their information. The State WIC Agency will also list how they will meet suggestions for improvement.

C. This review helps the State Agency determine what services are needed by local programs.

X. Attached Forms

The Local Agency Monitoring Worksheet, Self-Monitoring Form, Evaluation of State WIC Agency Services and Participant Survey currently being used are attached at the end of this chapter.

ROUTE: Prior to Monitoring	**Initial**	**Date**		**Initial**	**Date**
Admin Support			Farmers Market		
Letter & Self Monitor sent			BF Coordinator Ser		
Retailer Specialist Section			Computer Services		
Retailer Section			Contract Section		
Nutrition Section			Joan Bowsher		

Program: _____ **Monitoring Team:** _____

Visit Date: _____ _____

Last Monitored: _____

Local Agency Monitoring Worksheet Program Administration and Management	
Program Code:	
Program Name:	
Address:	
Location:	
Voice Phone:	
Fax Phone:	
No. of Clinic Sites (If > 1, list):	
Days Open (Include clinic sites):	
Office Hours (Include clinic sites):	
Project Director:	
Average Caseload by Clinic Site:	

Section 1. State Agency Records

Contracts

	Yes	No	Date Signed	Comments
Is a current signed contract on file?				
Are current signed satellite contracts on file?				
Are there subcontracts?				
Did the program meet the 1/6th requirement in the most recent nutrition education accounting ☐ Yes ☐ No Comment: _____				

Financial Management

	Yes	No	Comments
Are expenditure reports submitted on time in accordance with negotiated contract?			
Are expenditure reports accurate?			

1. **Were any expenditures since the last monitoring visit questionable? Describe:**

_____

_____

2. **Attach copies of expenditure reports to be reviewed during this visit.**

_____

Signature Date
Contract Services Section

Section 1. State Agency Records, continued

Potential Dual Participation

1. List number of potential duals from daily reports (last 12 months). Are they within the same clinic or with another clinic? Any unresolved?

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Voided Food Instruments

1. List voided food instruments that were cashed (those voided as "in-hand" and (used)) from last 12 months. Were they for infant formula changes?

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Incorrect Numbering of FI's

1. List number of times clinic has voided FI's due to incorrect numbering from last 12 months (attach report from HOST).

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____

Signature Date
Administrative Services Section

Section 1. State Agency Records, continued

Retailer Review

1. **List high-risk retailers (list how many on-site visits have been made to these stores 246.12(i)(l)). List any specific issued to address.**

   _____

   _____

2. **What problems are evident from food instruments cashed? Describe:**

   _____

   _____

3. **The last issued retailer list was dated** _____

4. **The designated retailer liaison is** _____

5. **Has the clinic reported any complaints from participants about their treatment by area food retailers? List and describe action taken.**

   _____

   _____

   Was a copy of the complaint forwarded to the State: ☐ **Yes** ☐ **No**

6. **Has the State received any complaints from area retailers about participants? List.**

   _____

   _____

_____

Signature **Date**
Retailer Services Section

Section 1. State Agency Records, continued

Computer Security

1. List who has network access (CS #'s and Names).

Name	CS #

2. Verify Computer Inventory (serial #'s and/or state ID's)

3. List any system concerns found as a result of problem resolutions (attach copy if necessary)

_____

Signature Date
Computer Services Section

Section 1. State Agency Records, continued

Outreach/Referral

1. Is there an approved Outreach Plan in place? _____

_____

_____

Nutrition Education

Is there an approved Nutrition Education Plan? Is it reflective of populations' problems?

_____

_____

Breastfeeding Promotion & Support

1. Is there an approved Breastfeeding Promotion & Support Plan? _____

_____

_____

Special Formulas

1. Attach a list of special formula packages issued.

_____

_____

_____

Signature **Date**
Nutrition Services Section

Section 2. On-Site Review (Administration)

Entrance Conference (List those in attendance)

Main: _____

_____

Satellite: _____

_____

Exit Conference (List those in attendance)

Main: _____

_____

Satellite: _____

_____

Infrastructure

1. Where is the clinic conducted:

Main _____

Satellite: _____

2. Is space adequate and appropriate for WIC activities?

Main: ☐ Yes ☐ No

Satellite: ☐ Yes ☐ No

Comment: _____

_____

3. Describe security of WIC office(s):

	Yes	No	Comments
Are the doors locked? Who has keys to Door:			Main: Satellite:
Are file cabinets locked? Who has keys to File Cabinet?			Main: Satellite:

Section 2. On-Site Review (Administration)

Infrastructure (continued)

4. Describe the condition of the facilities:

Main: ☐ good ☐ fair ☐ poor (clean, safe, clinical)

Satellite: ☐ good ☐ fair ☐ poor (clean, safe, clinical)

Comment: _____

_____

5. Is there privacy for income/intake, counseling and screening? If not, describe:

Main: _____

_____

Satellite: _____

_____

Office Operations

1. Are the office hours posted where participants/applicants can see them?

Main: _____

Satellite: _____

2. Is an answering machine used?

Main: ☐ Yes ☐ No

Satellite: ☐ Yes ☐ No

Main: _____
(when/ how often?)

Satellite: _____
(when/ how often?)

3. Are the current State Plan, User Procedure Manual, and Federal Regulations easily accessible at all the clinic site(s)?

Main: ☐ Yes ☐ No Comment: _____

_____

Satellite: ☐ Yes ☐ No Comment: _____

_____

Section 2. On-Site Review (Administration)

Office Operations, continued

4. Is the Authorized Retailer List posted in a visible location?

Main: ☐ Yes ☐ No Satellite: ☐ Yes ☐ No

Where? How is it displayed (on the wall, in a notebook, on someone's desk?)

Main: _____

Satellite: _____

5. The posted list is dated: Main: _____ Satellite: _____

6. Does the clinic have a "We Take WIC Checks" sign posted?

Main: ☐ Yes ☐ No – left copy ☐ No – will mail

Satellite: ☐ Yes ☐ No – left copy ☐ No – will mail

7. Does the retailer liaison handle all complaints?

Main: ☐ Yes ☐ No Satellite: ☐ Yes ☐ No

Does the retailer liaison have a retailer complaint file? (complaints about retailers)

Main: ☐ Yes ☐ No Satellite: ☐ Yes ☐ No

8. The following are recent participant complaints. Is any action documented in the participant file?

Main: _____

_____

Satellite: _____

_____

9. What concerns does the local agency have about retailers?

Main: _____

_____

Satellite: _____

_____

Section 2. On-Site Review (Administration)

Civil Rights/Fair Hearing

1. Is a current Civil Rights poster displayed at each clinic site? 246.8.

Main: ☐ Yes ☐ No – left copy ☐ No – will mail

Satellite: ☐ Yes ☐ No – left copy ☐ No – will mail

2. Is a Fair Hearing poster displayed at each clinic site?

Main: ☐ Yes ☐ No – left copy ☐ No – will mail

Satellite: ☐ Yes ☐ No – left copy ☐ No – will mail

3. Does the non-discrimination phrase appear on all pamphlets, notification letters or other materials that are distributed to the public which describe the benefits and eligibility requirements for participants?

Main: ☐ Yes ☐ No Comment: _____

_____

Satellite: ☐ Yes ☐ No Comment: _____

_____

4. Are certification records for all participants denied program benefits on file? Does each file contain a Notice of Ineligibility?

Main: ☐ Yes ☐ No Comment: _____

_____

Satellite: ☐ Yes ☐ No Comment: _____

_____

Voter Registration

1. Are there voter registration information/forms available?

Main: ☐ Yes ☐ No Comment: _____

Satellite: ☐ Yes ☐ No Comment: _____

Section 2. On-Site Review (Administration)

Property Inventory

1. **Verify that all major equipment (purchased with WIC funds) has a property tag. List any items needing a property tag.**

   Main: _____

   Satellite: _____

Computer Security

1. **Review WIC system access/rights screens.** (main/satellite)

2. **Review Unauthorized Access Report.** (main/satellite)

	Yes	No	Comments
Are computers located in a secure area which is locked during non-business hours?			Main: Satellite:
Are Tape Backups performed and Tape Backup Log Sheets completed every clinic day?			Main: Satellite:
Are computer-servers routed through UPS?			Main: Satellite:

Administration

1. **Review time-sheet/payroll records kept for all WIC personnel, full-time and part-time. Section 246.14©(1).**

2. **Verify expenditures on at least two monthly Expenditure Reports (copies provided from Contract Services Section). Section 246-14(j). Compare the Expenditure Reports to the source documentation. Trace each reported expense back to the source documentation as listed below:**

   a. Is there written approval to acquire the item (if applicable)?

   b. Determine if the cost was necessary, reasonable and appropriate?

   c. Are signed and dated time documents on file for WIC employees?

   d. Are any expenditures prior contract or fiscal year expenses?

Section 2. On-Site Review (Administration)

Food Instruments

1. Compare signatures from stubs to participant file for match (at least 5 of reviewed files).

Review food instrument stubs for signatures/initials. Are they signed correctly (signature, initials, signature) and while still attached to food instrument that participant has been instructed to review)?

Comment: _____

3. Are food instrument stubs kept in an orderly fashion? ☐ Yes ☐ No

Describe storage of food instrument stubs. 246.12(1).

_____

_____

4. Review End of Day Reports

1. Where are end of day reports kept? _____

2. Are all food instruments accounted for? ☐ Yes ☐ No

3. Are gaps explained? ☐ Yes ☐ No

4a. Are there voided checks? ☐ Yes ☐ No

4b. If yes, is documentation of voided checks on file? ☐ Yes ☐ No

Comment: _____

_____

5. If food instruments were mailed: ☐ N/A

Were the stubs signed by a WIC staff person: ☐ Yes ☐ No

Is documentation of reason mailed appropriate? ☐ Yes ☐ No

Comment: _____

6. If food instruments were picked up by a proxy, is there a signed and dated note in the participant file to allow proxy pickups? ☐ Yes ☐ No

(Check the same participant for three consecutive months. Start with current month and work backward).

Review any questions from Self-Monitor Report. Complete Worksheet A.

Section 3. On-Site Review (Nutrition)

Equipment/Supplies

1. **List/Describe equipment in use at this site.** Comment as appropriate :

_____

_____

2. **Scales (Date last tested and are they on a solid surface?)**

Infant:_____

Adult: _____

3. **Measuring Boards (Correct height; correctly attached to wall – right angle for wall/floor; on solid surface?**

Length Board: _____

Stature Board: _____

4. **Hematological Equipment (Describe controls for checking)**

Centrifuge_____

Hemocue_____

Hemostat_____

5. **Educational Materials/Tools/Equipment**

Food models/plates/glasses/measuring cups/measuring spoons used?_____

_____

Food Labels/Containers used?_____

Other Tools, Aids, Resources, Baby Dolls_____

_____

Screening Aids used_____

_____

Visual aids used such as Flipcharts, Bulletin Boards, etc._____

_____

Posters (Designate Nutrition or Breastfeeding; Any Formula Logos?)_____

_____

Section 3. On-Site Review (Nutrition)

Videos (Any formula logo, company names or sponsorship?)_____

_____

Hand-outs and Games (Any formula logo, company names or sponsorship?) _____

_____

Do print and audiovisual materials reflect up-to-date standards and information?

_____

Are office supplies (cups, pens and note pads) free of formula product names/logos?_____

_____

Other comments: _____

_____

6. Breastfeeding Promotion

Has the breastfeeding coordinator established a partnership with the hospital or local pediatricians or OB-Gyn?_____

_____

Does the breastfeeding coordinator have a list of BF training staff has received?

_____

Has all staff become familiar with Chapter 7 of the State Plan regarding BF?_____

_____

Does the Program give out breastpumps? Are records of pumps distributed kept and up to date?_____

_____

Does the Program portray a breastfeeding friendly atmosphere with breastfeeding posters and messages in clear view?_____

_____

7. Certification

Are appropriate hematological and anthropometric tests performed at the required times and according to State Plan direction? Observe technique.

_____

_____

Section 3. On-Site Review (Nutrition)

Are clients certified within the appropriate time from initial request for services?
_____
_____

Are the individuals scheduling appointments aware of processing standards for various categories? 246.7(e)(2)_____
_____

8. Counseling Skills

Review interviewers ability to communicate:

a. Poor—talks at participant, one way communication, poor listener, content of education above or below intellectual level of participant, shows no interest in participant.

b. Below Average—Interviewer exhibits two or more of the characteristics in above (a.).

c. Average—Interviewer exhibits one of the characteristics in above (a.).

d. Above Average—Talks with participants, two way communication, good listener, adjusts level of education to intellectual level of participant, shows empathy, sets goals with participant's input.

Are open ended questions used? ☐ Yes ☐ No Comment: _____
_____

Is the interviewer non-judgmental? ☐ Yes ☐ No Comment: _____
_____

Is the interviewer objective? ☐ Yes ☐ No Comment: _____
_____

Is the Nutrition Education Plan/goals set by the participant and CPA? ☐ Yes ☐ No
Comment: _____

Is the education appropriate for the participant's cultural, ethnic, environmental and geographic background? ☐ Yes ☐ No Comment: _____
_____

Circle if the information:

a. was accurate
b. was appropriate for participant
c. topics related to nutrition risk codes assigned and/or based on the expressed concerns of the participant.
d. included use of appropriate teaching aids.
e. was the appropriate amount—not too much information at one time.

Circle if the CPA:

a. was aware of readiness of participant to take part in educational process and involvement of goal setting.
b. evaluated the participant's understanding with questions.
c. Interacted in a positive manner and engaged participant.

Section 3. On-Site Review (Nutrition)

Does the clinic have a written policy for no-shows? ☐ Yes ☐ No Comment (what is the policy, has it been approved by State Agency?): _____
_____

8. Nutrition Education

Are group education sessions planned and presented by appropriate staff?
☐ Yes ☐ No Comment:_____
_____

Are clients invited/motivated/scheduled to attend? ☐ Yes ☐ No

Comment: _____

Are lesson plans prepared? Or are there written protocol for classes?
☐ Yes ☐ No Comment: _____
_____

What interaction occurs to ensure/assess success of education contacts?

Comment: _____
_____

How is evaluation of education assessed? Comment:_____
_____

Are written materials:

a. appropriate for participant(s)? ☐ Yes ☐ No Comment: _____
_____

b. discussed with participant(s)? ☐ Yes ☐ No Comment: _____
_____

c. translated when appropriate? ☐ Yes ☐ No Comment: _____
_____

Gather materials stocked by the agency that has not been previously evaluated. Include findings in agency evaluation.
_____
_____

Are appropriate staff providing nutrition contacts? ☐ Yes ☐ No Comment: ____
_____

9. Referrals

Are WIC participants referred to and from other health and/or social programs outside the WIC Agency? ☐ Yes ☐ No Comment: _____
_____

Section 3. On-Site Review (Nutrition)

Are the referrals appropriate for the participant's need? ☐ Yes ☐ No
Comment: _____

Are the referrals documented in the participant chart and automated system?
☐ Yes ☐ No Comment: _____

_____

Are high risk participants referred to an RD? ☐ Yes ☐ No Comment:_____

_____

What type of follow-up is documented?_____

_____

_____

PARTICIPANT SURVEY

WIC - BUILDING A HEALTHY MONTANA

CLINIC/SITE:_____DATE:_____

We need your help and would like a few minutes of your time. Please answer the following questions. We will use the answers to improve our services to you. All answers will be kept confidential. **THANK YOU!**

1. What do you think of the information received from the WIC staff? (circle numbers below)

   A. **Not Interesting** **Interesting**

   1 2 3 4 5

   B. **Not Helpful** **Helpful**

   1 2 3 4 5

   C. **Hard to Understand** **Too Simple**

   1 2 3 4 5

2. WIC has helped my family the most by (check one):

   ☐ WIC has not been of much help to my family

   ☐ Giving us information on nutrition

   ☐ Helping solve our nutrition/feeding problems

   ☐ Teaching us the importance of good nutrition/feeding habits

   ☐ Giving us food <u>and</u> nutrition information

   ☐ Giving us extra food for my family

   ☐ Other Comments: _____

3. When you use your WIC checks at the store, how are you treated? (describe, such as politely, rudely, etc.)

   Comments:_____

   If treated rudely, did you report it to the WIC Program? ☐ Yes ☐ No

   Comments:_____

4. When you are at the WIC clinic, how have you been treated by the staff? (Describe, such as politely, rudely, etc.)

   Comments:_____

   If treated rudely, did you report it to the State WIC Office? ☐ Yes ☐ No

   Comments:_____

5. I like to learn about nutrition from: (check all that apply)

   ☐ Pamphlets or other handouts

   ☐ Videos, films, or movies

   ☐ A group meeting

   ☐ Individual visits with a dietitian or nurse

- ☐ Bulletin boards or posters in the waiting room
- ☐ Newsletters from the local WIC office
- ☐ Recipe ideas
- ☐ Other suggestions: _____

6. Do you use the: (check all that apply)
   - ☐ Nutrition information received verbally
   - ☐ Recipe ideas
   - ☐ Newsletters
   - ☐ Handouts (example: pamphlets, booklets, or flyers)
7. What topics would you like to learn more about (check all that apply)
   - ☐ The Feeding Relationship
   - ☐ Preventing feeding problems
   - ☐ Positive parenting
   - ☐ How to plan meals, menus for my family
   - ☐ Keeping fit and eating right
   - ☐ How to purchase foods
   - ☐ Budget meal planning
   - ☐ How to use leftovers
   - ☐ Healthy snacks for kids
   - ☐ How to make soup
   - ☐ Fast food and your diet
   - ☐ Building a healthy baby
   - ☐ How to use WIC foods
   - ☐ Breastfeeding
   - ☐ Healthy teeth for happy smiles
   - ☐ Weight gain and pregnancy
   - ☐ Baby bottle tooth decay
   - ☐ Alcohol, drugs, and you
   - ☐ Feeding your toddler
   - ☐ Gardening
   - ☐ Weaning your baby
   - ☐ Other ideas
   - ☐ Is your baby getting enough to eat? **(breast milk or formula**

8. I have been on the WIC program for years/months With WIC's help I have made the following changes in my family's health

_____

9. How can we improve the WIC program or the service provided to you?

_____

_____

Thank You. We will use this information to improve our services to you.

Self-Monitoring Form

Program:_____ Monitoring Team: _____

Visit Date: _____

Complete the following questions and return to the State Agency within 30 days (continue answers on another sheet if necessary). Answer questions for each clinic site your program serves.

1. Does the staff reflect the minority make-up of the population? If so, describe:

   _____

2. How is the participant's racial/ethnic category determined (visual, self ID, other)? 246.8 (a)(3).

   _____

3. If there is a significant number of limited English or non-English speaking participants, are adequate materials and translators available? Describe materials and translator arrangements.

   _____

4. Does the staff know the procedure for filing Civil Rights complaints? Have all your staff been trained and tested in Civil Rights? Describe how Civil Rights complaints are handled.

   _____

5. Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit? If any, how did the local agency handle the complaint? When was it received? When was it passed to the state office?

   _____

6. Describe how complaints regarding services received from WIC staff are handled:

   _____

7. What complaints has the clinic received from participants about their treatment by food retailers? How are they handled?

   _____

8. Does your clinic have a written disaster recovery and security plan for the WIC computer system? Attach a copy.

   _____

9. Who evaluates the Beginning-of-Day and End-of-Day Reports? What do you do to evaluate the reports?

   _____

10. Make a list and attach copies of all local agency WIC policies (if different from State Agency policy and Procedure Manual) being applied and enforced at this time (e.g., missed appointments, late appointments, follow-up on high risk, priorities for serving clients, tailoring food packages, etc.). Include a packet of examples of letters, forms, pamphlets and informational materials utilized by your program (do not include state developed/supplied materials).

11. Describe any changes implemented in the nutrition education process not described in your current Nutrition Education Plan.

    _____

12. Where are you in achieving the goals of your Breastfeeding Education/Promotion/Support Plan? Describe.

_____

13. List the automated WIC system management reports your local agency uses and describe the purpose/situation. What additional reports would be helpful?

_____

14. How do you use the CDC Reports? Do you have questions about the information on them? Be specific.

_____

15. Print the management report - REFERRED FROM & TO SUMMARY - for the most recent month.

16. Are local agency staff aware of any participants living in homeless facilities? Is a shelter or homeless facility located in your service area? Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted. Were any assessments made of the homeless facilities? **If so, include a copy of the assessment. WIC State Plan policy #5-5.**

17. Records Management:

    Have any records been disposed of during the current fiscal year? _____

    What were they? How old/date range of items? _____

    Was this completed according to the schedule in the State Plan? 246.24(a)(2)

_____

18. Method of disposal?

_____

19. How have you advertised/publicized program benefits in the past year? 246.4(a)(7). Describe any activities your program has implemented or participated in to increase WIC participation.

_____

    a. How are potential participants advised of program availability and eligibility standards?

_____

20. How close is/are the WIC Clinic(s) to adjunct health care?

_____

21. Is/are the clinic(s) accessible to disabled participants? If not, what arrangements are made to serve disabled participants?_____

22. Are participants initially advised of available health and referral services and on a routine basis? 246.78(i)(4)

_____

23. Is information on Food Stamps, Temporary Assistance for Needy Families (TANF, formerly AFDC), Medicaid and Child Support Enforcement offered to each applicant/participant?

_____

24. Has the local agency provided all potential referral sources with written outreach materials? When was this last done? Identify programs. 246.4(a)(7)

_____

25. Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies?

_____

26. Do you have a **MIAMI** Project in your area? ☐ Yes ☐ no

a. Have any referrals been made to your **MIAMI** Project? If not, why? (check your Referred From & To Summary)

_____

b. If yes, how many WIC participants have been referred to the Project in the last 12 months?

_____

c. Who is your primary contact at the Project? _____

27. Do you have a **FOLLOW-ME** Project in your area? ☐ Yes ☐ No

a. Have any referrals been made to your **FOLLOW-ME** project? **If no, why?**

(check your Referred From & To Summary)

_____

b. If yes, how many WIC participants have been referred to the Project in the last 12 months?

_____

c. Who is your primary contact at the Project? _____

28. Are high risk no-shows contacted for follow-up? Describe: _____

_____

29. Are certification no-shows contacted for follow-up? Describe: _____

_____

30. How do you handle out-of-state transfer participants? 246.7(j)

_____

31. Who explains the purpose of the WIC Program to the applicant?

_____

32. Do staff members review the participant rights/responsibilities with the applicants? 246.7(b)

_____

33. Who is responsible for determination of nutritional risk, nutritional screening, food package tailoring and follow-up of participant? Section 246.7(d) List name and title:

Nutritional Risk: _____

Nutritional Assessment: _____

Food Package Tailoring: _____

Follow-up Counseling: _____

34. Who develops the individual care plans? How? Describe the procedure: _____

_____

35. Are the feeding practices recommended by allied medical staff consistent with practices currently used by WIC (everyone giving the same education/advice, i.e., Breastfeeding encouraged and supported; no solids for infants until 4-6 months, etc)?

_____

36. How are nutrition education contacts scheduled for infants certified until their first birthday 246.11(e)(2)?

_____

37. Are instructions for the proper use of food instruments reviewed with new participants? 246.12(q)

Who is responsible for this instruction?_____

38. Are clients asked for their ID packet(s) before processing (issuing) food instruments?

_____

39. Have you denied food instruments to participants that fail to attend or participate in nutrition education activities or who do not have current immunizations? 246.11(a)(2) Have you been requested by any other agency to deny food benefits? _____

40. What is the procedure if someone becomes ineligible during a certification period? Describe:

Over income: _____

Stopped breastfeeding mid-cert: _____

Guilty of program abuse: _____

Etc.: _____

41. Is any WIC staff member or immediate family member also a WIC participant? How is certification and food instrument issuance handled for staff or immediate family members?

_____

42. What problems do you have with the WIC food package(s)? Be specific.

_____

43. What is done for WIC participants who are allergic to WIC foods? What is done for milk-intolerant infants and children? Describe.

_____

44. Are food instrument inventory records maintained by personnel independent of issuance personnel?

_____

45. List any amendments, such as additions, deletions or clarifications, to the State Policy and Procedure Manuals you would recommend. **Be specific**.

_____

ADDITIONAL COMMENTS: (use additional sheets if necessary)

Signature: _____

Date: _____

MONTANA WIC PROGRAM

EVALUATION OF STATE WIC AGENCY SERVICES

WIC CLINIC _____ **DATE:** _____

INSTRUCTIONS: **Please complete this form and return it to the State WIC office by September 30 (yearly).**

Give a specific example when referring to a problem and your recommendation(s) for a solution. Confine your comments to the events in the past twelve months and use additional sheets of paper as necessary. NOTE: This form should be given to all WIC staff members in your agency.

I. Caseload Management Services

A. I have received adequate assistance from State staff in managing my program's caseload.

☐ Yes ☐ No

Comments: _____

B. My questions about caseload management have been answered promptly and satisfactorily. _____

☐ Yes ☐ No

Comments: _____

II. Financial Management Services

A. I have received adequate assistance from State staff in managing my program's budget and expenses.

☐ Yes ☐ No

Comments: _____

B. My questions about financial management have been answered promptly and satisfactorily. _____

☐ Yes ☐ No

Comments: _____

C. My questions about interpretation and utilization of financial reporting forms have been answered promptly and satisfactorily. _____

☐ Yes ☐ No

Comments: _____

III. Nutrition Services

A. I have received adequate assistance from State staff in managing my program's nutrition education component. (The Nutrition Education Plan, Breastfeeding Education Plan, The Outreach/Referral Plan, Breastfeeding Promotion and Support Plan, Nutrition Education resources/materials.)

☐ Yes ☐ No

Comments: _____

B. My questions about nutrition services have been answered promptly and satisfactorily.

☐ Yes ☐ No

Comments: _____

C. My questions about interpretations of nutrition education, screening, nutrition risk codes, food packages and data reporting have been answered promptly and satisfactorily.

☐ Yes ☐ No

Comments: _____

D. The nutrition education materials provided by the State staff are useful and meet the needs of my participants.

☐ Yes ☐ No

Comments: _____

IV. Retailer Management Services

A. My questions about retailers have been answered promptly and satisfactorily.

☐ Yes ☐ No

Comments: _____

B. My questions about interpretation and utilization of retailer data reporting have been answered promptly and satisfactorily.

☐ Yes ☐ No

Comments: _____

V. Information Services

A. The technical assistance provided by the State staff meets my needs.

☐ Yes ☐ No

Comments: _____

B. Problems are solved quickly and efficiently? **OR** If problems cannot be solved right away, are they ☐ Yes ☐ No

resolved in a reasonable time period? ☐ Yes ☐ No

Comments: _____

C. Are technical assistance staff attentive enough ? ☐ Yes ☐ No

Comments: _____

VI. General Operational Services

A. The most recent assessment of my program by State staff (on-site monitoring visit) was fair.

☐ Yes ☐ No

Comments: _____

B. Some of the forms we use could be made better (please give specific recommendations).

☐ Yes ☐ No

Comments: _____

C. My orders for forms are filled promptly.

☐ Yes ☐ No

Comments: _____

D. My telephone calls to the State office are returned promptly.

☐ Yes ☐ No

Comments: _____

E. Written information from the State office (memos, policy statements, letters, etc.) is clear, concise and understandable.

☐ Yes ☐ No

Comments: _____

F. There are too many or not enough (circle one) written documents sent to me by the State office.

Comments: _____

G. The state plan is thorough and easy to follow. ☐ Yes ☐ No

H. I think the State staff listens to my needs and concerns and responds adequately.

☐ Yes ☐ No

Comments: _____

I. I have received conflicting information from State staff.

☐ Yes (give specific examples) ☐ No

Comments: _____

J. The State staff are never/usually/sometimes/always (circle one) courteous in their communications with me.

Comments: _____

K. The training and continuing education provided by State staff meets my needs for working in WIC.

☐ Yes ☐ No

Comments: _____

L. In what areas would you like to have training?

Comments: _____

OTHER COMMENTS/SUGGESTIONS:

_____

Thank you. We will use the information you provide to improve our services to you.

Policy Number 3-18

Time Studies
Effective/Revised Date: June 1, 2006

Time Studies

Purpose
Cost data on WIC program activities is needed to demonstrate that nutrition services and administrative costs do not consist disproportionately of administrative overhead.

Authority
USDA Policy Memorandum WC-02-08-P, Cost Allocation Guide Revision

Policy
Staff in the State and Local Agencies shall continuously generate documentation that supports 100% of the distribution of time and effort for employees who are engaged in multiple programs or cost objectives. Time reporting must specifically be tracked in the four following categories: Nutrition Education, Breastfeeding Promotion, Client Administration and General Administration.

Definitions

Nutrition Education: Individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Breastfeeding Promotion: Strategies, initiatives, and services to encourage and increase the initiation and support the duration of breastfeeding among WIC participants. Breastfeeding promotion and support is considered a type of WIC nutrition education.

Client Services:
Answering phones, reminder calls, clinic set up and sanitization, WIC eligibility, WIC education, weight/height, data entry, appointment(s)/book, WIC eligibility (certification/phone call/walk in) and education, check education and set up, benefit issuance, addressing mail; Communication (Emails, Phone Calls, Correspondence/Letters); Trouble shooting check problems; Outreach/regional travel for client services; Participant Vendor Counseling; WIC Marketing Activities; WIC Survey Tallying; Client Service Education and Travel; Referral Material Development

General Administration:
Reviewing emails, policies, fiscal reports, annual budgets, month end reports, inventory and security, time studies; Communication (Emails, Phone Calls, Correspondence/Letters); Personnel, management issues, staff supervision, staff scheduling, payroll issues, program planning, chart audits; Outreach/Regional Travel-Admin; Administration education, training, travel; Vendor activities.

Procedures

I. Report Months

A. Local agency staff will complete a time study for the following months: October, January, April and July.

II. Report Method

You may keep your time study manually (pencil & calculator) or electronically (Excel).

A. If you choose to keep records electronically, you may enter the information on the computer in your file and save it, or you may print out each day's spreadsheet and keep a record manually of each day's activities, then transfer the information over to your Excel File. Transferring daily activities from manual records to the computer file may be done at the end of each day, at the end of each week, or at the end of each month using your hard copies. These hard copies need to be saved in your office for a three (3) year period.

III. Electronic Method (Excel)

A. From the email (or disk) provided by the State WIC office, open the attached documents by right clicking on the icon and then left clicking on "OPEN".

Please create a master file of each document by saving them to c:\wic\excel\(Filename).

B. Please save a master file of the Instructions, CPA Time Study, and WIC Aide (or whatever name your agency uses for administrative staff) Time Study.

C. Open your Excel file.

D. Click on the first tab labeled "Summary Time Sheet"; enter your name and the month/year of the time study.

E. EACH DAY OF THE MONTH has a separate tab, so you will keep a record for each day worked.

1. For example, if you worked on July 1st, you will click on the tab labeled "Day 1" and enter your time in minutes of tasks/activities. Since July 3-4 is the weekend and July 5 is a holiday, you will not enter any information on Day 3, Day 4, or Day 5.

F. If you take annual/sick leave, do <u>not</u> record that time. Also, do <u>not</u> record breaks or lunch.

1. For example, if you take two, fifteen (15) minute breaks on a given day, you will only report your time worked less 15 minutes per break (i.e. You typically work an 8-hr day and take 2, 15-min. breaks, so your recorded time worked would be 7 ½ hours)

G. Note: If you would like to add more tasks/activities, and they are not on this spreadsheet, you may enter more items under "Day 1" in the blank description areas. This new information will automatically be added to each day of the month.

H. For each day worked, click on the tab for that particular day (I.e. July 22 would be "Day 22).

I. Enter the amount of time in minutes spent on each activity by category, under the column labeled "Min." next to the appropriate description of the activity/task.

1. For example, if an Aide worked 4 hours on answering phones, reminder calls, etc., she would enter 240 minutes in the column next to that category. <u>Make sure to convert hours to minutes</u> (# hours X 60 Min.) Then, she worked 1 hour on the newsletter, so she would type a description in a blank cell under the appropriate category, in this case "Client Serv" and she would enter 60 under the "Min" column next to the Newsletter description.

2. As another example, a CPA spent 300 Minutes (5 Hours) counseling on nutrition education, so she would enter 300 next to the appropriate description/category. She also spent 120 minutes working on a Vitamin A article for the newsletter, so she would enter 120 min. next to the corresponding category/description.

J. If you traveled to a satellite site, just enter the total amount of minutes of travel (including pack-up/loading time) in the designated box at the top left of the spreadsheet. The breakdown % will automatically be calculated based upon a weighted average percent determined by the state office.

1. For example, on July 1, a CPA traveled 120 minutes (2hrs) to a satellite clinic, so she would enter 120 in the designated box. The spreadsheet will automatically calculate the minutes for each category breakdown.

K. Make sure to do a time study for <u>only days worked</u>. (Do not account for leave taken, weekends, or holidays).

1. For example, if you took annual leave July 2, <u>do not</u> enter anything on this day. Say you returned to work July 6, you would click on the tab labeled "Day 6". Enter your time in minutes for each activity accordingly.

L. The <u>only</u> calculation you will need to do is converting hours to minutes. Make sure you enter all of your time in MINUTES. These spreadsheets will calculate everything for you in hours and automatically carry the information to the "Summary" sheet. The only information you will be able to add on the Summary Sheet is your name and month/year of the time study.

IV. Manual Method

A. If you choose to keep records manually, please print out each day in the spreadsheet (Day 1-Day 31) and the summary page. IT IS ENCOURAGED THAT YOU TRANSFER YOUR INFORMATION INTO THE EXCEL FILE TO EXPEDITE THE REPORTING PROCESS.

B. Once all 31 days are printed, please mark out those days that are not days in the workweek (i.e. holiday, weekends, Leave Time).

C. Under the appropriate category and description, record the time spent on activities in minutes. For travel to satellite or outlying sites, calculate the breakdown percent by using the following percentages:

D. CPAs: Client Services 52%, Nutrition Education 23%, Breastfeeding 4%, Administration 21%;

E. Aides: Client Services 70% and Administration 30%.

F. Then, calculate each category total in hours and transfer the information to the summary sheet and total the summary sheet. (This method may be more time consuming.)

V. Submission Deadlines

A. This spreadsheet must be submitted to the state office no later than the 5th of the following month.

VI. Semi-Annual Single Cost Object Certification

A. Montana State WIC Staff will complete the "Semi-Annual Single Cost Object Certification" form yearly (October and March) and submit the signed form to the Regional Office. This signed form is the time study for persons who work 100% of their time in only one WIC cost objective.

Policy Number: 4-1
LA Staffing
Effective/Revised Date: October 1, 2008

Local Agency (LA) Staffing

Purpose

To ensure that each local agency (LA) employ or contract with adequate staff to ensure participants receive high-quality nutrition services while maintaining the recommended staff to participant ratio of 300:1 (300 participants to 1 Full-Time Equivalent (FTE).

Authority

7 CFR 246.6

Policy

Each LA is required to have a WIC Director and adequate Competent Professional Authority (CPA) staff to serve their participant numbers. Employing or contracting the services of a Registered Dietitian (RD) for high-risk participants is also required.

Guidelines

I. WIC Director

A WIC Director is responsible for overseeing the administrative aspects of the WIC Program. Typical responsibilities include fiscal management, program planning, staff supervision and serving as a contract liaison.

II. Registered Dietitian

A Registered Dietitian (RD) is responsible for providing nutrition assessment, developing a nutrition care plan and providing education to high-risk participants who, at certification or follow-up visits, are determined to require more in-depth nutrition intervention (Designated Referrals for High Risk Participants). An RD, licensed as a Nutritionist in Montana, also approves special formula requests.

III. Competent Professional Authority

A Competent Professional Authority (CPA) is responsible for the determination of participant nutritional eligibility for the WIC Program, the development of a participant's nutrition care plan and the assignment of food prescriptions. A CPA provides breastfeeding and general nutrition education to individual participants and small groups. Other responsibilities include promoting and supporting breastfeeding, providing program outreach and making referrals to community services. Non-RD CPA's refer participants requiring more in-depth nutrition intervention to the RD. The educational background required for an individual to serve as a CPA is outlined in Policy 4-2, Local Agency (LA) CPA Requirements.

IV. Nutrition Aide

A. A Nutrition Aide, Program Specialist, Nutrition Assistant or similar job title is responsible for a variety of duties dependent upon the LA. Typical job duties include gathering demographic information; screening and determining categorical, residential and financial eligibility; gathering height, weight and biochemical information; issuing food instruments; scheduling appointments; making referrals to community services; promoting and supporting breastfeeding; performing general clerical duties and providing program outreach.

1. Per the Clinical Laboratory Improvement Act (CLIA) regulations, staff performing biochemical tests must possess a high-school diploma or the equivalent.
2. Nutrition Aides may provide direct nutrition services to individual participants and small groups after completing the appropriate Competency Based Training modules and under the supervision of a CPA (refer to Policy 4-5, Local Agency (LA) Staff Orientation and Training). This includes the screening of dietary information, the provision of low-risk nutrition education and the provision of breastfeeding education.

V. Local Training Coordinator

Each LA shall designate a Local Training Coordinator. This individual is responsible for overseeing the training of WIC staff including the Computer Training, New Employee Orientation, WIC Competency Based Training modules and continuing education (refer to Policy 4-3, Local Training Coordinator).

VI. Breastfeeding Coordinator

Each LA shall designate a Breastfeeding Coordinator. This individual shall be trained to promote and support breastfeeding (refer to Policy 7-2, Local Program Breastfeeding Coordinator).

VII. Retailer Coordinator

Each LA shall select a staff member to act as the Retailer Coordinator. This position is the primary local contact for WIC Authorized Retailers. They will be responsible for store visits; annual training and corrective participant and retailer training (Policy 4-20, Local Program Retailer Coordinator).

Local Agency (LA) CPA Requirements

Purpose

To ensure that qualified professionals are making decisions about WIC eligibility and benefits, each local agency (LA) must have on staff or on contract at least one person meeting the requirements to serve as a WIC Competent Professional Authority (CPA).

Authority

7 CFR 246.7

Policy

LA's must have sufficient CPA hours provided based on LA participation. The CPA is responsible for certifying nutritional risk conditions, providing nutrition and breastfeeding education and prescribing supplemental foods.

Guidelines

I. Qualifications

A. LA CPA's shall be one of the following:

1. Registered Dietitian (RD);
2. Nutritionist with a Bachelor's or Master's degree from any college/university which is accredited/approved by the Commission on Accreditation for Dietetics Education;
3. Diet Technician, Registered (DTR);
4. Health-related degreed professionals (such as RN, LPN, Health Promotion, Health Education, Health and Human Development, Community Health, Early Child Development, Exercise Science, Family and Consumer Sciences, or Home Economics) with 6 or more semester credit hours in food and nutrition appropriate to the WIC population (including courses in Basic Nutrition, Nutrition in Life Cycle, Community Nutrition or Nutrition and Disease) and successful completion of an Anatomy/Physiology series of coursework;
5. Other degreed professionals with 12 or more semester credit hours in food and nutrition appropriate to the WIC population (including courses in Basic Nutrition, Nutrition in the Life Cycle and at least one other upper-level nutrition class) and successful completion of an Anatomy/Physiology series of coursework. Nutrition and Anatomy/Physiology coursework must have been completed within the past 10 years, unless the applicant has been working in the Nutrition field; or
6. Current Montana WIC CPA as of the original effective date of this policy, August 1, 2003.

B. LA's not able to recruit and hire a qualified CPA may submit a plan to the State Office for approval for temporary CPA coverage. This plan shall include:

1. Plans for obtaining a qualified CPA, such as posting the position and hiring, completion of educational requirements by current staff or another person, etc.
2. Who will serve as the CPA during the temporary situation. This may include a:
    a. Home Economist with an emphasis in nutrition or equivalent (send in transcripts for review by the State Office Nutritionists)
    b. Registered Nurse
    c. Physician's Assistant
    d. Physician
3. A timeline for obtaining a qualified CPA. The maximum time period allowed for temporary CPA coverage is one year.

II. Procedure

A. Registered Dietitian and Registered Diet Technician CPA's must provide appropriate registration and/or licensure information to the LA.

B. To verify completion of the necessary degree, Nutritionist CPA's shall provide transcripts to the LA prior to hiring.

C. The LA shall submit transcripts to the State Agency (SA) for review and approval prior to hiring a "Health-related" or "Other degreed professional" CPA.

D. LA's with only one CPA shall develop a written contingency plan for CPA coverage during vacations, illness or other extended leave. This plan shall be submitted annually with the LA application.

E. All CPA's shall successfully complete the Computer System Training per Policy 4-4 WIC Computer System Training.

F. All CPA's shall attend New Employee Orientation and successfully complete the Competency Based Training modules according to Policy 4-5 Local Agency (LA) Staff Orientation and Training and successfully attain the minimum hours of continuing education per year according to Policy 4-7 WIC Continuing Education Program.

G. All CPA's must complete a minimum of five certifications quarterly to be able to continue to serve as a CPA.

LOCAL TRAINING COORDINATOR

Purpose

Ensure all WIC Programs have standardized staff training

Authority

7 CFR 246.7 and 246.11(2)

Policy

Each local agency (LA) shall designate a coordinator to oversee LA staff training. The local training coordinator (LTC) is responsible for ensuring timely completion of all necessary training for WIC staff including the WIC Computer Training, the WIC Competency Based Training (CBT) modules and WIC continuing education.

Training information shall be kept on file at the LA and information on completion of training sent to the State Agency (SA). The LTC is also responsible for conducting an annual assessment to identify areas of staff training needed.

Guidelines

I. Local Training Coordinator

Each LA shall select a LTC and submit the coordinator's name to the SA at the time of selection.

II. The Training Coordinator shall ensure that:

A. new LA staff complete WIC Computer Training, and the Competency Based Training modules in a timely manner;

B. LA staff receive required training prior to provision of WIC services with pre-requisite training;

C. LA staff receive at least the minimum required WIC Continuing Education Credits annually;

D. appropriate and timely staff training is conducted for LA staff on pertinent WIC topics; and

E. staff training and education is documented and maintained for review during monitoring visits at the LA and information on completion of training is sent to the State Office.

III. Local Training Coordinator Annual Assessment

The LTC may assist in conducting an annual assessment to identify areas of staff training needs.

IV. Local Training Coordinator Staff Training

The LTC may communicate staff training needs to WIC SA personnel for future development of programs of benefit to LA.

V. WIC Computer Training

Local WIC Program staff must have successfully completed the Montana WIC Computer Training prior to accessing the WIC automated computer system.

VI. Competency Based Training

Competency Based training consists of a series of eight self-taught modules. Information for the time lines for their completion is found in Policy 4-5, Local Agency (LA) Staff Orientation and Training.

VII. Continuing Education

In order to maintain a current update on issues pertinent to the WIC program, staff is required to obtain continuing education credits from approved sources annually. The numbers of credits staff must attain are based on hours working in WIC and are outlined in Policy 4-7, WIC Continuing Education.

WIC Computer System Training

Purpose

To ensure all WIC Programs train new employees and/or volunteers in compliance with established Federal and DPHHS computer policies and procedures.

Authority

7 CFR 246.7

Policy

All new employees must complete the WIC Computer Training on how to operate the automated system prior to utilizing the system. The Montana WIC Program operates from an automated computer system. Examples of operation are to intake participants, certify participants, input health updates and issue food instruments.

Procedures

I. Notification of training

A. The Local Training Coordinator (LTC) must notify the State Agency (SA) of new employees and make arrangements for training materials to be sent:

1. Training Laptop;
2. Training Manual;
3. Training Packet.

B. Request a computer access log in number from the SA for the new employee. A 'Non-DPHHS Employees System/File Access Request' form will be provided and must be returned with required signature prior to granting access.

Note: The training laptops will be sent to local agencies (LA) on a first come, first serve basis depending upon availability. It is to your benefit to contact the SA as soon has you have hired a new employee.

II. New Employee Computer Training

New employees must complete Computer Training to acquire sufficient knowledge and skills necessary to provide competent participant care. The LTC and LA are responsible for providing guidance and help to the new employee during the training session.

III. Complete Training

A. Once training is completed the LTC from the LA must:

1. Send the signed *Training Completion Signature Form* to the SA verifying the computer training was successfully completed;
2. The SA will respond with the new staff person's log in number.

IV. Training Laptop

The LTC is responsible for returning the training laptop to the SA at the expense of the LA. Refer to the shipping instruction sheet for further information.

Local Agency (LA) Staff Orientation and Training

Purpose

All local agency (LA) staff shall complete Competency Based Training (CBT) modules appropriate to their job positions.

Information on module completion shall be kept on file at the LA for review. The Local Training Coordinator (LTC) shall submit documentation of completion of modules to the State Nutrition Coordinator.

Authority

7 CFR 246.7

Policy

Procedures

I. WIC CBT Modules

All WIC staff who provide direct services to participants shall successfully complete the WIC CBT modules on the following topics within six months of employment:

A. Breastfeeding Promotion and Support (At a minimum, complete task appropriate sections);

B. Basic Nutrition.

II. Anthropometric Module

All WIC staff weighing and measuring participants and performing hematological testing shall successfully complete the Anthropometric module prior to performing these functions independently.

III. Dietary Screening

All WIC staff performing dietary screening shall successfully complete the Basic Nutrition and Dietary Screening modules prior to performing a dietary screening. Dietary screening evaluated as part of the certification process may be evaluated by a non-CPA, but must be reviewed by a CPA.

IV. Breastfeeding Module

All WIC staff providing breastfeeding education shall successfully complete the Breastfeeding module prior to provision of breastfeeding education.

V. WIC Aides shall complete other modules based on job responsibilities

A. WIC Aides may provide low-risk nutrition education upon successful completion of the modules listed below. The LTC is responsible to oversee the content of the information provided.

1. Basic Nutrition;
2. Pregnancy;
3. Infant Nutrition;
4. Toddler and Preschooler Nutrition.

B. WIC Aides may teach classes after successful completion of the Basic Nutrition module and the module specific to the topic of the class. Training must be provided prior to the teaching of the class by the LTC or designee.

VI. Modules Completion

WIC CPA's shall successfully complete all modules listed above within the first six months of employment. WIC Aides shall successfully complete all modules listed above within the first year of employment.

VII. Module Post Tests

Copies of module post tests and record of module completion shall be kept on file at the LA for review. The LTC shall submit documentation of completion of modules to the State Nutrition Coordinator.

Tracking Local Agency (LA) Training

Purpose

The State Agency (SA) is required to have a process for assuring all staff in contracted WIC Programs are updated/trained on new policies/procedures as they are received.

Authority

246.4, 246.6, 246.11(c) (2)

Policy

It is the policy of the Montana WIC Program that contracted WIC Programs develop a system, according to their entity's policies, structure and size, to disseminate information sent by the State Office to all their staff in local, outlying and satellite clinics. Contracted WIC Programs also need to keep on file supporting documentation that training has occurred.

Guidelines

I. Form development

Contracted WIC Programs will develop a form for all staff to sign and date as verification they have read policy/procedure information received from the SA.

II. Forms signed and dated

These signed and dated forms will be kept on file for review during the monitoring visit.

Policy Number: 4-7
WIC Continuing Education
Effective/Revised Date: October 1, 1999

WIC Continuing Education Program

Purpose

In order to promote and maintain a quality WIC Program, Local Agency (LA) staff are required to obtain approved continuing education credits.

Authority

7CFR 246.7 & 246.11 (c) (2)

Policy

It is the policy of the Montana WIC Program that all Local WIC Program staff who provide direct WIC services to program participants must successfully attain the required hours of continuing education in one contract period (12 months) while employed or volunteering in WIC.

Procedures

I. Continuing Education Credit(s)

Continuing Education Credit(s) must be requested by one of two methods, pre-event method or post-event method.

II. Pre-event Method

A. Pre-event Method: This is the preferred method for approval of continuing education credits. The program planner for major State conferences which will be attended by many Montana WIC staff (Spring Meeting, MPHA, and MDA) generally requests continuing education units for WIC in advance. Application by this method provides knowledge of what will count for CEU's prior to attending.

1. Request the form or copy it from the current State Plan (form follows this policy).
2. Complete the form with the requested information. Attach additional sheet if necessary to list session instructor(s), qualification(s) and objective(s).
3. List the number of CEU hours requested. If credit for multiple sessions is being requested, break out by session.
4. Attach the brochure or program information. The more complete the information provided, the easier it will be to make the determination.
5. Submit the request as soon as possible prior to the event (3 months prior to the event, when possible). Submitting less than 3 months prior to the event may result in non-approval due to the short notice.
6. Call if you have questions about approval or to check on progress of the approval; the phone numbers are 1-800-433-4298 option 3 or 406-444-2841.

III. Post-Event Method

A. This method is appropriate when approval has not been obtained prior to the event.

1. Request the form or copy it from the current State Plan (form follows this policy).
2. Complete the form with the requested information. Attach additional sheet if necessary to list session instructor(s), qualification(s), relationship and concept item(s).
3. List the number of CEU hours requested. If credit for multiple sessions is being requested, break out by session.
4. Attach the brochure or program information. The more complete the information provided the easier it will be to make the determination.
5. Submit the request within 90 days of attending the event. If you submit the request after 90 days, the request will be denied.
6. Be aware that approval of CEU's by this method requires each staff member requesting credit to discuss concepts learned and describe how these concepts will be applied on the WIC job.
7. Call if you have questions about approval or to check on progress of approval; the phone numbers are 1-800-433-4298 option 3 or 406-444-2841.

IV. Approved Continuing Education

A portion of an event may be approved for continuing education credit (i.e., you plan to attend the Montana Perinatal Association Meeting).

V. Completion

The information below describes the required number of CEU's required.

Continuing Education is Successfully Completed If…

State office records show the following CEU hours attained in a 12 month period form Oct. 1 to Sept. 30.

EMPLOYED…	THEN YOU NEED…
Full time	12 hours for each 12 month period
Part time (.5 – 1.0 FTE)	12 hours for each 12 month period
Part time (less than .5 FTE)	6 hours for each 12 month period

Note: All CEC's MUST be approved in advance by the State WIC Nutrition Education Coordinator. Use either the "Pre-Event Request for Continuing Education Credit Approval" or "Post Event Request for Continuing Education Credit Approval" Forms.

MONTANA WIC PROGRAM

Pre-event Request For Continuing Education Credit Approval

Please submit at least three months prior to activity. Date _____

Sponsoring Agency Requesting _____

or

Name _____ Position _____ WIC Program _____

Program Title _____

Date(s) and Time(s) _____

Instructor(s) _____

Qualifications of Instructor(s) _____

_____

Who is the target audience (RD's, RN's, HEC's, General Public, etc.)? _____

Objectives: State objectives for each session/topic. Include concepts, ideas, or principles to be learned. Objectives must be measurable.

_____
_____
_____

Number of WIC Continuing Education Credits Requested (if multiple sessions, list number of hours requested for each session – use back of form if needed) _____
_____
_____
_____

Return Completed Form to:
WIC Nutrition Education Coordinator
Department of Public Health & Human Services
Cogswell Bldg., 1400 Broadway
PO Box 202951
Helena MT 59620

State Office Use Only

Hours Recorded: _____

Signature/Date: _____

8/99

MONTANA WIC PROGRAM

Post-Event Request For Continuing Education Credit Approval

Please submit within 90 days of completion of activity. Date _____

Name _____ WIC Program _____

Position _____
(RD, RN, HEC, Aide)

Program Title _____

Presenter(s): _____

Qualifications: _____

Date(s) Attended: _____
(attach program brochure)

Hours: _____
(if multiple sessions/topics, indicate number of hours requested for each session attended.

State Objectives: _____

How does the topic of the program/conference relate to the WIC Program? _____
_____
_____
_____

For each hour of CEU requested, list one concept item you learned and describe how you will apply this in your WIC job (use back of form if needed). _____
_____
_____
_____
_____
_____

Return Completed Form to:
WIC Nutrition Education Coordinator
Dept. of Public Health & Human Services
Cogswell Bldg., 1400 Broadway
PO Box 202951
Helena MT 59620-2951

8/99

State Office Use Only

Hours Recorded:_____

Signature/Date:_____

Policy Number: 4-8
Program Benefits
Effective/Revised Date: October 1, 1997

Program Benefits

Purpose

To ensure WIC benefits are provided to eligible women, infants and children who reside in Montana.

Authority

7 CFR 246, ARM 16.26.101-402, Public Law 95-627 and the Child Nutrition Act of 1996.

Policy

The Montana WIC Program will provide program benefits to eligible women, infants and children who reside in Montana.

Guidelines

I. WIC Program benefits consist of:

A. Nutrition education and counseling to:

1. Individuals in face to face meetings, or
2. Groups of 2 or more persons.

B. Access to health care programs plus referral to other private and public health care providers such as:

1. Private physicians;
2. Local public health departments;
3. Other appropriate care givers.

C. Specific supplemental foods such as:

1. Infant Formula
2. Iron-fortified cereals;
3. Peanut butter/dried beans and peas;
4. Milk and Cheese;
5. Eggs;
6. Vitamin C rich juices;
7. Carrots and
8. Tuna

Policy Number: 4-9
Local Program Policies
Effective/Revised Date: October 1, 1997

Local Program Policies

Purpose

Local WIC programs are responsible to provide WIC services as specified in their contract with DPHHS/WIC. However, flexibility in daily program operations is necessary to most effectively utilize available funds. Local programs are encouraged to utilize written policies to assure that staff, participants and employers know how WIC will be implemented. State agency staff must review policies before implementation to assure that program regulations are not being violated and that local programs are protected against audit findings.

Authority

7CFR 246.6

Policy

WIC program policies developed by a local agency (LA) for local WIC operations must be approved in advance by the WIC State Agency (SA).

Guidelines

I. Local Agency Program Policies

LA program policies must be dated and signed by the local WIC program project director and contain the non-discrimination statement.

Note: The policy format is of the LA's choosing.

II. Prior Approval

LA policies must receive prior approval from the SA.

III. Posting

It is strongly recommended that local policies be posted in a highly visible location in the WIC office, particularly if the policy affects participants.

Example: Policy statements about no-shows or appointments.

Policy Number: 4-10
Non-Discrimination Statement
Effective/Revised Date: October 1, 1998

Non-Discrimination Statement

Purpose

State agencies (SA) are required to implement a public notification program to inform participants and applicants, particularly minorities, of their rights and responsibilities, their protection against discrimination and the procedures for filing a complaint. Therefore, any materials that provide information about a federally funded program and the means of participation must contain the non-discrimination statement if they will be distributed for or by a State or local WIC program as a part of their public notification process.

Authority

7 CFR 246.8

Policy

A statement of non-discrimination will be utilized on program documents provided to applicants/participants.

Guidelines

I. Printed Materials

This policy applies to brochures and any other literature, posters or visuals produced by a participating food retailer, a formula company or other interested party at their expense relating to program benefits and eligibility. Regardless of the intent, design or source of materials, if they convey messages concerning program benefits and eligibility, and are used by State and local programs to meet their required public notification requirement, the non-discrimination statement must be included.

II. Standard Version

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD). USDA is an equal opportunity provider."

III. Abbreviated version (to be used only when space is limited)

"This institution is an equal opportunity provider."

IV. Radio/Television Public Service Announcements

"WIC is an equal opportunity provider."

V. The following items require the non-discrimination statement.

A. Retailer posters which are developed by State and local programs and by formula companies.

B. Media notices for food retailer and local WIC program solicitations.

C. Newsletters, internal and inter-departmental, as well as those meant for participants and/or other outside agencies, particularly if the newsletters convey WIC benefits and participation requirements.

D. Outreach and referral materials which are sent to physicians, hospitals, social services and health care centers or to other professionals.

E. Letters of invitation to participate in the public hearing process which are sent to organizations and other interested parties, and media announcements of the public hearings.

F. Notices of warning or adverse action to participants and applicants, local programs and food retailers, and employees or employment applicants.

Note: When circumstances are ambiguous, we suggest that the decision to use the statement is prudent.

Example: Notices of ineligibility or disqualification, and cards or letters for missed appointments for food instrument pick-up or subsequent certification.

VI. Non- Discrimination Statement

A. The following items do not require the non-discrimination statement, but it is strongly recommended that it be included.

1. Notices of warning of adverse actions or fair hearing procedures.

   Note: From a program standpoint, we strongly recommend that the statement be included because the notices serve as notice of condition to continued eligibility and convey the intent of fairness in the processing of the action.

2. Nutrition education materials such as posters and pamphlets.

   Note: Nutrition education materials which are developed primarily for nutrition education, such as a poster on food preparation or a flip chart on the basic food groups (but do not discuss or describe program benefits or eligibility) do not need to have the statement included.

3. Participant's ID cards, fact sheets, participant food instrument folders, food lists for both participant's and food retailers, and other policy publications.

   Note: The non-discrimination statement is not required on participant identification cards (ID), food instrument folders, or food lists for participants and food retailers unless these publications describe the WIC Program's participation requirements and benefits.

Policy Number: 4-11
Confidentiality
Effective/Revised Date: October 1, 2007

Confidentiality

Purpose

To ensure WIC programs recognize the inappropriate release of WIC information could potentially result in lawsuits against the state or local program by the applicant or participant who provided the confidential information to the WIC program. USDA/FNS may also take adverse action against the state or local program for failing to follow Federal program regulations, instructions and policy.

Authority

7 CFR 246.26(d)

Policy

I. Montana WIC Program staff (both state and local) must ensure participant information is kept confidential in compliance with federal regulations. Disclosure of participant information, whether provided by the applicant or participant or observed by WIC staff, is limited to:

   A. Persons directly connected with the administration or enforcement of the Montana WIC program to include WIC staff and managers and administrators who are responsible for the ongoing conduct of program operations including verification of income eligibility and detection of dual participation. Excluded are operational personnel not certifying and/or serving WIC applicants and participants, as well as administrators who do not directly supervise WIC staff.

   B. Representatives of public organizations designated by the chief health officer which administers health or welfare programs that serve persons categorically eligible for the WIC program. The State WIC agency must enter into a written agreement with each specific program. In addition the written agreement will contain a clause that the receiving Program will not in turn disclose the information to a third party.

   C. The Comptroller General of the United States for audit and examination authorized by law.

Note: At the time of application, applicants and participants will be informed with whom information may be shared through the “CERTIFICATION FORM AND ELIGIBILITY STATEMENT”. Applicants and participants do not have the option of declining to permit such information sharing if they wish to participate in the WIC program.

Guidelines

I. General

A. Each local agency (LA) is responsible for protecting the right to privacy of WIC applicants/participants. Utmost care shall be taken to ensure WIC staff keeps participant/applicant information confidential to the best of their abilities.

B. When contacting applicants/participants via the telephone or mail, LA staff shall first verify that permission has been given to contact the applicant/participant at this location.

C. Necessary discussion of WIC applicants/participants between LA staff shall take place in private areas where the information cannot be overhead by other participants, staff from other programs or the general public.

D. The Montana WIC Program has more agreements in place with MT Immunization Program and MT Extension Service. For details of what participant information may be shared, please request a copy of the agreement from the state office.

II. Physical Space

Whenever possible, the LA shall provide separate rooms or private spaces for gathering participant information (income, weight, etc.) and individual counseling. Because much of the screening process for WIC eligibility is considered sensitive in nature, privacy is critical. Participants may be reluctant to provide accurate information if they believe others may hear what they are saying.

III. Suspected or Known Child Abuse or Neglect

It is not the intent of this policy to prohibit or restrict the reporting of suspected or known child abuse or neglect. WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect

IV. Release Forms

A. Requests for applicants and participants to sign release forms shall be limited to:

1. Court requested information (subpoenas)
2. An applicant or participant request that information be sent to a third party or an organization (e.g., a doctor, insurance program, school nurse, job service, etc.).
3. Facilitating referral to another program. Signing such a release form may not be a condition of eligibility or participation
4. Local programs may not have participants sign open-ended release forms. Release forms should have a timeline of 6 months to one year. Such a practice of requesting open ended release forms could serve as a barrier to participation for a large number of people who are most in need of program benefits.

V. Fax

A. Fax technology is a boon to the fast communication of information and enables patient care needs to be met more quickly. Use of the facsimile machine can also compromise the integrity of the medical record and lead to loss of patient confidentiality. The following guidelines apply to transferring patient information via facsimile.

1. Fax users at both ends of the transaction must know the proper procedures for the handling of confidential materials.
2. Fax only to and from machines located in secure or restricted access areas.
3. Transmit patient data by fax only when the original document or mail delivered copies will not serve.
4. Fax patient health care data only when the information is to be used for a patient care encounter (not as a routine release of information to a third party).
5. It might be appropriate to fax a release of information to a WIC office from which a participant transferred and did not get a VOC card.

   Example: It is not appropriate to fax to a machine in another office, such as the County Health Officer's fax machine, unless a WIC staff person is waiting at the machine to receive the fax.

VI. Volunteers

A. It is the responsibility of the local WIC program to exercise discretion in screening and selecting capable volunteers who would have access to confidential information. If, in the opinion of the local WIC program, a potential volunteer does not appear to be a good candidate for keeping information confidential, there may be other activities that the person can perform that would not include access to participant information.

B. Once volunteers are selected, specific confidentiality requirements governing the WIC Program must be covered in the orientation of training of volunteers. Local programs shall ask volunteers to read and sign Policy 4-11. By reading and signing the policy, the volunteer would agree to keep information confidential or forfeit the volunteer assignment. Such action would reinforce the volunteer the importance of maintaining confidential participant information.

C. Follow up training can be conducted periodically to remind volunteers, as well as paid staff, of the importance of maintaining the confidential nature of participant information.

VII. Auditors

A. Official auditors from USDA Supplemental Food Programs, Montana Legislative Division, Department of Public Health and Human Services or those contracted and designated by the local program administration to assure fiscal integrity may have access to confidential participant information in the normal course of performing the review.

B. The audit report may not contain identifiable participant information.

Policy Number: 4-12
Participant Records
Effective/Revised Date: October 1, 1997

Participant Records

Purpose

To ensure accuracy and consistency between local WIC Programs

Authority

7CFR 246.6(b)(9), 246.7(I), 246.11(e)(4)

Policy

Both an electronic and hard copy of each participant's WIC records will be maintained at each local program. The electronic and hard copy of the record should be a mirror image of each other (should match).

Guidelines

I. Electronic Copy

The electronic copy is defined as the information collected and maintained by local programs utilizing the WIC automated system software on equipment provided by WIC

II. Hard Copy

The hard copy is defined as information written or printed on paper and/or a form which is collected and maintained by local programs. It may include, but is not limited to, information printed from data maintained in the WIC automated system. The hard copy files should be kept in locked file cabinets at all times when WIC staff are absent from the office.

III. Confidentiality

WIC Participant records are medical records and consequently subject to confidentiality laws and rules. See Policy 4-11 for more information.

Integration of WIC Program Benefits with Health Services

Purpose

An intake procedure is an activity to collect information for purposes of program eligibility.

Authority

7 CFR 246(5), Selection of local agencies

Policy

The Montana WIC Program will work with other health programs and services to promote administrative efficiency and participant convenience to the provision of WIC services by combining intake procedures whenever possible.

Guidelines

I. Disclosure of Participant Information

A. Disclosure of participant information, whether provided by the applicant or participant or observed by WIC staff, is limited to representatives of public organizations designated by the chief health officer which administers health or welfare programs that serve persons categorically eligible for the WIC program. The State WIC agency must enter into a written agreement with each specific program for the sharing of participant information (see Policy 4-11, Confidentiality).

B. The Montana WIC Program has entered into a state wide memorandum of understanding (MOU) with the Montana Immunization Program. The following information can be shared with the local immunization program without a signed release of information.

1. Listing of age appropriate WIC participants.
2. Information provided by applicants and participants in connection with application to the WIC Program may be provided to the representatives of the Immunization Program for the purposes of determining eligibility for the Immunization Program and conducting outreach for the Immunization Program.

II. Income Verification

Income verification, income computations and certification interviews constitute information sources.

Note: Screen Number WICPS202 in the WIC Automated System contains information suitable for sharing/combining with other program intake procedures.

Policy Number: 4-14
Health Worker Vaccinations
Effective/Revised Date: October 1, 2000

Health Worker Vaccinations

Purpose

All local WIC program staff are encouraged to have current immunizations, particularly for Rubella and measles.

In the majority of daily WIC activities, conscientious adherence to the universal precautions for handling blood and body fluids will be adequate protection against contracting disease. However, the incidence of disease appears to be on the rise and in some cases vaccinations are appropriate.

Authority

7 CFR 246.7 and State Policy

Policy

Local WIC program employees are considered health workers and immunizations needed to maintain worker health are allowable WIC expenses (see guidelines).

Guidelines

I. Hepatitis B

A. The cost of Hepatitis B vaccine remains high. In order to make the best use of available dollars, we will judge each case individually and on its own merits.

1. Local WIC program expenditures for Hepatitis B vaccination(s) for local program personnel is allowable only under these circumstances:

(a) If the WIC employee routinely draws blood samples for hematological testing regardless of his/her WIC job; and/or

(b) If a WIC participant being served by the local WIC program is positively identified by laboratory test as being infectious with Hepatitis B.

Procedures

II. Written Request Required

A. A written request for Hepatitis B vaccination(s) must be made, including appropriate documentation, to the State agency and approval in writing received before vaccine is purchased. If an agency has an exposure control plan that has been approved by Montana WIC, individual approval as positions are filled, is not necessary.

Immunization Screening and Referrals

Purpose

Low-income children are less likely to be immunized than their counterparts, placing them at high risk for potentially debilitating or deadly diseases.

Educating WIC participants and their families about the importance of immunizations and providing referrals to immunization services has been a part of WIC's efforts for many years.

Authority

MPSF: WC-01-35-P & WC -03-10-P

Policy

Local WIC program staff will refer any WIC participant who appears delinquent or not current for immunizations to their health care provider.

Procedures

I. Scheduling a Certification and Immunization

The parent or guardian of an infant or child applicant scheduling a certification or subsequent certification appointment will be asked to bring the child's immunization record. Advise the parent or guardian the immunization record will be used to assess immunization status only and is not required to complete the certification.

II. State Wide MOU with Immunization Program

At certification the applicant will be notified that information provided by applicants and participants in connection with application to the WIC Program may be provided to the representatives of the immunization Program for the purposes of determining eligibility for the immunization program and conducting outreach for the immunization program. A listing of age appropriate WIC Participants may also be shared.

III. Certification is Completed

After the certification is completed, the parent or guardian will be requested to sign a release of information specific to immunizations. An example of the specific immunization release of information form is found on the following page.

IV. Signed Release

A signed release of information, with the second box checked, will allow the immunization record to be entered or updated in the Immunization Registry.

V. Refuse to Sign

The parent or guardian may refuse to sign the release of information for the Immunization Registry. The parent or guardian should be referred directly to the Immunization Program.

VI. Direct referral

A direct referral of the WIC participant to the Immunization Program does not require a release of information form.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

MONTANA STATE WIC PROGRAM

RELEASE OF INFORMATION TO THE MONTANA IMMUNIZATION PROGRAM

Each section must be completed.

I. **I authorize the release of information obtained by the WIC Program for _____.**
(Name of Participant)

II. **The information is to be released from:**

Name of Facility: _____

Address: _____

City, State, Zip _____

And is to be provided to:

Name of Person/Organization/facility: _____

Address: _____

City, State, Zip _____

III. **The information to be released is from my WIC Chart and includes the Immunization Record for the above named participant:**

☐ **The information will be used to update the Immunization Registry which is open to other health care providers seeking to verify immunization status of their patients or clients. The information may also be used for aggregate data reporting**

I understand the information will be used to review the above named participant's immunization status and to inform me of the result.

IV. **I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature.**

Printed Name of Parent, Guardian, or Authorized Representative_____

Signature of Parent, Guardian or Authorized Representative_____ _____
(Date)

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose.

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age disability, or sex. If you feel you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20250, and/or the Office of Civil Rights, USDA – Food and Consumer Services, 1244 Speer Boulevard, Room 903, Denver, Colorado 80204. 7/08

Caseload Management (Waiting Lists and Mid-Cert Terminations)

Purpose

To ensure Local WIC programs serve the highest priority WIC participants when the maximum participation level has been reached.

Authority

7 CFR 246.7 & State Policy

Policy

The following priorities shall be applied by the Competent Professional Authority when vacancies occur after a local WIC program has reached its maximum participation level, in order to assure that those persons at greatest nutrition risk receive program benefits.

Procedures

I. Priority System

A. The State WIC Agency may set income priority levels within these six priority levels:

1. **Priority I**: Pregnant women, breastfeeding women and infants at nutrition risk as demonstrated by hematological or anthropometric measurements, or other documented nutrition related medical conditions which demonstrate the person's need for supplemental foods.
2. **Priority II**: Except those infants who qualify for Priority I, infants (up to 6 months of age) of WIC participants who participated during pregnancy, and infants (up to 6 months of age) born of women who were not WIC participants during pregnancy but whose medical records document that they were at nutrition risk during pregnancy due to nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutrition related medical conditions which demonstrated the person's need for supplemental foods.
3. **Priority III**: Children at nutrition risk as demonstrated by hematological or anthropometric measurements or other documented medical conditions which demonstrate the child's need for supplemental foods; postpartum teens pregnant at 17 years of age or under.
4. **Priority IV**: Pregnant women, breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern, migrant status or homelessness.
5. **Priority V**: Children at nutrition risk because of an inadequate dietary pattern, migrant status or homelessness.
6. **Priority VI**: Postpartum women at nutrition risk.

II. Waiting Lists

A. The primary purpose of waiting lists is to maintain a pool of interested applicants from which highest priority people can be selected to actually participate when caseload slots become available. An important element of the system is to give benefits to those of greatest need.

B. The procedures for waiting lists and screening should also be consistent with efficient and effective management practices and should not become a futile exercise in paperwork.

III. Waiting List Procedures

Notify the State WIC Agency if you are considering a waiting list as an option to resolve a caseload problem. The State WIC Agency must determine when waiting lists may be started.

IV. Caseload Management (Waiting Lists and Mid-Cert Terminations)

A. If a waiting list is started, local programs must keep lists of interested persons who visit the WIC program when no funds are available to provide benefits or the maximum assigned caseload is reached.

B. The waiting list must include the applicant's name, date placed on the waiting list, address or telephone number, and category. Individuals must be notified of their placement on a waiting list within 20 days of their initial contact with the clinic.

C. Only those applicants with a reasonable expectation of receiving program benefits need to be placed on the waiting list.

D. For example, if there are enough applicants in the Priority I and II list to fill openings over the next few months, a Priority V applicant need not be placed on the waiting list except:

1. If the applicant insists on placement on the waiting list, the applicant must be processed. Fair Hearing Procedures can be initiated if an applicant's request for placement on the waiting list is denied.

2. The waiting list should not be so restrictive that when openings occur for program benefits, no applicants are listed.

V. Waiting List Rankings

A. Applicants are ranked on the waiting list according to their Priority. (See Priority System label above.) Applicants with valid VOC (Verification of Certification) Cards will be placed at the top of waiting lists.

1. Applicants must be completely screened, a determination of eligibility/ ineligibility made and a certification period established before being placed on the State Certification System waiting list.

2. Only the applicants placed on the State certification waiting list will be used in the calculation of staffing/funding.

B. Applicants placed on a less formal waiting list after a brief screening to determine priority placement will not be used in the calculation of staffing/funding.

VI. Applicant

Explain to the applicant why placement on the waiting list is necessary and of realistic possibilities of receiving benefits.

VII. Selective Screening

A. Selective screening of applicants may be done if only a few of the Priority Groups are being listed. As in the example above, if only Priority I and II applicants are being listed to fill the limited openings, the screening on a Priority V may not need to be completed.

1. Applicants with referral information applicable to certification may not be given preference over applicants without predetermined information.
2. If the waiting list is comprised of low priority individuals, then alternative criteria may be selected to further subdivide the group to determine greatest need within the Priority.

VIII. Waiting List Priorities

A. Applicants are removed from the waiting list in priority order. That is, Priority I's are all served before Priorities II, III, IV, V and VI.

B. Remember: Each certification is a separate entity. A previous certification does not guarantee continued participation if a higher priority applicant is on the waiting list.

IX. Appointment Openings

When openings become available, applicants will be notified by telephone or mail following same local clinic procedures used when notifying participants of an upcoming or missed appointment.

X. Waiting List Monitoring

Waiting lists must be retained to be reviewed during the next monitoring visit reviewing certification procedures.

XI. Mid-Certification Terminations

A. Mid-certification termination due to lack of food money.

B. Under State direction, local programs may be required to reduce caseloads by terminating participants currently certified.

C. The State WIC Agency will direct local programs as to which priorities must be terminated.

1. The procedure will begin with the lowest priority participants and continue up the priority ranks until the State caseload reaches a level which can be served.
2. A participant terminated mid-certification will be given a Notice of Ineligibility and a minimum of 15 days notice that program benefits will be discontinued. The 15 days notice will include the prescribed food package to cover the time period.
3. If it is necessary to terminate participants above a Priority IV, affirmative action ranking will be assessed within each subsequent priority group.

XII. Participants Being Dropped

No certifications can be performed while participants are being dropped.

XIII. Participants Terminated

Participants terminated or refused certification shall be placed on a waiting list following procedures found in II, Waiting Lists, above.

Check Stock and MICR Cartridge Receipt, Security and Inventory Control

Purpose

WIC check stock must be kept secure at all times

Authority

7CFR 246.12(P) & (Q)

Policy

WIC check stock shall be kept secure at all times, and disposal must be properly documented.

Procedures

I. Check Stock and MICR Cartridge Security and Inventory Control

A. Keep all blank check stock and MICR Cartridges in a locked vault, filing cabinet or drawer. Only authorized personnel may issue WIC checks and MICR Cartridges.

B. One staff person in each clinic must be designated as "inventory control person." When possible, this function of accountability must be different from the person issuing checks. The inventory control person has responsibility to:

1. Assure the safe keeping of the blank checks and MICR cartridges. Checks and MICR cartridges must be locked up when not in use; whether that is overnight, during the lunch hour or any other time staff are absent; and
2. Provide checks to other WIC staff that are authorized to issue them.

II. Check Stock Destruction

A. When a clinic is instructed to destroy checks, follow these procedures:

1. Witness the destruction of the check stock by a local agency employee.
2. Destruction by either incineration or shredding.
3. Complete the "WIC Check Stock Disposal Form" (reference sample form) and send to the State Office within 5 days of the witnessed destruction of checks.

WIC CHECK STOCK DISPOSAL FORM

We certify that on ___/___/20____, we physically destroyed _____ reams + sheets of WIC Food Instruments:

The checks were destroyed by (check appropriate):

1. _____ SHREDDING
2. _____ INCINERATION
3. _____ OTHER (Please explain)

REMEMBER: TWO WITNESSES ARE REQUIRED.

Signature: _____ Signature: _____

Title: _____ Title: _____

WIC Program: _____

Clinic: _____

Date:_____

Return this form WITHIN 5 DAYS of the witnessed destruction to:

MONTANA WIC PROGRAM
Department of Public Health and Human Services
Cogswell Building
PO Box 202951
Helena MT 59620

Forms, Pamphlets and Special Orders

Purpose

To ensure Local Agencies are using standardized forms and pamphlets supplied by the State Office.

Authority

7CFR 246.7(l) & 246.11(c) (3)

Policy

Every six months (September and March) Local Agencies shall fill in and submit to the State Office the order form requesting a sufficient supply (to last six months) of the standardized WIC Administrative and Nutrition forms.

Procedures

I. SUPPLIES

A. Supplies should be reviewed and an order placed every 6 months. You should keep a 3 month supply on hand. Supplies will be sent to you.

Form ID	*Description*	*Revision Date*
101	Certification Form and Eligibility Statement Non-Reservation	10/06
102	Certification Form and Eligibility Statement Reservation Program	3/06
104	Participant's Rights and Responsibility (English) (Spanish Sp Order)	3/06
107	Zero Income Statement	6/06
108	Progress Notes	6/90
109	Report of Attempted Program Abuse (Retailer Complaint Form)	
113	Prenatal Health and Diet Questionnaire	8/07
113a	MT WIC Pregnancy History Form	8/07
114	Breastfeeding and Postpartum Health and Diet Questionnaire	8/07
116	Child Health and Diet Questionnaire	
117	WIC Infant Nutrition Questionnaire Birth – up to 6 Months Old	8/07
118	WIC Infant Nutrition Questionnaire 6 Months – Up to 1 Year	8/07
119	Prenatal Gain in Weight Grids--**U**-Underweight	3/99
120	Prenatal Gain in Weight Grids--**S**-Standard	3/99
121	Prenatal Gain in Weight Grids--**O**-Overweight	3/99
122	Growth Grids-**Girls-**Birth to 36 months	6/00
123	Growth Grids-**Girls**-2 to 5 years	5/00
124	Growth Grids-**Boys**-Birth to 36 months	6/00
125	Growth Grids-Boys-2 to 5 years	5/00
126	WIC Fair Hearing Procedures	
127	VOC Card (Verification of Certification)	
128	WIC End of Cert/Notice of Ineligibility	10/07
129	WIC ID Packet (green)	1/00
130	Plastic Sleeves (for the ID packet)	
131	WIC Outreach Brochure	
131B	WIC Outreach Brochure Insert (Income Eligibility Guidelines)	

134	WIC Poster (to list hours, location)	
135	Poster "We Accept WIC Checks"	
136	Civil Rights Poster	
137	Approved Foods List **	2007-08
139	Participant Handbook	1/08
140	Call-In Formula Request Form	2/07
141	Formula Request Form for RD's	9/07
142	Breast Pump Release Form	3/06
143	DPHHS WIC Address Labels	
145	Request for Medically Necessary WIC Approved Formula **	11/07
201	"The First Twelve Months" A Guide to Infant Feeding	
202	Changing Your Infant to a New Formula	
204	Food Guide Pyramid-Toddlers	
205	Food Guide Pyramid-Preschoolers	
206	Food Guide Pyramid-Breastfeeding Moms	
207	Food Guide Pyramid-Healthy Pregnancy	
209	Food Guide Pyramid-Healthy Choices for Woman	
210	Food Guide Pyramid-Healthy Choices for Woman (no baby)	
211	Snacks for tough teeth and healthy bodies	2000
302	Breastfeeding Your Baby (0-3 Months)	1997
303	Breastfeeding Your Baby (3-6 Months)	1997
304	What Foods Should You Give Your Baby (0-12 Months)	1995
305	Starting Your Baby on Solid Foods (older)	1995
306	Solid Foods Additions During Transition Period (older)	
307	Easy Foods for Toddlers to Eat (child-T)	1995
308	Feeding Children (child-T)	1995
309	Keeping Children from Choking (child-T)	1995
310	If Your Toddler or Preschooler Doesn't Eat Enough	1997
311	What is a Good Eater? (child-P)	
312	How to Feed Your Baby, Breast or Bottle	
313	Bottle Feeding Your Baby (0-3 Months)	1995
314	What Should You Feed Your Baby? (older)	1995
315	How to Feed Your Baby Solids (older)	
316	Weaning Your Baby (older)	
317	Easy Foods for Toddlers to Eat (child-T)	
318	What a Meal Should Include (child-T)	1995
319	How to Feed Your Preschooler (child-P)	1995
320	How to Feed Your Preschooler	1995
321	If Your Child is Finicky	1995
500	Check Stock (350=1 Ream)	

II. Breastfeeding Pamphlets

Montana WIC Program
Breastfeeding Pamphlets Order Form

All forms are subject to availability.

Date:_____

Clinic:_____ Name:_____

Quantity		Item
La Leche League:		
Tear Off Sheets:		
Sent	**Order**	
		Are Your Nipples Sore?
		Breastfeeding Tips (English and Spanish)
		Care Plan for Mastitis
		Establishing Your Milk Supply
		Facts About Breastfeeding
		How to Know If Your Breastfed Baby Is Getting Enough Milk
		If Your Breasts Become Engorged
		Importance of Breastfeeding
		La Lactancia Materna
		Manual Expression of Breast Milk Marmet Technique
		Nipple Shields
		Persistent Diarrhea in Babies and Toddlers
		Preparing to Breastfeed
		Storing Human Milk ***
		Tips for Breastfeeding Twins ***
		Tips for Rousing a Sleepy Newborn
		Tips for Handling the Baby Blues
		Working and Breastfeeding
Pamphlets:		
		Breastfeeding a Baby with Down Syndrome
		Breastfeeding and Fertility
		Breastfeeding and Sexuality
		Breastfeeding the Baby with Reflux
		Common Myths About Breastfeeding
		The Diabetic Mother and Breastfeeding
		How to Handle a Nursing Strike
		Nursing a Baby with a Cleft Lip or Palate
Noodle Soup Materials:		
Pamphlets:		
Sent	**Order**	
		#1 You Are Pregnant
		#2 Getting Started
		#3 How should I care for myself after my baby is born?
		#4 Answers for breastfeeding problems
Various Sources:		
Booklets:		

Quantity		Item
Sent	**Order**	
		Breastfeeding: Keep It Simple (English)
		Why Should I Nurse My Baby (English)
		Why Should I Nurse My Baby (American Indian)
		Why Should I Nurse My Baby (Spanish)
		Why Should I Nurse My Baby (Vietnamese)
		Why Should I Nurse My Baby (Chinese)

*** Not currently in supply.

III. Spanish Materials Available

Lactancia Materna (Breastfeeding – La Lache)	"Los Primeros Doce Meses" (Introduction of Solids)
"Breastfeeding Tips" (English one side and Spanish one side)	"Why Should I Nurse My Baby"
Rights & Responsibilities Form	

IV. Native American Materials

Why Should I Nurse My Baby	

V. Chinese

Why Should I Nurse My Baby	

VI. Vietnamese

Why Should I Nurse My Baby	

VII. Forms Developed by Local WIC Programs

If a local WIC program has developed a WIC program form or pamphlet which meets a special need, it must be sent to the State WIC Agency for approval before it is put into use.

Policy Number: 4-19
Records Management
Effective/Revised Date: October 1, 2005

Records Management

Purpose

To ensure Local Agencies are following a standardized records retention procedure

Authority

7 CFR 246.25(a)(1) & (2)

Policy

Local Agencies shall manage the records within their office in accordance with the procedures outlined below.

Procedures

I. Unless otherwise noted, records must be managed as follows:

A. Post-Automation Records

Record Name	For How Long	Confidentiality	Safekeeping Required?	Deadline for Submission to State WIC Agency
Certification Form and Eligibility Statement	3 years	Yes	Yes	N/A
Family Folders	3 years	Yes	Yes	N/A
Participant Complaints	3 years	Yes	Yes	Notify as occuring- Process within 30 days
Participant Fraud Form	3 years	Yes	Yes	When Reported
Food Instrument Stubs	3 years	Yes	Yes	N/A
WIC Checks	Until Used	No	Yes	N/A
~~WIC Checks~~	~~3 years~~	~~Yes~~	~~Yes~~	~~N/A~~
Beginning of Day Reports	3 years	Yes	Yes	N/A
End of Day Reports	3 years	Yes	Yes	N/A
Tape Back-up Log Sheets	1 year	No	No	Upon Request
Retailer Complaint Form	3 years	Yes	Yes	When Reported
Contract Application/ Budget Request	3 years	No	No	April 30
Nutrition Education Plan	3 years	No	No	With annual contract application
Outreach and	3 years	No	No	With annual

Referral Plan				contract application
List of Homeless Facilities/ Institutions Meeting Criteria in Policy 5-5	3 years	No	No	With annual contract application
CLIA Information (those under the State Agency's Certificate)	3 years	No	No	With annual contract application

B. Automation Records

Record Name	For How Long	Confidential	Safekeeping Required?	Deadline for Submission to State WIC Agency
Contracts with DHES/ DPHHS	3 years	No	No	Before June 30
Expenditure Reports (with supporting documentation)	Local, minimum 3 years	No	No	28th of following month
Inventory Worksheet	3 years	No	No	When changes occur
SA Monitoring Reports	3 years	No	No	Respond within 60 days after report
WIC Agency Correspondence	3 years	No	No	N/A
Self-Monitoring Reports	3 years	No	No	N/A
L.P. Evaluation of S.A.	1 year`	No	No	March 1
General Program Complaints	3 years	Yes	Yes	When reported
VOC Cards	Until used	No	Yes	N/A
VOC Log	3 years	Yes	Yes	N/A
Signature/Initial List	3 years	No	Yes	At monitoring

C. Destruction of Records

1. Records deemed eligible for destruction per the above schedule, will be either shredded or incinerated.
2. If shredding or incineration is done by someone other than WIC personnel, the destruction needs to be witnessed by WIC personnel.

Local Program Retailer Coordinator

Purpose

To ensure Local Agencies have a coordinator on staff who is the primary contact for both the State Office and local Retailers.

Authority

7 CFR 246.12

Policy

Each local agency shall select a staff member to act as the Local Agency Retailer Coordinator (LARC). This person may serve as the retailer coordinator for all sites within the contracting agency, or for one specific site.

While the retailer coordinator will be the primary contact, they need not be the only local program contact. This will be determined by local program policy.

The local agency must notify the Montana WIC Program whenever the coordinator changes. This will ensure information is getting to the correct person in the shortest time possible.

Procedures

I. Coordinator Training

A. Training of the LARC will be conducted by the State Administrative and Retailer Unit (SARU) at, preferably, the annual WIC meetings or at regional MAWA meetings. Information to be covered in the training includes:

1. Retailer Training
    a. Why train WIC retailers
    b. Training materials
    c. "WIC" message
    d. Contact with retailers
    e. New retailers
    f. Current retailers
    g. Annual training
    h. Dealing with store complaints
    i. Dealing with participant complaints
2. Initial Store Visits
    a. Educational Buys
    b. Monitoring Visits

II. Potential Retailers

A. It is the responsibility of the LARC to contact new grocery or pharmacy businesses in their service area to offer participation in WIC. Topics to be discussed should include:

1. A brief description of the WIC Program
2. The difference between WIC and the Food Stamp Program
3. How WIC affects the local community
4. How WIC purchases could affect their sales

B. If the prospective retailer is interested, the LARC should refer the retailer to the State WIC Program for an application packet and further information.

III. Educational Buys

A. Upon written request of the SARU and receipt of the pertinent documents, the LARC will do educational buys at specified WIC retailers. The coordinator must file a written report of the educational buy with the State Administrative and Retailer Unit within 60 (sixty) days of the date of request.

B. The purpose of the educational buy will be to determine what problems may exist at retailers, or to verify complaints filed by WIC participants. The results of the educational buy will be discussed immediately after the purchase with the store manager or owner.

IV. Retailer Training

Upon written request of the SARU and receipt of the pertinent documents, the LARC will hold one routine interactive training session during a contract period for the local area authorized retailers. Other training may be provided on an as needed basis. Attendance at the training will be mandatory for at least one representative from each individual retailer. The appearance of a single representative from a chain or group of retailers will not meet the requirements of the WIC retailer contract.

V. Initial Retailer Visit

A. An initial visit will be made to prospective WIC retail grocery stores to ensure the required varieties of authorized foods are available, and to verify prices. This visit will be made by the LARC upon written request of the SARU.

B. The LARC will schedule an appointment with the owner/manager of the retail store to discuss more detailed aspects of the WIC Program. An in-store walk-through will be made to complete an inventory of authorized WIC foods already in stock. The report must be signed by both the WIC representative and the store owner/manager. This initial visit must be made and documented before the grocery store may be authorized as a retailer.

VI. Retailer Complaints

A. It is the responsibility of the LARC to respond to either written or verbal complaints from authorized retailers concerning potential or actual program abuse by WIC participants.

B. The complaint and the resulting actions must be documented in the participant's file, with a copy sent to the SARU.

VII. Participant Complaints

A. It is the responsibility of the LARC to investigate either written or verbal complaints made by WIC participants concerning activities at authorized WIC retailers. The LARC should contact the retailer owner/manager to discuss the complaint. The results of the conversation must be documented.

B. A separate complaint file must be maintained of all complaints received by the LARC and the action taken. Copies of the complaints and action should be forwarded to the SARU. This file will be reviewed by the State's monitoring teams.

Policy Number: 4-21
Outreach/Referral
Effective/Revised Date: October 1, 2005

Outreach/Referral

Purpose

The primary function of outreach is to increase the visibility of the WIC Program to ensure potentially eligible persons in the state are aware of the WIC program and know where to seek services and to improve health professional's awareness of WIC benefits.

Authority

7CFR 246.4 (a) (7) & 246.7(a) (b)

Policy

All Local Agencies shall develop and implement an outreach/referral system designed for their communities.

Guidelines

I. The Local Program is responsible for the following outreach/referral efforts:

A. Send press releases and public service announcements to local media at least annually. The annual press release must include information with regard to participation in WIC by homeless individuals and organizations and agencies serving the homeless.

B. Distribute materials to local physicians, dietitians, nurses and other community agencies which include information on the WIC program, locations and telephone numbers of their clinic sites and income guidelines.

C. Keep documented outreach efforts on file.

D. Make concerted efforts with existing health and social service agency programs for enhanced health benefits and cost effectiveness to reach to reach migrant farm worker and homeless populations.

II. Referral Coordination

A. Each local WIC program must identify their referral network of resources in order to improve services to the WIC population.

B. A written listing of the local agency's referral network must be available for staff to make appropriate referrals. This listing must be updated regularly.

C. A list of local resources for substance abuse counseling and treatment will be available for distribution.

D. A listing of possible community resources to be evaluated for the local agency's referral network follows. Referral is an integral part of WIC. WIC serves as an adjunct to health care, making extensive use of referrals to community resources to work towards meeting the needs of the WIC participant.

Resources to Review for Local Agency Referral Network

Community Services

911	Emergency Medical	Fire
Police	Sheriff	Coroner
DARE	County Extension/EFNEP	Animal Control
Transportation	Child Protection Team	Preventive Community Programs, i.e., Summer Jobs for Kids Program

Human Resources

Housing	Head Start	Education – Schools, Job Training
Winterization Program	Foster Grandparents	Big Brother/Big Sister
Handicapped	Fuel Assistance	School Lunch/Breakfast/Summer feeding Program

Social Services

Food Bank	AI/AIAnon	Alcohol/Drug Treatment Centers
Battered Women's Shelter Support Groups	Women in Transition	Mental Health Center
Salvation Army	Goodwill	St. Vincent de Paul
Rescue Missions	Florence Crittenton Home	Young Families
Catholic Charities (includes Adoptive Services)	Lutheran Social Services (includes Adoptive Services)	Shodair Adoptive Services
Credit Counseling		

Recreational

Swimming	Baseball	Etc.

Organizations/Service Clubs

Red Cross	March of Dimes	Heart Association
Lung Association	Diabetes Association	Infant/Child Care Centers
After-School Programs	Service Organizations (Altrusa; Soroptomists; Rotarians; Knights of Columbus; Lions; Shriners; YMCA	

Public Health Agency

Local County or City-County Health Department	Aid for Dependent Children (TANF)	Well-Child Clinics
KIDS COUNT (EPSDT)	Parenting Classes or Groups	Support Classes or Groups
STD testing/counseling	AIDS testing/counseling	Childbirth Preparation Classes
Lamaze	Home Visits (High Risk Follow-Up)	Targeted Case Management
Breastfeeding Education, Training, Support, Classes, Hot Line	Healthy Mothers, Healthy Babies Coalition	Teen Pregnancy Classes; Groups
Social Services	Dental	Environmental, Sanitation Services

Resources for Native Americans

Clinic	Housing	Social Services

Hospital(s)

Maternity Services	Outpatient Services	Well Child Clinics
Immunizations	Dental	KIDS COUNT
Target Case Management	Day Care	Bereavement, Infant Loss, Hospice
Hot Lines	Community Health Education	CPR Training
Early Infant Intervention Program	Breastfeeding Support, Training, Management (linked with local WIC Program)	Outreach (linked with local WIC Program)
Smoking Cessation Programs	Substance Abuse Prevention Programs	

Medical Clinic(s)

Medicaid	KIDS COUNT (EPSDT)	Immunization
Outreach (linked with local WIC Program	Targeted Case Management	Specialties (Pediatricians, Allergists, etc.)
Family Planning	CHIP	

Free-Standing Clinic(s)

Satellites	Shopping Malls	Neighborhood Clinics
School-based Clinics	Breastfeeding consultants IBCLC or CLL	

Rehabilitative Clinics or Centers that offer Specific Health Services

Occupational Therapy	Physical Therapy	Speech Therapy
Nutrition Services	Adolescent Psychiatric	

Policy Number: 4-22
Printers
Effective/Revised Date: October 1, 2006

Printer Policy

Purpose
To ensure printers are used appropriately by local agencies.

Authority
State Policy

Policy
The WIC State Office "IT help desk" will handle printer issues and/or questions from WIC local agencies. Local WIC Agencies are not to print WIC checks and ordinary documents on the same physical printer where possible.

Guidelines

I. Number of Printers Supplied

The State Office shall provide two printers for network and standalone sites. One printer shall be the check printer, and the other printer shall be a backup for the check printer.

II. Usage

A. The backup printer may be used for document printing but it must remain available to replace the check printer in the event the check printer fails.

B. The check printer must only be used to print checks, except for clinics run from a laptop where the check printer may be used for beginning of day and end of day reports.

C. The backup printer may be networked. The State Office will configure and install the printer on the network; however, the State Office will bill network port charges for the printer back to the local agency.

D. The local agency is responsible for proper usage of printers (i.e., using proper paper, using proper toner cartridges, routine maintenance). If negligence in printer operation is found, the cost of repair or a new printer will be charged to the local agency.

III. Security

Check stock (and MICR cartridges) actively being used for printing shall be stored in a locked location whenever the check printer is not attended. The preferred method is to have the printer installed in a lockable location. The location shall be locked whenever the printer is unattended. It is acceptable to move the printer to a locked location when not attended. It is also acceptable to remove the check stock and cartridge from the printer and put them in a locked location when the printer is unattended.

IV. Repair

The State WIC Office will exchange broken printers. Call the "IT help desk". See Procedures.

V. Use of MICR and Standard Cartridges

A. The State WIC Office shall supply MICR cartridges. MICR cartridges shall only be installed in the check printer. The check printer shall only be used to print checks. No other documents are to be printed on the check printer except as specified for laptop computers.

B. The spare printer may be used to print other documents, but it must have a standard toner cartridge installed in it. The local agency is responsible for purchase of standard cartridges for document printing.

VI. Auditing

Printers are exchanged when issues arise.

Procedures

I. Printer Ceases to Function Properly

A. The local agency clinic staff shall call the WIC "IT help desk" and inform them of the problem.

B. The "IT help desk" staff will do some basic trouble shooting and if the problem cannot be resolved, instruct the clinic staff to replace the check printer with the backup printer.

C. The "IT help desk" staff will ship a replacement printer to the clinic.

D. The local agency clinic staff will install the replacement printer and return the broken printer in the same shipping container that the replacement printer was shipped in.

Policy Number: 4-23
MICR Printer Cartridge Policy
Effective/Revised Date: October 1, 2006

MICR Printer Cartridges

Purpose
Local WIC Agencies are to use MICR cartridges for printing checks only.

Authority
State Policy

Policy
MICR printer cartridges will be supplied by the State WIC Office. Local Agency WIC staff will ensure these cartridges are used only when printing checks for WIC participants, except as previously noted for laptop clinics.

Guidelines

I. Number of Cartridges at the Clinic

The State WIC Office will provide two cartridges for each network and standalone site. Two cartridges will also be provided for laptop computer sites.

II. Procurement

The State WIC Office will provide MICR cartridges. Local WIC clinics shall call the State Office to request a cartridge replacement. The State WIC Office will send out the new cartridge.

III. Use

MICR cartridges shall only be used to print checks. They shall not be used to print other documents, except as previously noted for laptop clinics.

IV. Storage

MICR cartridges shall be handled the same as check stock (kept in locked storage).

V. Auditing

Compare number of checks issued per MICR cartridge. Do a daily check to determine reorder timelines.

Procedures

I. Obtaining MICR Cartridges

The local WIC clinic shall call the WIC 800 number and select option 2.

Policy Number: 4-24
Clinic Printing Mode Policy
Effective/Revised Date: October 1, 2006

Clinic Printing Mode

Purpose
The updated WIC software supports Automated check printing in either an "on" or "off" mode.

Authority
State Policy

Policy
Local Agency WIC clinics must use the appropriate check print mode for their clinic.

Procedures
I. Automated "ON" Mode

A. This mode is used by laptop clinics, standalone clinics and by network clinics when the appropriate conditions are met. Any local WIC clinic staff may print checks when the check printer is in the "ON" mode.

B. A printer in the "ON" mode must be attended and out of reach of the participants at all times or this printer must be installed in a locked closet

II. Automated "OFF" Mode

A. This mode is used by local WIC clinics that have two or more staff working at the same time. It supports the federally mandated separation of duties requirement (see Policy 5-7, WIC Employees as WIC Participants).

B. When local WIC clinic personnel issue checks, the request goes into a check issuance queue. Checks are issued to the print queue by the CPA. The CPA instructs the participant to see the receptionist on their way out to pick up their checks.

C. When the participant arrives at the receptionist desk, the receptionist looks up the participant's name or ID in the print queue, prints the checks and hands the checks to the participant, following WIC Check instructions per Policy 8-12, Food Delivering System, Procedures 1.E).

D. A printer in the "OFF" mode must be out of reach of the participants. The main WIC program and the WIC Check Printing program must also be closed (at the sign on screen) when this check printer is unmanned.

III. General Requirements for Switching Modes

Laptops and standalone clinics will always be in the "ON" mode. Networked clinics may choose between the two modes when there are less than four people logged into the WIC program.

Policy Number: 4-25
Check Stock Policy
Effective/Revised Date: October 1, 2006

Check Stock Policy

Purpose
Coordinate and manage the distribution of check stock to local WIC agencies.

Authority
State Policy

Policy
Regional Lead WIC agencies shall contact the WIC State Office to order check stock for their program.

Guidelines
I. General

A. Check Stock management shall take place in the context of a "distribution" site. A distribution site is a central place where check stock is shipped to and stored for a group of clinics. For example, a main clinic may store stock for itself and for its satellite clinics.

B. Every distribution site has a designated responsible clinic that is responsible for check stock management. All clinics associated with a distribution site can share check stock without any paper work; however, the responsible clinic for a distribution site is responsible for accounting for all check stock it receives. Distribution sites are predefined by an agreement with the State WIC Office and in general follow the regional groupings.

II. Check Stock Supplies

Clinics shall maintain a six-month supply of check stock or a minimum of 500 sheets. Ordering is expected to take place a maximum of twice a year. Additional orders may be subject to a surcharge.

III. Procurement

The responsible clinic for a distribution site shall call or e-mail the State WIC Office to order check stock (800) 433-4298, option 2.

IV. Check Stock Use

Check stock shall only be used to print checks in accordance with WIC check issuance policies.

V. Security

Check stock (and MICR cartridges) shall be stored in a locked location.

VI. Auditing

A. Compare the number of checks issued with stock sent/stock on hand.
B. Submit a monthly report of check stock (count by box or full reams to the State WIC Office to determine reorder alerts).
C. Complete and submit a report to the State WIC Office of destroyed check stock.

Procedures
I. Obtaining Check Stock

The responsible clinic shall call the WIC 800 number and select option 2.

II. Verifying Check Stock

The responsible clinic shall count all full boxes of check stock. The clinic shall count all unused reams (packages) in open boxes.

Policy Number 4-26
WIC Program Benefits Are Provided Through Contracts
Effective Date: October 1, 1997

WIC Program Benefits Are Provided Through Contracts

Purpose

WIC participants in Montana will receive benefits from WIC Local Agencies who contract with the WIC State Office. Standards for Local Agencies are listed below.

Authority

7 CFR 246.5 (d), Selection of local agencies.

Policy

The Montana WIC Program will contract with WIC local agencies to provide program benefits to eligible women, infants and children who reside in Montana.

I. Standards for Local Agencies

Priority	Local Agency	Standard
1	Public or private nonprofit health agency	Provider's ongoing, routine pediatric and obstetric care and administrative service.
2	Public or private nonprofit health or human services agency	Enters into written agreement with another agency for either ongoing routine pediatric and obstetric care or administrative services
3	Public or private nonprofit health agency	Enters into written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care to a specific category of participants.
4	Public or private nonprofit human services agency	Enters into written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care
5	Public or private nonprofit health or human service agency	Provides ongoing, routine pediatric and obstetric care through referral to a health provider.

Policy Number 4-27
Distribution of Funds to Local Agencies
Effective Date: October 1, 1997

Distribution of Funds to Local Agencies

Purpose

The WIC Program receives an annual grant from USDA consisting of Food funds and Nutrition Services and Administrative (NSA) funds. WIC program benefits are provided to participants by local agencies through contracts with DPHHS-WIC. NSA funds received from USDA shall be provided to local agencies as allocated by the funding formula.

Authority

7 CFR 246.16(d)

Policy

The Montana WIC Program distributes NSA funds to local programs using a participant based formula.

Formula

I. Equitable Formula

An equitable formula will be established by the State agency in conjunction with appropriate state and local agency staff. The formula will be applied statewide.

II. Contracts/Budgets

A. General

1. Budgets are formal quantitative plans of action, or more simply stated, a plan of how to appropriately spend the money provided. Funds for local programs are from the US Department of Agriculture, distributed through the Department of Public Health and Human Services.
2. Each year local WIC program budget allocations are based on an estimated federal grant. Final federal grant awards are not known until 3 to 4 months after contracts are initiated. Once notice is received of the final grant award, local WIC program budgets may need to be adjusted accordingly.

III. Term of Contract

Local WIC program contracts are renewed on the federal fiscal year. They are valid for 1 year beginning October 1 and ending September 30. Funds for that contract period must be spent or obligated prior to September 30. Excess funds cannot be carried to another contract.

IV. Annual Renewal and Review

A. Each year prior to expiration of the contracts/agreements, a review of the qualifications of local agencies to operate WIC is conducted by the State Agency. This review is coincident with the submission of budgets for the coming year and provides a mechanism whereby it can be assured that WIC is managed properly. The review criteria used are:

1. Availability of other community resources to participants and the cost efficiency and cost effectiveness of the local program in terms of both food and nutrition services, and administrative cost.
2. Caseload and percentage of participants in each priority level being served by the local agency and percentage of need being met in each participant category.
3. Relative position of minority and/or special populations served by the local program in the affirmative action plan.
4. The local program's place in the priority system, listed in 7CRF 246.5(d)(1).
5. Capability of another local program or programs to accept the local program as participants.
6. Cost efficiency and cost effectiveness of local agencies. This review will include, at a minimum, the following:
   a. Current staffing ratio for certification, assessment and nutrition education for projected caseload;
   b. Administrative cost per participant;
   c. Utilization of in kind services;
   d. Administrative monitoring results and corrective action plan completion; and
   e. Plan for reaching high risk participants (Priorities I, II and III).
7. In compliance with 7CFR part 3017, certification will be included in contractor's agreements that they and any subcontractors have not been debarred or suspended.

V. Local WIC Program Contracts/Task Orders

A. Local Programs contracted under the 7 year Master Contract with the Department of Public Health and Human Services (DPHHS) will receive a Task Order which is renewed annually. Local WIC Programs not contracted with a DPHHS Master Contract will receive an annual Contract with DPHHS. A sample Task Order is provided below. (Contract language is subject to change as this order is to serve solely as a sample.)

TASK ORDER 07-07-5-21-0XX-0
XXXX COUNTY UNIFIED GOVERNMENT MASTER CONTRACT
THAT COVERS THE PERIOD OF JULY 1, 2005 - JUNE 30, 2012
XXXX County WIC Program

THIS TASK ORDER is entered into between the Montana Department of Public Health and Human Services (hereinafter referred to as the "Department"), whose address and phone number are 1400 Broadway, P.O. Box 202951, Helena, Montana 59620-2951 and (406) 444-5533 and County (hereinafter referred to as the "Contractor"), whose nine (9) digit federal ID number, address and phone number are 00-0000000, Street, City, MT 59XXX, (406) XXX-XXXX, for the purpose of committing the Contractor to provide health related services required by this task order. In consideration of the mutual covenants and stipulations described below, the Department and Contractor agree as follows:

SECTION 1: PURPOSE

The purpose of this Task Order is to provide the services of the US Department of Agricultures Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to the residents of XXXX and XXXX County(s), and possibly residents of surrounding areas.

SECTION 2: SERVICES TO BE PROVIDED

A. The Contractor shall provide the following services:

(1) Conduct the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) by assuming all administrative, financial and professional health service responsibilities for the WIC Program within the County(s) noted in Section 1. The Contractor shall administer the WIC Program in accordance with the current regulations contained in 7 CFR Parts 246 and 3016, the WIC State Plan, and US Food and Nutrition Service (FNS) guidelines and instructions. Copies of the Montana WIC State Plan are available from the DPHHS office and the federal regulations governing the WIC Program may be found at the FNS/USDA GOV website at: http://www.fns.usda.gov/wic/lawsandregulations/WICRegulations-7CFR246.pdf.

(2) Provide performance, activity and fiscal reports required by the Department, including, but not limited to, the following:

(a) Time distribution records for employees including:

i. records substantiating time spent performing WIC services. These records need not be submitted to the Department, but must be kept available at the main office of the Contractor for audit purposes, to be checked during regular monitoring visits conducted by staff of the Department or independent auditors.

ii. Time Study Reports for WIC staff/contractors providing direct services to WIC participants under this contract. The method, manner and report forms will be prescribed, by the Department, for the period of time stated in the WIC State Plan.

The Contactor shall submit these reports to the Department by the 5th of the following month for which the report is submitted. Failure to do so will result in the imposition of a 1% penalty.

(b) An itemized expenditure report for each month, utilizing the WIC Expenditure Report form (see attached copy in attachment A). The Contractor shall submit these reports to the Department by the 28th of the month following the month for which the report is submitted, unless the Department agrees there is good cause for the delay and provides written approval (e.g. a difference between the monthly close-out dates of the Department and the Contractor). The Department has no obligation to reimburse the Contractor for expenditure reports submitted beyond the above submittal deadline. Any adjustment to an expenditure report will be eligible for reimbursement only if it is received by the Department within 90 days (60 days for final report) after the end of the month for which the adjusted expenditure report is claimed.

(3) Develop and keep participant records, or other records (included in the WIC State Plan) required by the Department, in accordance with current regulations contained in 7 CFR Part 246, the WIC State Plan, and the FNS guidelines and instructions, or as the Department determines necessary or useful for assuring quality performance of this Task Order.

(4) Employ or contract with:

(a) an individual qualified as a Competent Professional Authority (CPA) as defined in Policy #4-2 in the 2009 WIC State Plan, to certify nutritional risk conditions, provide nutrition and breastfeeding education, refer high-risk participants, prescribe supplemental WIC foods and plan nutrition services to be delivered by the Program.

(b) a Registered Dietitian, licensed by the Board of Medical Examiners as a nutritionist, to provide nutrition counseling to WIC participants identified as high-risk per the State Plan.

By November 15, 2006, submit to the Department a copy of any subcontract entered into for services of a Registered Dietitian and/or Competent Professional Authority.

(5) Assure that each staff person employed in the WIC Program who is reimbursed with WIC or in-kind funds or works as a volunteer and has contact with WIC applicants/participants:

(a) successfully completes the automated WIC system training and the competency based test provided by the Department;

(b) successfully completes CBT training as provided by the Department;

(c) studies and promotes Ellyn Satter's "Feeding Relationship" and breastfeeding education and support in Chapter 7 of the 2009 WIC State Plan

(d) has reviewed the Department's document entitled "Policy and Process for Information Security and Database Access"; and

(e) attains continuing education credits approved and authorized by the Department, in a manner prescribed by the Department and in accordance with the WIC State Plan.

If any of the above staff members terminates employment, the Contractor must notify the Department of that fact at the time of termination.

(6) Make available to all WIC participants ongoing, routine pediatric and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment, as well as those health services outlined in the WIC State Plan, and inform applicants of the health services which are available. If health services are provided only through referral, the Contractor shall develop a plan for continued efforts to make the required health services available at the WIC certification site or through written agreements with health care providers.

(7) By November 15, 2008, submit to the Department a copy of any subcontract entered into for WIC services provided to another service area, county or reservation that conforms to the model satellite agreement form in the WIC State Plan and defines the respective responsibilities for the WIC Program of the satellite and the Contractor.

(8) If the Department has supplied the Contractor with computer equipment for use in the WIC Program:

(a) Acknowledge that the equipment is the property of the Department's WIC Program.

(b) Ensure that:

(i) the equipment is used solely for WIC purposes or that written approval is in place for shared services;

(ii) only the software provided by the Department, or authorized and/or approved by it, is installed on the network or hard disk by the Department;

(iii) the software supplied with the computer(s) is used solely on that computer or computers in a Department authorized network;

(iv) adequate space is provided for equipment and is kept physically and electronically secure;

(v) the equipment is kept in a room with a locking door and is not allowed to be accessed by any non-WIC personnel; and

(vi) whenever confidential client information is located in electronic files on the computer(s), access to it is restricted by the WIC System Administrator in accordance with the WIC State Plan and WIC Automated System User Procedure Manual provided by the Department.

(c) After completing required system training, utilize Department assigned login ID numbers only.

(d) Acknowledge that any unauthorized software, will not be maintained by the Department, and that any damage to the equipment or loss of data caused by the software must be repaired or replaced solely by the Contractor within 4 hours after the damage or loss.

(e) Abstain from:

(i) using software for applications other than the WIC System or those provided by the Department, obtained from any source, unless the Department has given its approval in writing in advance;

(ii) changing the organization or configuration (drive C) of the hard disk in each of the personal computers or the server in a standalone or network configuration; or

(iii) transferring any rights in the computer equipment to any third party and from allowing any third party to acquire any rights in the computer equipment.

(f) Notify the Department's WIC Program immediately:

(i) before any action is taken, if an equipment breakdown or failure occurs.

(ii) for assistance, if the WIC System software application fails to function.

(g) Designate an individual as the Contractor's WIC System Administrator to control computer system security and for any question involving the WIC computer system, and immediately notify the Department of that person's name and any subsequent change of the designated person.

(h) If the Contractor relocates the WIC staff or moves to another location, acknowledge that the Department alone is responsible for moving the computer equipment, give the Department prior notice of the date of relocation and accept and assist in implementing the following requirements for such a move:

(i) If the Department has provided the WIC office with a network configuration, consideration must be given to wiring the new location and performing other duties related with setting up a network. In order to prepare a new site, the Department should be given three months prior notice to ready the new site, in which case the Department will pay the cost to move the equipment; if, however, less than 3 months notice is given, the Contractor shall pay the cost of the move as billed by the Department unless another arrangement is made with the Department. The Department must coordinate with the Department of Administration to provide either state staff or contractual staff to wire the new location (the physical layer of the network). In no case may the Contractor contract with anyone for this work without written authorization from the Department, and the Department bears the responsibility for the integrity of the network; and

(ii) The Contractor must ensure all requirements specified in this section are maintained.

(i) Promptly notify appropriate law enforcement officials and the Department of any loss, theft, damage or destruction of equipment, and investigate and document the full circumstances concerning the loss, theft, damage or destruction. Any loss of equipment is the responsibility of the Contractor, and its replacement must be purchased through the Department to ensure conformity to standards established by the Department and the State of Montana. The Contractor shall pay for any lost, damaged or stolen equipment, and replacement equipment shall become the property of the Department.

(j) Pay for equipment replaced by the Department which has been damaged through the negligence of the Contractor or its agents.

(k) Acknowledge and communicate to WIC staff the terms of Section 45-6-311, MCA, entitled "Unlawful Use of a Computer", and the penalties for such unlawful use.

(l) Perform routine maintenance and cleaning of computer equipment.

(m) Implement and maintain a Security and Disaster Recovery Plan in accordance with the model provided by the Department.

(9) Prohibit smoking within the space used to perform WIC Program functions during all times that such functions are actually occurring and, as required by Public Law 103-111, publicly post an announcement that smoking is prohibited in the service site.

(10) Maintain an adequate, safe and sanitary service site for the employees and WIC participants in each clinic provided for under this Task Order.

(11) Implement a food delivery system prescribed by the Department pursuant to 7CFR Section 246.12 of the WIC Federal Regulations and approved by FNS.

B. The Department shall provide the following services:

(1) Be responsible for software support, of state provided software, and maintenance to include memory management and hardware configuration.

(2) Be responsible for normal repair of computer equipment provided to the Contractor or replacement of broken computer equipment when the breakdown was due to normal usage.

SECTION 3: EFFECTIVE DATE AND PERIOD OF PERFORMANCE

A. The term of this Task Order for the purpose of delivery of services is from October 1, 2008 through September 30, 2009.

B. This Task Order is a one-time Task Order and there are no assurances that this Task Order may be extended for any period beyond that specified above or beyond termination otherwise provided in this Task Order.

SECTION 4: COMPENSATION

A. In consideration of the services to be provided through this Task Order, the Department shall reimburse the Contractor for actual expenses which are allowable in accordance with the Master Contract and Section 6 and reasonably incurred in the performance of this Task Order.

B. The Total Budget amount payable as consideration for services performed under this Task Order, and determined by the Department as actual, necessary and reasonable expenses incurred in accordance with the current regulations contained in 7 CFR Part 246, in $00.

Contingency funds are typically requested from the Regional office by the Department in November

With the assumption of receiving the contingency funds, the calculation of the current funding formula includes these additional funds and therefore is part of your Total Budget amount.

If the contingency funds requested are not received, a Task Order modification will be processed.

C. The Department will reimburse the Contractor for allowable expenses incurred and reported/claimed on the "WIC Monthly Expenditure Report" invoice (see attached copy in attachment A). These invoices may be obtained from the Department and must be submitted as outlined in Section 2A(2)(b).

D. If the Contractor makes expenditures or incurs obligations in excess of the budget originally established or adjusted via modification, it shall do so at its own risk, and the Department is not obligated to pay the Contractor beyond the budget stated in the Task Order.

E. The Department shall have the right at any time to request additional documentation concerning Contractor costs, including any records required by this Task Order. The Department may dispute all or a portion of any billing invoice, and may withhold payment of the disputed portion until the dispute is resolved to the Department's satisfaction.

F. If the Contractor fails to comply with the record keeping requirements of this Task Order, all payments of reimbursement due may be withheld until compliance with those requirements is verified in a manner acceptable to the Department or until a final settlement is reached following termination of the Task Order.

G. Subject to the Department's approval of the work performed under this Task Order and to the appropriations and disputed billing provisions set forth above, within 30 days after receipt of the Contractor's invoices, the Department will reimburse the Contractor for the allowable costs incurred during the billing period.

SECTION 5: SOURCE OF FUNDS AND FUNDING CONDITIONS

A. The source of funding for this Task Order is a federal grant from the US Department of Agriculture. The Department, at its discretion, may terminate at any time the whole or any part of this Task Order or modify the terms of the Task Order if funding for the Task Order is reduced or terminated for any reason. Modification of the Task Order includes, but is not limited to, reduction of the rates or amounts of consideration or alteration of the manner of the performance in order to reduce expenditures under the Task Order.

B. The contractor shall maintain complete, accurate, documented and current accounting of all program funds received and expended. Adequate travel funds must be allocated by the contractor to ensure that conferences and trainings, sponsored by the state WIC program, are attended as required.

C. Reimburse the Department for any WIC Program funds misused or otherwise diverted due to negligence, fraud, theft, embezzlement, forgery, bribery or other loss caused by the Contractor, its employees or agents.

In addition, the commission of fraud against or abuse of the WIC Program by the Contractor is subject to prosecution under applicable federal, state, or local laws. A Contractor that has willfully misapplied, stolen, or fraudulently obtained WIC Program funds is subject to a fine of not more than $25,000, imprisonment of not more than five years, or both, if the value of the funds is $100 or more. If the value is less than $100, the penalties are a fine of not more than $1,000, imprisonment of not more than one year, or both [7 CFR 246.23(d)].

D. Ensure that one-sixth (1/6th) of the reimbursements claimed by the Contractor is for time spent by personnel in nutrition education of WIC participants in compliance with 7 CFR Section 246.11 and the WIC State Plan, as outlined in Section 2(A).

E. A final billing invoice for allowable expenses incurred during the term of this Task Order is due within 60 days after the expiration of the term of this Task Order.

SECTION 6: ALLOWABLE COSTS

Indirect costs up to a maximum of 25%, or no more than a 2% increase from the previous year up to the maximum. Indirect costs are those that have been incurred for common or joint objectives. A cost allocation or indirect cost plan must be developed in accordance with OMB Circular A-122 and pre-approved by the Department.

SECTION 7: TERMINATION

In addition to the provisions of Section 4 of the Master Contract, the Department may terminate this agreement for failure of the Contractor to correct any serious deficiency in the program required by this agreement.

SECTION 8: ASSIGNMENT, TRANSFER AND SUBCONTRACTING

The Contractor shall have no right to and shall not assign, transfer, delegate or subcontract this task order or any right or duty arising under this task order, with the exception of any subcontract with an individual whose expertise is needed to perform this agreement, e.g. a nutritionist, or physician, or a subcontract with a satellite county. The Department in its discretion may grant written approval or an assignment, transfer, delegation or subcontract, provided, however, that this paragraph shall not be construed to grant the Contractor any right to such approval.

SECTION 9: CONFIDENTIALITY

FEDERAL WIC REQUIREMENTS

A. The use or disclosure of information obtained from WIC program applicants and participants is restricted to:

(1) persons directly connected with the administration or enforcement of the WIC program, including persons investigating or prosecuting violations in the WIC Program under federal, state, or local authority;

(2) representatives of public organizations designated by the Department as administering health or welfare programs that serve persons categorically eligible for the WIC Program; and

(3) the Comptroller General of the United States for audit and examination authorized by law.

B. The Contractor may employ WIC Program information only for the purpose of establishing the eligibility of WIC applicants and participants for health or welfare

programs which it administers and conducting outreach to WIC applicants and participants for such programs, and may not disclose the information to a third party other than those cited in (A) above.

SECTION 10: LIAISONS AND SERVICE OF NOTICES

A. Joan Bowsher, Manager, Nutrition Section/WIC, will be liaison for the Department.

B. XXXXX will be liaison for the Contractor.

These persons serve as the primary contacts between the parties regarding the performance of the task order.

C. Written notices, reports and other information required to be exchanged between the parties must be directed to the liaison at the parties addresses set out in this task order.

SECTION 11: SCOPE OF TASK ORDER

This task order consists of 11 numbered pages.

IN WITNESS THEREOF, the parties through their authorized agents have executed this task order on the dates set out below:

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

By: _____ Date _____
Jane Smilie, Administrator
Public Health & Safety Division

XXXX COUNTY HEALTH SERVICES

By: _____ Date: _____
Signature
Title

Federal ID Number 00-0000000

VI. Funding Formula

A. Budget Allocation

1. A funding formula is established by the state agency in conjunction with state and local staff. Local program budget allocation is based on "per participant funding." Caseload is based on an average of actual participants served during the months of October through March
2. Funding is calculated for total regional clinic participation. All regions will also receive $2000.00 for being a region plus caseload management funds. Regional lead agencies will receive an additional $4000.00 for agency support.

B. Contract Award

All contract award amounts may be subject to change. Contracts are awarded based on preliminary grant figures and assured grant award for caseload maintenance and conference/training travel. Once the State Agency is notified of its actual grant award, additional OA funds, potential changes may have to be made to the contract awards.

C. Grant Award

A local program may choose to not take all, or a portion of, the calculated grant award. The State Agency must be notified immediately of this so the award may be offered and reallocated to other local agencies.

D. Special Circumstances

No additional funds will be available for maternity leave, employee buy-outs, etc. These circumstances must be managed with the grant award already received.

E. Operational Adjustment Funds (OA)

OA funds are included in initial contract award. If OA funds are denied – adjustments will be made to contract award.

VII. Developing a Budget

A. Budgets vary extensively between programs. Variables may include salaries, benefits, indirect or administrative costs, rent, cleaning, telephone or travel. There are two ways to develop a budget.

B. Based on actual, known costs, it may be easier to calculate monthly costs then multiply by 12 to define a yearly budget. Determine hours of operation to calculate salaries. Benefits percentage is provided by your employer.

C. As a general guideline, to determine number of FTE's needed for a WIC clinic, multiply the number of participants by .0013 for CPA time and .0026 for Aide time. This may vary per clinic depending on days of operation and computer usage.

Next, determine fixed operating costs such as rent, cleaning, insurance, etc. Then determine variable operating costs such as travel, contracted services, supplies, etc. Total all for your yearly budget.

VIII. Budget Proposal Submission/Timetable

A. Budget Proposal Submission

1. Detailed budget requests must be developed for personnel and operating expenses. Use the following procedure to develop a budget request. The submitted budget request may not exceed the total amount awarded in the funding formula.

   (a) Forms and instructions for submitting proposed budget will be sent to local programs each year.

   (b) See the end of this Chapter for examples of forms and instructions.

   (c) Local program budget timeline.

Deadline	Activity
June 15	State Agency sends out re-application package
July 31	Local program returns budgets to State Agency
August 15	State Agency completes review of budgets
August 18	Contracts submitted to DPHHS Contracts Section (reservation programs first for additional review by Department of Justice.)
September 1	Contracts sent to local agencies for signing.

2. The State Agency contracting process is very specific and must be followed explicitly to accommodate fiscal and legal requirements.

   a. The contract has a:
      i. liaisons (usually the people involved directly in WIC);
      ii. State Agency Program Coordinator and whoever is -- responsible for WIC at the local program) and;
      iii. signatory who signs the contract (usually a county commissioner, hospital administrator or tribal chairman.)

   b. The contract is sent by DPHHS Contracts Services directly to the person who signs the contract. After the original is signed by all parties, the contract takes effect.

IX. Allowable Expenses

A. General

Nutrition services and administration funds are to be used for direct or indirect costs which are necessary for the support and fulfillment of WIC program operations and objectives. All charges to the grant or contract must be actual, necessary and reasonable and obligated within the appropriate contract period, for proper and efficient Program administration

1. Personnel Expenses are salaries and benefits for WIC program staff. This staff must provide certification/eligibility and nutrition education to WIC participants. Administrative staff performing WIC related duties is allowable.

2. Operating Expenses are non-personnel expenses required or needed for the operation of a WIC clinic. Examples of operating expenses are: travel, supplies, rent, telephone, postage, contracted services and nutrition and breastfeeding education materials.

X. WIC Administrative Budget Request ~~for FFY2008~~

A. Introduction

Detailed budget requests must be developed for personnel and operating expenses. Use the following procedure to develop a budget request. The submitted budget request may not exceed the amount provided for in the funding formula. The funds provided will be for the period October 1, 20XX through September 30, 20XX.

B. Background

1. Funds for local programs are from the US Department of Agriculture, distributed through the Department of Public Health and Human Services. Each year local program budget allocations are based on an estimated federal grant. Final federal grant awards are not known until 3 to 4 months after contracts are initiated. Once notice is received of the final grant award, it is possible that local program budgets may be in need ot adjustment(s) depending upon grant award
2. Local program budget allocations are based on per participant funding. Caseload is based on an average of actual participants served during the most recent 6 months. Caseload base funding is set at a flat rate per participant.

C. Deadline

1. Budget requests must be submitted to the State office no later than August 15, 20XX.

XI. Personnel Expenses – Worksheet 1

A. Salaries - Include salaries for all personnel performing work for WIC and remember to allow for pay raises. If you anticipate hiring someone within the contract year, include his or her total FTE and list as vacant or new. Whenever possible, consider using volunteers to assist your office or sharing arrangements with adjacent counties in order to save money.
B. Benefits - Benefits include payroll taxes, insurance and other items specific to your agency.
C. Contracted Services - Costs for personnel hired under contract (e.g., registered dietitian) should be included in operating expenses.
D. Instructions - Following the steps below to properly complete the WIC Personnel Services Form. **See Worksheet 1.**

Step	Action
1	Enter Agency/Clinic name
2	Enter employee names and job titles.
3	Enter WIC Generic Title of either CPA, Aide or Other

4	Determine employee's full-time equivalent (FTE). Standard hours for 1.0 FTE are 2080 hours, .50 FTE is 1040 hours and .25 FTE is 520 hours.
5	Enter employee's hourly wage, annual salary and annual benefits.
6	Enter total salary and benefits for each employee.
7	Calculate cumulative totals for salaries and benefits.
8	Divide by 12 to determine monthly budget.
9	Enter total program FTE's for 'CPA', 'Aide'
10	Determine in-kind personnel costs, if applicable.

XII. WIC Operating Expenses – Worksheet 2

A. Before You Begin
Listed below are descriptions of various operating expenses. These are the most common and not all inclusive. Complete Worksheet 2 to determine your operating expenses. Remember to include expenses for satellite/outlying clinic sites. Expenses have been separated into monthly, quarterly, one-time and in-kind.

B. In-kind
In-kind are those expenses provided by your agency at no cost to the WIC Program. These may include administrative personnel costs, rent, supplies, etc. It is important to estimate these costs so that we may continue to move toward fair and equitable funding for all clinics.

C. Indirect vs. Direct Admin. Cost
1. Requests for indirect or direct administrative, payroll/personnel, accounting, audit charges or similar terminology must be documented. This could be your current federally approved Indirect Cost Plan or your internal cost allocation plan. Attach documentation showing approved percentage. **If claiming Indirect Cost an attached Indirect plan must be submitted for approval before any indirect claims can be reimbursed.** Typical indirect costs may include:
    a. Central service costs,
    b. General administration of contract,
    c. Accounting and personnel services,
    d. Depreciation or use allowance on buildings and shipment (rent),
    e. Costs of operating and maintaining facilities.
    NOTE: A maximum of 25% per month can be applied for indirect or administrative charges. Also, an increase of no ore than 2% per year will be allowed.

D. Bookkeeping or Audit Fees
1. Bookkeeping or one-time audit fees do not have to be approved.
    a. Bookkeeping would be solely for processing payroll and invoices. These charges would be direct charges and must be supported by timecards/timesheets.

b. One-time audit fees would be for an outside audit firm to conduct a required audit.

E. Contracted Services - Include any contracted services such as those of a registered dietitian or sub contracted clinic. Reminder: you are required to submit a copy of all contract(s) to the State Office. Prior to November 15.

F. Travel - Predict mileage expenses to and from satellite/outlying clinics and food retailers based upon current rates. Also, predict commercial travel to workshops, conferences or training courses that are not state required.

XIII. Equipment

A. Equipment Cost

1. **Any piece of equipment costing more than $1,000 <u>must</u> receive <u>prior</u> written approval from the State Office, as per contract guidelines.** Requests for equipment in this category must be received at least 45 calendar days prior to the planned expenditure. <u>Approval of the Budget Request form does not constitute approval of equipment costing more than $1,000, prior written approval is still needed.</u>

XIV. Operating Expenses

A. Supplies: Office, cleaning, lab or miscellaneous supplies.

B. Rent: Monthly rental charges for your clinic space.

C. Telephone: Monthly phone line and call charges.

D. Postage: Estimate postage costs to mail information or reminders to clients, documents or equipment to the State Office, etc.

E. Utilities: Charges to provide heat, air conditioning and electricity or your clinic.

F. Cleaning: Janitorial services to clean your clinic.

G. Advertising: Costs for advertising WIC Program benefits or job announcements.

H. Copies/Printing: Monthly copier use fees or direct charges for copying or printing WIC related materials, forms, newsletters, etc.

I. Insurance: Malpractice or other insurance.

J. Laboratory: Costs for hematological services. (Do not include lab supplies here. Lab supplies should be included in supplies.)

K. Migrants: Total additional expenses required to handle seasonal influx of migrant workers (i.e., hours, mileage, supplies, etc.).

L. Nutrition Education: Items to be used in nutrition education such as supplies, books, visual aids, etc.

M. Breastfeeding Education: Items to be used specifically for breastfeeding education such as breast pumps, supplies, books, visual aids, etc.

N. Repairs: Costs to repair equipment or maintain facility

O. Subscriptions: Costs for periodicals or MAWA dues.

P. Training: Use only if your agency wishes to track training costs such as registration fees, travel expenses, materials, etc

Q. Vaccines: Hepatitis B vaccines.

R. Other: Identify what these categories might include. Without written detail, a request for funds in this line item will be denied.

XV. Instructions

A. Follow the steps below to properly complete the WIC Operating Expenses Form.

See Worksheet 2

Step	Action
1	Enter Agency/Clinic name
2	Determine budget for each line item. Enter budgeted amount in monthly, quarterly or one-time column as appropriate. Complete information as indicated on the form.
3	Determine in-kind budget for each line item, as appropriate. This would be what you anticipate your parent agency will provide (i.e., rent supplies, lab services, act.)
4	Calculate cumulative totals for each column.
5	Divide the monthly total by 12 to determine monthly expenditures. Add quarterly and one-time expenditures to the months you anticipate the expenditure.

XVI. General Contract Information – Worksheet 3

A. General Contract Information

1. Provide the following information on Worksheet 3

(a) Contract agency name, signatory name and title, address, phone, fax, federal identification number, and email.

(b) Contract liaison name and title, address, phone, fax and email.

(c) Financial reporter name and title, address, phone, fax and email.

(d) Main clinic address, phone, fax, email and days/hours of operation.

(e) Satellite or outlying clinic address, phone and days/hours of operation.

IMPORTANT: Worksheet 3 must be signed by the person preparing the budget request.

XVII. Budget Submittal

A. Ensure all 3 Worksheets are complete and submit them by the deadline to: Michelle Sanchez, DPHHS, Nutrition Section/WIC, PO Box 202951, Helena, MT 59620-2951

Worksheet 1 **WIC PERSONNEL SERVICES** **Agency/Clinic:**_____

NAME	JOB TITLE	CPA AIDE OTHER	FTE	HOURLY WAGE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL

TOTAL SALARIES AND BENEFITS		
TOTAL) 12 TO DETERMINE MONTHLY BUDGET.		

TOTAL FTE: CPA _____ AIDE/TECH_____ OTHER _____

Does your parent agency provide in-kind WIC personnel charges? _____ If yes, estimate amount:_____

Worksheet 2

WIC OPERATING EXPENSES

Agency/Clinic: _____

EXPENDITURE	MONTHLY	QUARTERLY	ONE-TIME	IN-KIND
Indirect Rate* <u>or</u> Direct Administrative Cost	*If claiming an Indirect Rate; an indirect plan must be submitted for preapproval – indirect claims will not be paid without an approved plan			
Indirect Rate _____%				
Direct Administrative Cost				
Bookkeeping/Audit				
Contracted Services - list: _____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Local Program Travel - describe: _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
State conference/Training Travel – describe: (what and how many people) _____ _____ _____ _____ _____ _____			_____ _____ _____ _____ _____ _____	
Equipment > $1000 - list: _____ _____			_____ _____	_____ _____

Worksheet 2 - (pg. 2)

WIC OPERATING EXPENSES

EXPENDITURE	MONTHLY	QUARTERLY	ONE-TIME	IN-KIND
Equipment < $1000 – list: _____ _____			_____ _____	_____ _____
Supplies				
Rent				
Telephone				
Postage				
Utilities				
Cleaning				
Advertising				
Copies/Printing				
Insurance				
Laboratory				
Migrants				
Nutrition Education				
Breastfeeding Education				
Repairs				
Subscriptions/Dues				
Training				
Vaccines				
Work-study				
Other - list: _____ _____	_____ _____	_____ _____	_____ _____	_____ _____
TOTAL				
Total) 12 To Determine Monthly Budget				

Monthly expenditure total should be divided by 12 for a monthly average.

(Use additional pages as necessary.)

Worksheet 3

GENERAL CONTRACT INFORMATION

CONTRACTOR	
Agency Name	
Signatory Name and Title:	
Mailing Address:	
Telephone:	FAX:
Federal ID:	Email:

CONTRACT LIAISON (person who should be primary contact for contract information)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

FINANCIAL REPORTER (expenditure reports)	
Name and Title:	
Address:	
Address to mail reimbursement:	
Telephone:	Fax:
Email:	

MAIN CLINIC INFORMATION	
Address:	
Mailing Address (if different):	
Telephone:	Fax:
Email:	
Days of Operation:	Hours of Operation:

SATELLITE/OUTLYING CLINIC INFORMATION (provide address, telephone & days/hours of operation for each site)	

Use additional pages or continue on back if necessary. This budget request includes 3 Worksheets and has been prepared by:

_____

Name (printed)

_____ _____

Signature Date

XVII. How to Monitor Budgets

A. Why Monitor Budgets?

1. Contract Requirements

   Local programs will only be reimbursed for actual, necessary and reasonable costs associated with the administration of the WIC Program.

2. Funding Levels

   Staying within the authorized budget is critical. Any overspending of WIC budgets will have to be made up from other local funds.

3. Grant Management

   Assist the State Agency in managing statewide grant.

1. Who Should Monitor the Budget Status?

   The local WIC Program Director, or contract liaison, is responsible for checking budget status, even if they are not the person preparing the Expenditure Report.

C. How to Monitor the Budget

The easiest way to monitor the local program budget status is to compare the spending rate for each month to the recommended spending rate shown in the table below.

Month	Recommended % Spent
October	8.4
November	16.8
December	25.2
January	33.6
February	42.0
March	50.4
April	58.8
May	67.2
June	75.6
July	84.0
August	92.4
September	100

D. Computing a spending rate can be determined at the end of each month by adding the line items:

1. Expenditures: What has been paid for services or goods already received; money spent (personnel, indirect, operating expenses, etc.) from the month's expenditure report; plus

2. Obligations: What is owing for services received in the month but not yet paid (e.g., rent which might only be paid quarterly).

(a) Divide the total of expenditures and obligations by the total amount budgeted, this will provide the percentage spent.

(b) As it is determined whether or not the spending rate is "in line," necessary adjustments can be made. This ingoing budget analysis will help prevent overspending.

D. Expenses can be projected to the end of the fiscal year. Refer to the Recommended Spending Pattern table. Compare the percentage the local program has with the recommended percent spent for the month. This will provide at a glance whether or not local program is staying within budget limitations.

1. After the current spending rate has been checked, expenses to the end of the fiscal year can be projected, include in the calculations any anticipated one time expenses. One-time expenses might be nutrition education materials not yet purchased, funds set aside for a workshop, and a June rent increase and so forth.

2. Projecting to the end of the year will tell whether or not the local program has sufficient funds left for one-time and ongoing expenses and will alert to a need to reduce spending if necessary.

XIX. Contract Modifications

A. Contract Modification

1. Contracts may be modified during the contract year to allow for changes in the funding, agencies or FTE's.

2. Requests for modifications from local programs must be in writing and describe in detail the proposed change. Contact with the State Agency prior to the written request in encouraged.

3. Modifications are requests for additional funds and reviewed on a case-by-case basis. As a guideline, modification may be approved portable equipment to start up a new satellite or out-lying clinic, unpredictable excess hours due to migrant influx, or computer related phone lines.

4. Within 10 days of receipt of the request, the WIC program Coordinator and Contract Services Program Specialist will review the request.

5. Additional information, if needed, will be requested within 5 days of the initial review.

6. Requestors will be notified in writing of approval or denial of the request within 20 days of receipt of a complete request.

XX. Equipment Purchase/Inventory

A. Purchasing Criteria

1. Individual equipment costing $1,000.00 or more utilizing WIC funds must be requested 45 calendar days prior to the planned expenditure and written approval from the State Office must be received prior to purchase.

2. Individual purchase over $5,000.00 must be approved by the USDA Regional Office through the State Agency. In addition, certain automated data processing must receive Regional approval. Contact the State Agency for guidance.

3. All computer equipment purchase must be approved by the State Agency prior to purchases, with the exception of supplies (i.e., printer ribbons, computer paper or diskettes).

4. Special purchase of medical equipment, such as HemoCues, is allowed for certification purposes if prior approval is received from the State Agency (approval required regardless of cost).

5. If approval is given and equipment is purchased, it becomes the property of the State Agency.

B. Equipment Inventory Criteria

1. Notify the State Agency when equipment, or items with a useful life of more than 1 year, is received. Various property tags are assigned depending on acquisition cost and must be supplied by the State Agency. Property tags must be placed in a conspicuous place on all items purchased solely with WIC funds (i.e., desks, scales, cabinets, computers, etc.).

2. In the event the project ceases its “local program” relationship with the State Agency, all equipment and supplies, regardless of their cost, must be returned to the State Agency.

3. Notify State Agency personnel whenever equipment becomes obsolete or worn out. State Agency staff will make arrangements to surplus equipment and purchase new equipment if necessary.

4. The State Agency will assist in providing temporary equipment in emergency situations.

C. Expenditure Report

1. This report is used to list expenditures paid (obligations incurred) by the local agency under the terms of the contract.
2. The Expenditure Report is to be completed for each month and submitted by the 28th of the following month to the State Agency unless an alternate date has been negotiated and written approval granted.
3. DPHHS has no obligation to reimburse Expenditure Reports submitted beyond the contractual submittal date or any adjustment to expenses reported more than 90 days after actual expenditure.
4. Expenditure reports are to be signed by both the preparer and local WIC Program Director. This ensures that both parties are familiar with the financial status of the local program.

D. Line Item Expenditures

1. The form is self-explanatory. All information must be accurately filled in before reimbursement will be approved.
2. If personnel or other expenditures reported are not complete for the reporting period, an explanation of this discrepancy must be attached to the Expenditure Report and signed by the local WIC Program Director
3. Adjustments for missed or corrected expenditures from previous month (or up to 90 days) must be shown in adjustment column with an explanation written on back of form.
4. Illegible and unsigned reports will be returned for correction before being processed at State Agency.
5. The Expenditure Report is reviewed at the State Agency by comparing the current report with the prior month's report, year to-date available hours and budget limits set in the contract.
6. The State Agency staff will contact the preparer for clarification of incomplete or inaccurate reports. Minor errors will be corrected at the State Agency and a corrected copy sent to the preparer for reference.
7. Once deemed accurate and complete, the Expenditure Report is approved and payment is processed. Reimbursements are based on actual and approved expenses.
8. Final expenditures for the contract year (September) must be kept separate from new contracts expenditures and not included on a new contract Expenditure Report (October, November, etc.).
9. Any expenditure made or obligated prior to October 1 must be included on the Final September Expenditure Report.

10. The easiest, most direct way to account for local agency expenses is to pay them before the fiscal year ends.

11. Program expenditures for supplies, equipment, etc. should be ordered two or three months prior to September 30.

12. Receive and pay bills prior to September 30.

13. Send the final revised Expenditure Report to the State Agency before December 31 for closing-out the contract. Any revised reports received after 60 days from contract year end are not eligible for payment with WIC funds.

14. If you will not have any outstanding bills, or accruals, submit your September Expenditure Report with "FINAL" marked in the upper right hand corner of the form.

E. Required Documentation

1. All expenses reported to, and reimbursed by, the State Agency must be documented to meet audit requirements. Documentation should be attached to the local program file copy of the Expenditure Report to ease the review process.
2. Documentation, in its simplest form, would be to attach the actual bill to the Expenditure Report.
3. If this is not possible, copies of the bills can be attached or provide a list, broken down by line item, of where the particular bills can be found (if they are attached to a warrant or voucher, list the corresponding voucher or warrant number and the location of these files). Also, copies of timesheets or their location should be shown.

Policy Number 4-28
Security and Disaster Recovery Plans
Effective Date: October 1, 1997

Security and Disaster Recovery Plans

Purpose

To have a written plan of guidance to recover from natural and/or man-made disasters which disrupt or interfere with the regular delivery of program services.

Authority

State Policy

Policy

All local WIC Programs will have a written plan for system security and disaster recovery which will be regularly maintained at the local WIC program offices.

Guidance

Written guidance for the preparation of Security and Disaster Recovery plans are available from the state WIC office.

Plan Content

Each plan must address, but is not limited to, the following topics:

1. Physical security of computer resources;
2. Protection of equipment from theft and unauthorized use;
3. Software and data security;
4. Telecommunications security;
5. Routine maintenance and cleaning;
6. Contingency plans to meet critical processing needs in the event of short or long term interruption of service;
7. Emergency preparedness;
8. Designation of an agency Security Manager.

Policy Number: 5-1
Participation
Effective/Revised Date: October 1, 1997

Participation

Purpose
To increase WIC participation in Montana.

Authority
State Policy

Policy
At least 75% of the potentially income eligible persons in Montana be enrolled in the WIC Program.

Guidelines

I. Income Eligibility

The federal Poverty Income Guidelines will be used to determine financial eligibility statewide. See State Plan section on definitions for use of Adjunctive Eligibility for income eligibility. **Note:** The Poverty Income Guidelines will be implemented annually, effective simultaneously with the Montana Medicaid income guidelines.

II. Categorical Eligibility

The following people are categorically eligible for WIC services:

A. Women - Pregnant - Breastfeeding - Postpartum
B. Infants to one year of age, and
C. Children to age five

III. Nutritional Eligibility

The local agency Competent Professional Authority will determine the nutritional and/or medical reason(s) for receipt of WIC services and certify eligibility for one certification period.

IV. Priorities Served

WIC Program Priorities I through VI will be served. Policy 5-10, Priorities Served, describes the priorities.

V. Participation Increases

Local WIC programs will take steps to increase their participation rates in a manner consistent with program regulations to maintain a minimum 75% level at all times.

Policy Number: 5-2
Income Guidelines
Effective/Revised Date: May 1, 2008

Income Guidelines

Purpose
To ensure Local Agencies apply current income standards to all WIC applicants

Authority
CFR Part 246.7

Policy
Current WIC income guidelines will be used to determine financial eligibility.

The terms "economic unit" and "family" can be used interchangeably. We perceive a family to be a household or an economic unit composed of a person or group of persons who usually (although not necessarily) live together and whose production of income and consumption of goods or services are shared.

Guidelines

I. Background

WIC Income Guidelines are implemented concurrently with Medicaid Income Guidelines. This facilitates adjunctive eligibility determinations and referrals

II. WIC Income Guidelines

Use the table below to determine WIC income eligibility

If family size (including unborn) is . . .	Annual	Monthly	2 x Monthly	Bi-weekly	Weekly
1	$19,240	$1,604	$802	$740	$370
2	$25,900	$2,159	$1,080	$997	$499
3	$32,560	$2,714	$1,357	$1,253	$627
4	$39,220	$3,269	$1,635	$1,509	$755
5	$45,880	$3,824	$1,912	$1,765	$883
6	$52,540	$4,379	$2,190	$2,021	$1,011
7	$59,200	$4,934	$2,467	$2,277	$1,139
8	$65,860	$5,489	$2,745	$2,534	$1,267
Additional Family Members	add $6,660	$555	$278	$257	$129

III. Use the following tables to refer families to Medicaid.

Use the table below to refer families **not on Medicaid** to Medicaid.

Comment: These figures are examples only. Medicaid income determinations are calculated differently than those for the WIC Program.

If family size is . . .	The monthly gross standards for children under age 6	The monthly gross standard for pregnant women
1	$1,153	$1,300
2	$1,552	$1,750
3	$1951	2200
4	2350	2650
5	2749	3100
6	3148	3550
7	3547	4000
8	3946	4450

IV. References

Table of Standards (FMA 004) effective April 1, 2007, H & C Services

V. Use the following tables to refer families to CHIP.

Comment: WIC clinics can obtain CHIP brochures/applications and or display holders by contacting the CHIP Coordinator at 444-7877 or 444-6992

2008 INCOME GUIDELINES FOR CHIP*	
Family size (including adults)	**Family annual income (approximately)**
2	$24,500
3	$30,800
4	$37,100
5	$43,400
6	$49,700
7	$56,000
8	$62,300

Some employment-related and child care deductions apply.

These are 2008 guidelines. After 2008, income guidelines may be higher.

If a child qualifies for Medicaid, health insurance will be provided by Medicaid.

*Effective February 1, 2008

Income Eligibility of Pregnant Women

Purpose
To increase the household size of pregnant women applying for WIC benefits if they are determined over income at certification

Authority
PL 103-448; USDA Policy MPSF-1: WC-95-34-P; ARM 46.10.321; ARM 46.12.3401; 42CFR 435.301

Policy
If a pregnant woman does not meet the traditional income standard, her eligibility should be assessed using a household size increased by one, or the number of expected fetuses during the pregnancy in question. The unborn should not be added to the household size when a household is financially eligible without counting the unborn.

Note: Local WIC program staff are not required to implement this policy in those individual cases where increasing a pregnant woman's household size conflicts with cultural, personal, or religious beliefs of the applicant.

Guidelines

Other Family Members

In situations where the household size has been increased for a pregnant woman, the same increased household size may also be used for any of her categorically eligible family members

Policy Number: 5-4
Military Personnel Income
Effective/Revised Date: October 1, 2007

Military Personnel Income

Purpose
To ensure Local Agencies can determine eligibility of a military household.

Authority
7CFR Part 246.7

Policy
For WIC purposes, military personnel serving overseas or assigned to a military base, even though they are not living with their families, should be considered members of the economic unit. The income received by the military individual(s) and all other income received by members of the economic unit shall be counted as income to the household.

Note: The BAQ housing allowance and FSSA are the only exception. This exclusion includes both off-base housing and payments for privatized on-base housing.

Guidelines

I. Exception to Income Documentation

Income must be documented. However, some military families, particularly those which include military service personnel serving overseas, may have difficulty producing a pay stub or other documentation of the gross military income. In these instances, the applicant may simply self-declare the family's military income to the best of his or her knowledge.

II. Rate of Income

A. If an active duty uniformed service member stationed in a designated high cost area is receiving either the CONUS or OCONUS COLAs, the amount must be included in determining WIC financial eligibility (see Federal Regulations 246.7(d)(2)).

B. If a family includes one or more members stationed overseas or away from home, the military may determine that they may receive additional military compensation, e.g., hazardous duty or combat pay, family separation allowance, and/or foreign duty pay. Such pay is provided on a temporary basis; therefore, agencies may elect to consider the family income during the past 12 months as a more accurate indicator of the family's income.

C. If one or more family members are military reservists who have been placed on active duty, some will experience dramatic changes in their income source(s) and total gross income so that they may become income eligible for the WIC Program. While the reservist is on active duty, determine such family's income eligibility based on the family's "current" rate of income, as opposed to income received over the past 12 months.

Note: The BAQ housing allowance and FSSA payments are exceptions to this policy. These exclusions include off-base housing, payments for privatized on-base housing, and those who receive FSSA payments whether they reside stateside or overseas.

III. In Temporary Care

A. Local programs may be confronted with dramatic household composition changes for military family members in which military service personnel are deployed overseas, temporarily absent from the home and military dependents may be in the temporary care of friends or relatives.

B. The most important rule to apply to all applicants, including minors, is that an economic unit must have its own source of income. Given this essential element, the local WIC program must then decide whether the income is adequate to sustain the economic unit.

1. Count the absent parent(s) and the child(ren) as the economic unit.

2. Count the children and/or remaining parent as a separate economic unit. The unit would have its own source of income (i.e., the dependent's allotment) and the determination would have to be made whether the income is adequate to sustain the economic unit. If the child allotments were not considered adequate (as defined by the State), option three would be used.

3. Consider the children to be part of the economic unit of the person(s) with whom they are residing.

Institutions and Homeless

Purpose

Guidance for Local Agency determination of Institutions and Homeless facilities.

Authority

PL 103-448; USDA Policy MPSF-1: WC-95-34-P; ARM 46.10.321; ARM 46.12.3401; 42 CFR 435.301; 7CFR.246.7(n)

Policy

The following are considered institutionalized or homeless individuals:

- A supervised publicly or privately operated shelter (including a welfare hotel, congregate shelter, or shelter for victims of domestic violence) designed to provide temporary living accommodations
- A facility that provides temporary residence for individuals intended to be institutionalized
- A temporary accommodation in the residence of another individual, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, may be eligible for WIC benefits

Guidelines

I. Assurances

A. In order for residents in a homeless shelter or institution to qualify for WIC benefits, the WIC program must be assured the facility complies with the following conditions:

1. The facility does not accrue financial or in kind benefit from a person's participation in the WIC Program, e.g., by reducing its expenditures for food service because its residents are receiving WIC foods.
2. Foods provided by the WIC Program are not subsumed into a communal food service, but are available exclusively to the WIC participant for whom they were issued.
3. The facility places no constraints on the ability of the participant to partake of the supplemental foods and nutrition education available under the WIC Program.

II. Responsibilities

The local WIC program is delegated authority to evaluate any homeless shelter or institution every two years to ensure it meets the above criteria. A written copy of the evaluation must be kept on file at the Local WIC Program. A homeless facility or institution shall notify the Local Program if it ceases to meet any of the above conditions.

HOMELESS SHELTER/INSTITUTION EVALUATION FORM

Name of facility/institution:

Address:

Phone Number:

Contact Person:

I understand that the facility will not accrue financial gain or in-kind benefit from a person's participation in the WIC program.	Contact person's signature:	Date:
I understand that foods provided by the WIC program may not be subsumed into a communal food service. The foods will be available exclusively to the WIC participant for whom they were issued.	Contact person's signature:	Date:
I understand that this facility will place no constraints on the ability of the participant to partake of the nutrition education and supplemental foods available under the WIC program.	Contact person's signature:	Date:
I understand that the intentional misuse of WIC foods by the facility may make me a party to fraud and may subject me to civil and criminal prosecution under State and Federal law.	Contact person's signature:	Date:

WIC staff signature: Date:

Policy Number: 5-6
Foster Child Benefits
Effective/Revised Date: October 1, 1997

Foster Child Benefits

Purpose
To ensure Local Agencies obtain proper documentation when certifying a foster child

Authority
CFR 246.7 & State Policy

Policy
Local Agencies will serve foster children who are eligible for WIC program benefits.

Guidelines

I. Documentation

In order to serve a foster child, a clinic must have on file documentation of the placement of the child in foster care whether the child is in the care of a foster parent, protective services, or child welfare authorities.

II. Procedures

Please see Financial Eligibility 5-24, Financial Eligibility, for the procedures to use when serving a foster child.

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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Suggested wording for a letter to a parent/guardian of a child that is no longer in the household (i.e., foster children, ect.) This letter needs to be mailed certified, return receipt requested. Include a self-addressed envelope in order to facilitate the return of the food instruments.

Dear _____,

It has come to our attention that your child (or foster child), **insert name and participant number,** is no longer residing in your household. We request that any remaining food instruments for this child be returned to this clinic immediately. A self-addressed stamped envelope is enclosed for your use.

Restitution may be sought for any food instruments issued for this child that are cashed after the date the child was removed from your household.

If you feel this letter is in error, please contact the clinic immediately; **insert clinic name, address, phone number.**

Policy Number: 5-7
WIC Employees as WIC Participants
Effective/Revised Date: October 1, 2007

Local Agency Employees as WIC Participants and One Employee Rule for Eligibility Determination

Purpose
Guidance for certifying applicants who are Local Agency employees

Authority
State Policy

Policy
A Local Agency employee may also be a WIC participant.

Guidelines

I. Restrictions

A. A Local Agency employee eligible for WIC benefits shall not be the Local Agency's authorized CPA or issuer for her/his own, her/his children's or immediate family member's WIC checks. **Note:** In the above situation, the supervisor must first obtain authorization from DPHHS/WIC to determine eligibility and/or issue WIC checks.

B. A supervisor must determine eligibility and/or issue the WIC checks for employees participating in WIC.

C. One employee is prohibited from being solely responsible for determining the eligibility of an applicant for all certification requirements and for issuing food instruments to that participant. **Note:** Due to the rural nature of Montana there may be exceptional circumstances to the One Employee rule. Monitoring staff is aware of these circumstances and will ensure compliance to deter fraudulent activities.

II. Documentation

A. Food instruments issued to an immediate family member, including grandchildren, of local agency staff shall be documented in the participant's file and this documentation made available during annual monitoring visits by State agency staff.

B. Local Agency employees may not act as proxies for family members or other participants.

Policy Number: 5-8
Access to WIC Services
Effective/Revised Date: October 1, 1997

Access to WIC Services

Purpose
To ensure Local Agencies offer WIC services and benefits to all potentially eligible persons in Montana.

Authority
State Policy

Policy
Citizens in Montana will have WIC services and benefits available to them.

Guidelines

WIC services and benefits will be offered to all potentially eligible persons in a manner consistent with State WIC policies, Federal regulations and applicable laws.

Appointments

Purpose
Guidance for Local Agencies in making appointments for WIC applicants

Authority
State Policy

Policy
An appointment system will be used in Local Agencies for the delivery of WIC benefits.

Guidelines

I. Background

A. A variety of office management systems are available to Local Agencies. Local clinics can establish their scheduling system to meet the needs of their participants.
   1. Non-Traditional Hours – Must be provided for WIC services to working, rural and student participants, local WIC agencies will make available appointments outside traditional hours.

Policy Number: 5-10
Priorities Served
Effective/Revised Date: October 1, 1997

Priorities Served

Purpose

Guidance for Local Agencies to serve WIC priority I - VI participants

Authority

7 CFR 246.7 & State Policy

Policy

The Montana WIC Program will serve WIC Program Priorities I through VII.

Guidelines

I. Priority I
A pregnant woman, a breastfeeding woman or an infant in nutrition need as documented by hematological or anthropometric measurements or other medical conditions which demonstrate the person's need for supplemental foods.

II. Priority II
An infant whose mother was a WIC participant or was nutritionally eligible to be a WIC participant during her pregnancy or a breastfeeding woman of such an infant with neither having a Priority I Nutrition Risk Code.

BREASTFEEDING PAIR: The mother/infant is to be placed in the highest priority to which either is qualified. For a mother/infant to qualify as Priority II, the infant must have qualified first as a Priority II infant and therefore have been six (6) months of age or less at the time of certification. When this occurs, if the breastfeeding mother is a lower priority risk, she must be placed in Priority II along with her infant.

III. Priority III
A child in nutrition need as documented by hematological or anthropometric measurements, or other medical conditions which demonstrate the child's need for supplemental foods. A postpartum woman who was age 17 or younger at the time of conception.

IV. Priority IV
A pregnant woman, a breastfeeding woman, or an infant at nutrition risk because of inappropriate dietary practices for category and/or age, or in social situations which may impact nutritional status.

V. Priority V

A child at nutrition risk because of inappropriate dietary practices for age or in social situations which may impact nutritional status.

VI. Priority VI

A postpartum woman in nutrition need as documented by hematological or anthropometric measurements, other medical conditions, inappropriate dietary practices or in social situations which may impact nutritional status. (Exception: teen postpartum, 17 or younger at conception, see Priority III.)

VII. Criteria for Priority Assignment

The information contained in nutrition risk codes, Policy 5-12, Certification Criteria and Priority Assignment, constitutes the criteria for assignment in priority categories.

Policy Number: 5-11
Certification Periods
Effective/Revised Date: October 1, 2007

Certification Periods

Purpose
Guidance for Local Agencies to apply an appropriate certification period based on an applicants category

Authority
37-25.101, MCA; 7 CFR 246.7

Policy
Local agencies assess applicants for WIC benefits and if eligible, utilize the following time periods for receipt of program benefits:

If the category is…	Then the Certification Period is for...
Pregnant Women	The duration of their pregnancy and for up to six (6) weeks postpartum. **Note:** A 30-day extension may not be given.
Breastfeeding Women	Up to the date of the breastfeeding infant's first birthday. **Note:** A 30-day extension may not be given past the infants first birthday.
Postpartum Women (non-breastfeeding)	Up to six (6) months after termination of pregnancy. **Note:** A 30-day extension may not be given.
Infants (before 6 months of age)	Up to the date of his/her first birthday. **Note:** A 30-day extension may not be given for infants certified eligible to one year of age.
Infants (6 months of age and after)	Intervals of six (6) months (may be certified beyond first birthday).
Children	Intervals of six (6) months, up to the end of the month in which the child reaches their fifth birthday.

Guidelines

I. Women

A. Pregnant women shall be certified for the duration of their pregnancy and for up to six weeks postpartum, receiving one food package to begin being "good" after delivery but not valid beyond her six weeks postpartum date. They may not be given a 30-day extension.

B. Breastfeeding women shall be certified up to the date of the breastfeeding infants' first birthday.

C. Postpartum women (non-breastfeeding) may be certified for up to 6 months after termination of pregnancy.

D. Migrant and Priority I pregnant women must be given notice of eligibility or ineligibility within 10 days of the date of first request for benefits unless a written request for an extension to 15 days has been made and approved by the State WIC Agency. Expedited service is required.

II. Infants

A. Income must be verified and the Certification Form and Eligibility Statement completed. All aspects of a certification must be completed before WIC checks are issued (except hematological test if less than nine months of age).

B. Infants certified before 6 months of age are certified to the date of their first birthday. Length and weight and feeding tolerance shall be monitored monthly for the first 3 months of life, or for the first 3 months of certification if the infant is not certified shortly after birth. Beyond this first 3 months' monitoring, if growth is consistent and no feeding problems exits, growth and diet progression shall be monitored at least every 3 months. Nutrition education contacts shall be provided at least quarterly.

C. If a nutrition risk code indicating a current or potential growth concern is documented (risk codes 10, 11,12, 13, 14, 15 and 17), growth (length and weight) must be monitored at least every two months (recommended every month) beyond the first 3 months' monitoring unless a consistent appropriate growth pattern has been documented on the growth grid.

D. Infants may not be certified as Priority II, with risk codes 23 or 24, after 6 months of age.

E. If certified Priority I or IV after 6 months of age, certifications will be at 6 month intervals (change Food Package at 1 year).

III. Children

A. Income must be documented and the Certification Form and Eligibility Statement completed. All aspects of a certification must be completed before WIC checks are issued

B. Children shall be certified at intervals of six (6) months and end at the end of the month in which the child reaches his/her fifth birthday.

C. If a nutrition risk code indicating a current or potential growth concern is documented (risk codes 10, 11,12, 13, 14, 15 and 17), growth (length and weight) must be monitored at least every two months (recommended every month).

IV. Physical Presence

A. Exception for Medical Reasons. Exception to the physical presence requirement may be made for applicants who meet the conditions noted below:

1. having a medical condition which necessitates the use of medical equipment which is not easily transportable;
2. having a medical condition which requires confinement to bed rest;
3. having a serious illness which may be exacerbated by coming into the clinic.

B. Exception for Working Parents/Caregivers. Exception to the physical presence requirement may be made for children if physical presence would present an unreasonable barrier to participation under the following circumstances if the child:

1. was present at the initial certification; AND
2. was present at a subsequent certification within the past year; AND
3. has two parents or two primary caregivers who both work during the time the local agency is open (if the child has two parents/caregivers) or has one parent or primary caregiver who works during the time the local agency is open (if the child has one parent or primary caregiver).

C. Documentation of Need for an Exception

1. Documentation must be provided when seeking an exception to the physical presence requirement when:
   a. seeking an exception for medical reasons - signed and dated documentation from a health care provider stating the medical condition is required.
   b. seeking an exception for working parents/caregivers - a statement from the parents/caregivers documenting their employment status and work hours is needed.

2. Documentation is only applicable to the certification period for which it was provided. Local agencies must maintain a copy of the documentation provided in the participant record.

D. All necessary information for certification required.

Although an applicant may be exempt from physical presence at certification, all necessary information for certification is required. This includes proof of identification, proof of residency, proof of income, anthropometric data and blood work data (when required).

V. 30-Day Extension. Extensions must be made before the termination date has been reached. Extensions should be a rare occurrence and the reason must be documented in the chart.

A. A 30-day extension for the certification interval may be permitted for children and infants who are certified for 6 months or less, (except transfers from out-of-state), for the following reasons only:

1. Participants are unable to be present at the normal certification date (i.e., due to illness or severe weather conditions.)
2. Local WIC program/participant/guardian requests certifications for all family members to occur at the same visit.
3. Local WIC program wishes to coordinate data collection with other programs, health professionals, etc.

Note: A 30-day extension is not allowed for breastfeeding women certified to the infant's first birthday and infants certified to one year of age.

VI. Changes Due to Birthdays

A. An infant becomes a child at one year of age. However, he/she may have last been certified at 7, 8, 9, 10 or 11 months of age. There is no need to certify the child again at one year of age, but the food package must be changed to reflect the category change.

B. When a child turns five, a food package may be issued until the end of the month of his/her 5th birthday.

VII. Biochemical Tests

A. All pregnant applicants must have a hematocrit/hemoglobin screening performed for certification. Breastfeeding and postpartum applicants must have one screening after termination of pregnancy, ideally four to six (4-6) weeks postpartum. If the screening is above the established cut-off value for anemia,

no additional test is required for a subsequent breastfeeding or postpartum certification following the same pregnancy. If the screening is at or below the established cut-off value for anemia, a hematocrit or hemoglobin test is required for a subsequent breastfeeding or postpartum certification following the same pregnancy unless the data is less than sixty days old.

B. For all infants the following schedule for hemoglobin/hematocrit screening shall be followed:

1. A screening shall be performed at 9 months of age for the following infants:

   a. Premature infants

   b. Low Birth weight infants

   c. Infants with special health care needs (ex. Children with chronic infections, inflammatory disorders, restricted diets or extensive blood loss or who use medication which interfere with iron absorption.

2. All other infants shall be screened between 9 to 12 months of age. If this screening is missed, the infant shall be screened before checks are issued.

3. If an infant is applying for WIC and is 9 months or older, a screening shall be performed.

C. For all children the following schedule for hemoglobin/hematocrit screening shall be followed:

1. A screening shall be performed 6 months following the infant screening. (For an infant screened at 9 months of age, this would be 15 months of age; for an infant screened at 12 months of age, this would be 18 months of age.) If this screening is missed, the child shall be screened before checks are issued.

2. If the result of the above screening is above the established cut-off for anemia, a screening need not be done until around two years of age.

3. Children who are around two years of age shall have a screening at certification.

4. if the result of the screening at certification is above the established cut-off value for anemia, a screening need not be done at a subsequent certification if it is within 7 months of the screening certification.

5. If the result of the screening at certification was at or below the established cut-off value for anemia of if it has been more than 7 months since a previous screening certification, a screening shall be done at a subsequent certification.

6. All new child applicants shall have a screening at certification regardless of age.

D. Religious Exception for Hemoglobin/Hematocrit Screening

1. Applicants may refuse to have a hemoglobin/hematocrit screening performed due to religious beliefs.
2. The applicant/parent/caretaker must write, sign and date a statement of refusal to have the screening performed for religious reasons or sign such a statement written by WIC staff.
3. A statement of refusal shall be obtained at each visit when a screening would normally occur.
4. This documentation shall be included in the participant's records.

VIII. Hematocrit/Hemoglobin Follow-up

For all participants, if a hematocrit/hemoglobin screen is below the established cut-off value, a follow-up test must be performed during the next one to two months. Nutrition education related to iron sources, enhancers and inhibitors must also be provided. Appropriate referrals should be made according to Policy 5-13 Designated Referrals form high risk WIC Participants.

IX. Valid Data

A. Anthropometric and biochemical data up to sixty (60) days old may generally be used for certification. The data must be reflective of a woman applicant's category (pregnant or breastfeeding/postpartum) at the date certification begins. Anthropometric and biochemical data collected on a pregnant woman may not be used to certify her as a breastfeeding woman as her category has changed. Biochemical data for pregnant women must also be reflective of the trimester of pregnancy in which the certification occurs.

B. The most current anthropometric data available should be used. Whenever possible, current weights and lengths of young infants should be used for certification rather than using birth weights and lengths. Hematocrit/hemoglobin levels used for certification of infants and children should be taken within the anemia screening schedule times as discussed above under "Biochemical Tests."

C. Data received from sources other than WIC must be in writing, signed and dated by the provider. A note of the source of the data must be made in the participant record.

X. Back-Up Documentation

A. Back-up documentation must be available in the WIC family folder for all identified risk factors, priority assignment and certification. This documentation may be either on forms provided by the state WIC agency, or in a manner approved by the state WIC agency.

B. This includes, but is not limited to:

1. evaluated nutrition history information (such as the 24 hour recall or Infant Nutrition Questionnaire);
2. accurately plotted appropriate-for-age growth grids;
3. accurately plotted appropriate pregnancy weight gain grids;
4. biochemical and health history information for certain pregnancy risk factors or feeding problems identified in infants or children.

Certification Criteria and Priority Assignment

Purpose

Local Agency guidance for assigning nutrition risk codes to WIC applicants

Authority

7 CFR 246 and State Policy

Policy

The nutrition risk codes and definitions in the attached Risk Codes table constitute the nutrition risk codes which identify nutrition eligibility.

WIC NUTRITION RISK CODES
(Effective October 18, 2007)

(Table Starts on Next Page)

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	10* (142)	**PREMATURITY** Born at ≥ 37 weeks gestation. For infants and children ≤ 2 years of age at date of certification.
			1	3	11* (141)	**VERY LOW BIRTHWEIGHT AND LOW BIRTHWEIGHT** Birth weight ≤ 5 pounds 8 oz. at birth. (< 2500 gm.) For infants and children ≤ 2 years of age at date of certification. Growth of VLBW infants may be monitored using Infant Health and Development Program (IHPD) charts in addition to the 2000 CDC Growth Charts.
			1	3	12* (134)	**FAILURE-TO-THRIVE** Presence of failure to thrive. The condition must be specified in the chart and diagnosed by a physician or by a health care provider. The applicant/participant/caregiver of someone working under a health care provider's order may report the diagnosis.
			1	3	13* (121)	**SHORT STATURE** ≤ 10th percentile length of height for age (based on 2000 CDC Growth Charts). For premature infants and children ≤ 2 years of age at date of certification, assignment of this risk criterion will be based on adjusted gestational age, once the infant has reached the equivalent age of 40 week gestation. Monitor the growth pattern with consideration of the family stature.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	14 (135)	**INADEQUATE GROWTH** An inadequate rate of weight gain a defined below: For infants from birth to 1 month of age: • Excessive weight loss after birth (> ½ lb or 8% lost from birth). • Weight not back to birth weight by 3 weeks of age. For infants from 1 month to 6 months: • Based on 2 weights taken at least 1 month apart, weight gain less than calculated weight gain from Table A. For infants from 6 months to 59 months of age: • Based on 2 weights taken at least 3 months apart but not more than 8 months apart, weight gain less than expected weight gain from table below. Age — Average Weight Gain 6 – 12 mo — 2 ¼ oz per wk — 9 ½ oz per mo — 3 lbs 10 oz/6 mo 12 – 59 mo — 0.6 oz per wk — 2.7 oz per mo — 1 lb/6 mo
			1	3	15* (103)	**THINNESS** ≤ 10th percentile weight for length for children less than age 2 years or ≤ 10th percentile Body Mass Index (BMI) for children age 2 years and older (based on 2000CDC age/sex specific growth charts).
				3	16* (114)	**CHILD BMI > =85% and < 95%** A child age 2 years or older whose Body Mass Index (BMI) is ≥ 85th and < 95th percentile (based on 2000 CDC age/sex specific growth charts). NOTE: This item cannot be used for children ages 24-36 months with a disability which results in their being measured in a recumbent position. BMI may only be calculated using a stature measurement.

Category/ Priority					Code	Description
P	B	N	I	C		
				3	17* (113)	**HIGH BODY MASS INDEX – CHILDERN** A child age 2 years or older whose Body Mass Index (BMI) is ≥ 95th percentile (based on 2000 CDC age/sex growth charts). NOTE: This item cannot be used for children ages 24-36 months with a disability which results in their being measured in a recumbent position. BMI may only be calculated using a stature measurement.
			1	3	18 (151)	**SMALL FOR GESTATIONAL AGE** Presence of small for gestational age diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis. For infants and children < 2 years of age at date of certification.
			1		19* (153)	**LARGE FOR GESTATIONAL AGE** Birth weight ≥ 9 pounds (≥ 4000gm). For infants ≤ 6 months of age at date of certification.
			2		23* (701)	**BORN TO A WIC MOTHER** An infant < 6 months of age at date of certification whose mother was a Montana WIC participant during her pregnancy and whose participant record is in the certifying clinic.

Category/ Priority					Code	Description
P	B	N	I	C		
			2		24 (701)	**BORN TO A POTENTIAL WIC MOTHER** • An infant < 6 months of age at date of certification whose mother was NOT a Montana WIC participant during pregnancy, but whose medical records document she was at nutritional risk during pregnancy, or • An infant whose mother was a Montana WIC participant during her pregnancy, but her participant record is not in the certifying clinic.
1	1	6	1	3	30* (201)	**LOW HEMATOCRIT/HEMOGLOBIN** Hemoglobin or hematocrit concentration below the established cut-off value for healthy, well-nourished individuals of the same age, sex and stage of pregnancy. Adjustments for participant smoking and clinic altitude are considered in cut-off value determination. These cut-off values are provided in Table B for Women and Table C for Infants and Children.
1	1	6	1	3	37 (211)	**ELEVATED BLOOD LEAD LEVELS** Blood led level of ≥ 10 µg/deciliter within the past 12 months.
1	1	3			41* (331)	**PREGNANT AT A YOUNG AGE** Conception ≤ 17 years of age. Pregnant Women: Current pregnancy. Breastfeeding/ Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
	1	6			42* (111)	**NONPREGNANT HIGH BODY MASS INDEX ≥ 25.0** Non-Breastfeeding Women: Prepregnancy BMI ≥ 25.0. Breastfeeding Women who are < 6 months Postpartum: Prepregnancy BMI ≥ 25.0 Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI ≥25.0.
1	1	6			43* (332)	**CLOSELY SPACED PREGNANCIES** Conception < 16 months postpartum. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			44 (333)	**HIGH PARITY AND YOUNG AGE** Under age 20 at date of conception with 3 or more previous pregnancies of at lease 20 weeks duration, regardless of birth outcome. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1					45* (111)	**PREGNANT HIGH BODY MASS INDEX > 29.0** Pregnant Women: Prepregnancy Body Mass Index > 29.0

Category/ Priority					Code	Description
P	B	N	I	C		
1					46 (131, 132)	**MATERNAL WEIGHT LOSS OR LOW WEIGHT GAIN DURING PREGNANCY** • Certification in the 1st trimester: Weight loss of ≥ 5 pounds. • Certification in the 2nd and 3rd trimesters: Low weight gain such that the pregnant woman's weight plots beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (underweight, standard or overweight/obese). This may only be calculated using the prenatal weight gain grids supplied by the Montana WIC Program. For twin gestations, the recommended range of maternal weight gain is 35-45 pounds with a gain of 1.5 pounds per week during the second and third trimesters. Underweight women should gain at the higher end of the range and overweight women should gain at the lower end of the range. Four to six pounds should be gained in the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week through out the pregnancy.
1	1	6			47* (101)	**LOW BODY MASS INDEX** Pregnant Women: Prepregnancy Body Mass Index < 19.8. Non-Breastfeeding Women: Prepregnancy or Current Body Mass Index < 18.5. Breastfeeding Women who are < 6 months Postpartum: Prepregnancy or Current Body Mass Index < 18.5. Breastfeeding Women who are ≥ 6 months Postpartum: Current Body Mass Index < 18.5.
1					48* (111)	**PREGNANT HIGH BODY MASS INDEX ≥ 26.1 AND 29.0** Pregnant Women: Prepregnancy Body Mass Index ≥26.1 and ≤29.0

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			49 (133)	**HIGH MATERNAL WEIGHT GAIN** **For Singelton Pregnancies:** **Pregnant Women: Current Pregnancy, all trimesters, all weight groups** **Weight gain ≥ 7 lbs/mo.** **Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy. Total gestational weight gain exceeding the upper limit of the recommended range based on Prepregnancy Body Mass Index (BMI), as follows:** **Prepregnancy Weight Groups — Definition — Cut-off Value** **Underweight — < 19.8 BMI — > 40 lbs** **Normal Weight — 19.8 to 26.0 BMI — > 35 lbs** **Overweight — 26.1 to 29.0 BMI — > 25 lbs** **Obese — > 29.0 — > 15lbs** **This risk code may not be assigned for multifetal pregnancies (twin, triplets, etc.) An upper limit on weight gain for these pregnancies has not been definitively established. For twin gestations, the recommended range of maternal weight gain is 35-45 pounds with a gain of 1.5 pounds per week during the second and third trimesters. Underweight women should gain at the higher end of the range and overweight women should gain at the lower end of the range. Four to six pounds should be gained in the first trimester. In triplet pregnancies the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week through out the pregnancy.**

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			50 (303) (311) (312) (337) (321) (321) (321) (339)	**PREVIOUS PREGNANCY COMPLICATIONS** Previous obstetric history of one or more of the following: • Gestational diabetes. • Preterm Delivery: Infants born at ≤ 37 weeks gestation. • Low Birth Weight Infant: Infant birth weight ≤ 5 lb 8 oz (≤2500 gm). • Large for Gestational Age Infant: Infant birth weight ≥ 9 lbs (≥4000 gm). • Two or More Spontaneous Abortions: Two or more spontaneous terminations of gestation at < 20 weeks gestation. • Neonatal Death: Death within 28 days of birth, not including death due to accident, child abuse, murder or illness (unless complicated prematurity or birth defect). • Infant with a congenital or birth defect which current research links to inappropriate nutritional intake, (e.g., inadequate folic acid – neuro tube defect, cleft lip and palate; excess vitamin A – cleft lip and palate). Pregnant Women: Any Pregnancy Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy. Condition(s) must be specified in the chart.
1	1	6			53 (335)	**MULTIFETAL GESTATION** More than one (> 1) fetus in utero. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1					54 (301) (302) (345)	**PREGNANCY-INDUCED CONDITIONS** Current presence of one or more of the following: • Hyperemesis Gravidarum: Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic. • Gestational Diabetes: Glucose intolerance that appears during pregnancy and then usually returns to normal after the pregnancy ends. • Pregnancy-Induced Hypertension: Usually a systolic blood pressure increase of ≥ 30 mmHg or a diastolic blood pressure increase of ≥ 15 mmHg from earlier values before 21 weeks gestation. Presence of condition(s) must be specified in the chart and diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.
1	1	6	1	3	55 (357)	**DRUG NUTRIENT INTERACTION** Use of prescription or over-the-counter drugs or medications that have been shown to interact with nutrient intake or utilization to an extent that nutritional status is compromised.
1	1	6	1	3	56 (904)	**SECONDHAND SMOKE EXPOSURE** Exposure to smoke from tobacco products inside the home.
1	1	6			57 (371)	**MATERNAL SMOKING** Any current daily smoking of tobacco in cigarettes, pipes and cigars.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			58* (372)	**ALCOHOL USE** **Pregnant Women: Any alcohol use.** **Breastfeeding/Non-Breastfeeding Women:** • **Routine current use of ≥ 2 drinks per day. Routine is considered 2 or more (≥ 2) days per week. A standard sized drink is: 1 can of beer (12 fluid oz), 5 oz wine, or 1 ½ fluid oz liquor (1 jigger), or** **Current binge drinking of 5 or more (≥ 5) drinks on one or more (≥ 1) occasion(s).**
1	1	6			59 (372)	**OTHER DRUG USE** **Any street drug use; including marijuana, cocaine, crack, etc.**

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	60	**NUTRITION-RELATED RISK CONDITIONS**
					(341)	• Nutrient Deficiency Disease: Diagnosis of nutritional deficiency or a disease caused by insufficient dietary intake of macro or micro nutrients, e.g., protein energy malnutrition, scurvy, rickets, osteomalacia.
					(348)	• Central Nervous System Disorder: Condition which affects energy requirements and may affect the individual's ability to feed self. The condition must have an impact on nutritional status. Includes epilepsy (with uncontrolled seizures or use of the ketogenic diet), cerebral palsy and neural tube defects, Parkinson's disease and multiple sclerosis (MS).
					(362)	• Developmental, Sensory or Motor Delays: Developmental, sensory or motor disabilities that restrict the ability to chew or swallow food or require tube feeding to meet nutritional needs. These may include birth injury, head trauma, brain damage, minimal brain function, pervasive developmental disability (which may include autism) and feeding delays due to extreme prematurity. Document the interaction of the condition with nutritional status.
					(349)	• Genetic and Congenital Disorder: Hereditary or congenital condition at birth which alters nutritional status metabolically, mechanically, or both. Includes cleft lip or palate, Down's syndrome, thalassemis major, sickle cell anemia, and muscular dystrophy.
					(350)	• Pyloric Stenosis: Applies to Infants only.
					(352)	• Infectious Disease: A disease caused by growth of pathogenic microorganisms in the body, within the past six months, severe enough to affect nutritional status. Includes: tuberculosis, pneumonia, meningitis, parasitic infections, hepatitis, bronchiolitis -not bronchitis– (3 episodes in last 6 months), HIV (human immunodeficiency virus infection), and AIDS (acquired immunodeficiency syndrome).

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	60	**NUTRITION-RELATED RISK CONDITIONS (continued)**
					(353)	• Food Allergy: An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction. Not simple food intolerance, such as intolerance to strawberries, oranges, chocolate. This code may be used for an allergy to a food which is a significant component of one of the five major food groups of the Montana Food Guide Pyramid or is used as a pivotal ingredient in food preparation (wheat, eggs).
					(355)	• Lactose Intolerance: Documentation should indicate the amount of dairy-based products tolerated and the duration of the intolerance. Presence of above condition(s) must be specified in the chart and diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.
					(359)	• Recent Major Surgery, Trauma, Burns: Surgery, trauma or burns severe enough to compromise nutritional status. o Extensive surgery such as cardiac or gastro-intestinal surgery (not a C-section, tonsillectomy or appendectomy, unless associated with complications/infections) or multiple surgeries relating to the same condition occurring within several months. o Fracture of arm, leg, or pelvis or fractures of several other large bones concurrently or fracture of the jaw which greatly limits food intake. o Burns: Second degree burns which cover more than 30% of the body or third degree burns on the face or extremities or more than 10% of the body surface. Any occurrence within the past two (≤ 2) months may be self reported. More than two (≥ 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	61	**CHRONIC DISEASES**
					(342)	• Gastro-Intestinal Disorder: Disease or condition that interferes with the intake or absorption of nutrients. Includes: stomach or intestinal ulcers, small bowel enterocolitis and syndrome, malabsorption syndrome, inflammatory bowel disease (including ulcerative colitis or Crohn's disease), liver disease, pancreatitis, gallbladder disease and gastroesophageal reflux (GER) which results in inadequate weight gain.
					(343)	• Diabetes Mellitus: Not including gestational diabetes (risk code #54).
					(344)	• Thyroid Disorder: Hypothyroidism or hyperthyroidism which is untreated or unregulated.
					(346)	• Renal Disease: Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.
					(347)	• Cancer: A chronic disease whereby populations of cells have acquired the ability to multiply and spread without usual biological restraints. Some nutrition problems that may be caused by the disease or disease treatment include anorexia, maldigestion, chewing and swallowing problems, and protein-calorie malnutrition.
					(354)	• Celiac Disease: Also known as celiac sprue, gluten enteropathy, and non-tropical sprue.
					(360)	• Other Medical Conditions: Other diseases or conditions with nutritional implications. Includes: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory disease, heart disease, cystic fibrosis, and persistent asthma (moderate or severe) requiring daily medication. This criterion will not be applicable for infants for the medical condition of asthma.
					(361)	• Depression: Clinical depression which currently affects nutritional status through an affect on weight.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	61	**CHRONIC DISEASES (continued)** Current condition(s), or treatment for the condition(s), must be severe enough to affect nutritional status. Documentation in the participant record must include the condition(s) and the clearly defined effect on nutritional status. Condition(s) must be diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.
1	1	6	1	3	62 (351)	**INBORN ERRORS OF METABOLISM** Presence of inborn error(s) of metabolism – genetic mutations or deletions that may have pathological consequences. Includes: galactosemia, tyrosinemia, homeocystinuria, phenylketonuria (PKU), maply syrup urine disease, glycogen storage disease, histidinemia, urea cycle disorders, and hyperlipoproteinemia. Call one of the WIC State Nutritionists to discuss a possible disorder which may meet this definition. Presence of condition(s) must be specified in the chart and diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.
			1	3	64 (382)	**FETAL ALCOHOL SYNDROME** Fetal alcohol syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation. Presence of FAS must be diagnosed by a physician or by a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	65 (381)	**DENTAL PROBLEMS (EXCEPT EARLY CHILDHOOD CARIES)** Diagnosis of dental problems, except early childhood caries. Includes: • Tooth decay, periodontal disease, tooth loss and/or ineffectively replaced teeth which impair the ability to ingest food in adequate quantity or quality (for children and all categories of women); and • Gingivitis of pregnancy (for pregnant women). Presence of Dental Problems must to diagnosed by a dentist, a physician, or a health care provider or be adequately documented by the Competent Professional Authority (CPA).
			1	3	66 (381)	**EARLY CHILDHOOD CARIES** Serious tooth decay, usually of the upper front teeth. Also known as Baby Bottle Tooth Decay. Restored Early Childhood Caries are not a risk. Presence of Early Childhood Caries must be diagnosed by a dentist, a physician, or a health care provider or be adequately documented by the Competent Professional Authority (CPA).
1	1	6			67 (358)	**EATING DISORDERS** Eating disorder symptoms are manifested by abnormal eating patterns which may include: self-induced vomiting; purgative abuse; alternating periods of starvation; use of drugs such as appetite suppressants, thyroid preparations, or diuretics for weight reduction; and self-induced marked weight loss. The disorder must currently be impacting nutritional status with the nutritional impact documented in the participant record. Presence of eating disorder(s) must be diagnosed by a physician, a psychologist or a health care provider. The applicant/participant/caregiver or someone working under a health care provider's orders may report the diagnosis.

Category/ Priority					Code	Description
P	B	N	I	C		
	1				70 (601)	**BREASTFEEDING MOTHER OF PRIORITY I INFANT** A Breastfeeding mother with nutrition risk codes in Priority IV or no nutrition risk of her own, but whose infant has at least one nutrition risk code in Priority I.
	2				71 (601)	**BREASTFEEDING MOTHER OF PRIORITY II INFANT** A Breastfeeding mother with nutrition risk codes in Priority IV or nutrition risk of her own, but whose infant has at least one nutrition risk code in Priority II.
	4				72 (601)	**BREASTFEEDING MOTHER OF PRIORITY IV INFANT** A Breastfeeding mother with no nutrition risk of her own, but whose infant has at least one nutrition risk code in Priority IV.
			1		73 (702)	**BREASTFEEDING INFANT OF PRIORITY I MOTHER** A Breastfed infant with nutrition risk code in Priority II, Priority IV or no nutrition risk of her/his own, but whose mother has at least one nutrition risk in Priority I.
			4		74 (702)	**BREASTFEEDING INFANT OF PRIORITY IV MOTHER** A Breastfed infant with no nutrition risk of her/his own, but whose mother has at least one nutrition risk code in Priority IV.

Category/ Priority					Code	Description
P	B	N	I	C		
	1				75 (602)	**BREASTFEEDING COMPLICATIONS (WOMEN)** **A Breastfeeding woman with any of the following complications currently or within the past month:** • **Recurrent plugged ducts.** • **Mastitis (fever or flu-like symptoms with localized breast tenderness).** • **Flat or inverted nipples.** **A woman experiencing breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her health care provider.**

Category/ Priority					Code	Description
P	B	N	I	C		

			1		76
					
					(603)
						BREASTFEEDING COMPLICATIONS (INFANT)
						
						A breastfed infant with any of the following complications:
						• **Breastfeeding Jaundice: An exaggeration of the jaundice observed in many healthy newborns. It usually peaks between 3 and 5 days of life, although it can persist longer. This type of jaundice is a common marker for inadequate breastfeeding. An infant may display the following symptoms: infrequent or ineffective breastfeeding, failure to gain appropriate weight, infrequent stooling with delayed appearance of yellow stools, and scant dark urine with urate crystals. This condition should not be confused with breastmilk jaundice, the onset of which begins 5 to 10 days after birth, in which the stooling and voiding pattern is normal. Presence of breastfeeding jaundice must be identified by a health care provider or certified lactation consultant. It may be self reported.**
						• **Weak or Ineffective Suck (May be due to prematurity, low birth weight, birth defects or injury, sleepiness of the baby, nipple confusion, or physical/medical problems such as heart disease, respiratory illness, or infection.)**
						• **Repeated Difficulty Latching onto Mother's Breast (May be due to flat or inverted nipples, engorgement, incorrect positioning and breastfeeding technique, birth defect or injury, or delayed initiation of breastfeeding.)**
						• **Inadequate Stooling and/or Wet Diapers, as follows:**
						  o **inadequate stooling (< 4 times/day for newborns, < 1 time/4 days for infants > 3 weeks).**
						  o **less than 6 wet diapers per day.**
						
						An infant with breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her/his health care provider.

Category/ Priority					Code	Description
P	B	N	I	C		
1					78 (338)	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** Pregnant woman currently breastfeeding an infant whose intake is solely or predominantly breast milk.
			4		79 (418)	**INFREQUENT BREASTFEEDING AS SOLE SOURCE OF NUTRIENTS** The fully breastfed infant (not consuming solid foods) who is routinely taking: • < 8 feedings in 24 hours if < 2 months of age, or < 6 feedings in 24 hours if ≥ 2 months of age.

Category/ Priority					Code	Description
P	B	N	I	C		
			4		80 (411)	**<u>NUTRITION PRACTICES FOR INFANTS</u>** **For an infant, routine use of any of the following:** • **Not feeding breastmilk or infant formula as the primary source of nutrients during the first 6 months of life or as the primary fluid consumed during the second 6 months of life.** • **Feeding goat's milk, sheep's milk, cow's milk, evaporated milk, sweetened condensed milk, imitation milk or substitute milks in place of breastmilk or infant formula during the first year of life.** • **Addition of solid foods into the daily diet before 4 months of age.** • **Addition of any foods (cereal or other solid foods) to the infant's bottle.** • **Propping the bottle when feeding.** • **Not using a spoon to introduce and feed early solids.** • **Providing no dependable source of iron after 6 months of age (e.g., breastmilk, iron-fortified infant formula, iron-fortified infant cereal, meats or oral iron supplements).** • **Feeding foods of inappropriate consistency, size or shape that put the infant at risk of choking.** • **Late introduction of solids; failure to introduce solids by 7 months of age. *** • **Feeding foods with inappropriate textures based on the infant's developmental stage (e.g. feeding primarily pureed foods when the infant is ready for mashed, chopped or finger foods).** • **Not encouraging finger feeding by 9 months of age. *** • **Feeding foods to an infant that could contain harmful microorganism or toxins, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; honey; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts.**

Category/ Priority					Code	Description
P	B	N	I	C		
			4		80	**NUTRITION PRACTICES FOR INFANTS (continued)** • Routinely using inappropriate sanitation in preparation, handling and storage of expressed breastmilk or formula. • Routinely limiting the frequency of nursing of the exclusively breastfed infant, for example: –Scheduled feedings instead of demand feedings –Less than 8 feedings in 24 hours if less than 2 months of age or –Less than 6 feedings in 24 hours if between 2 and 6 months of age. * These justifications apply only if the infant is developmentally correct for age. Documentation in the participant record must include the basis for code selection.
				5	82 (425)	**NUTRITION PRACTICES FOR CHILDREN** For a child under the age of 24 months at date of certification, the routine use of any of the following: • Feeding non-fat or reduced-fat milks as the primary milk source (unless medically indicated). • Offering fluids which are high in sugar such as soda and sweetened fruit drinks. • Feeding foods of inappropriate consistency, size or shape that put the child at risk of choking. • Feeding foods with inappropriate textures based on the child's developmental stage (e.g. feeding primarily pureed foods when the infant is ready for finger foods). • Feeding foods to a child that could contain harmful microorganism or toxins, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; honey; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts.

Category/ Priority					Code	Description
P	B	N	I	C		
				5	82	**NUTRITION PRACTICIES FOR CHILDERN (continued)** • Ingestion of inappropriate non-food items such as: clay, laundry starch, cornstarch, dirt, ashes, paint chips, cigarettes or cigarette butts, large quantities of ice and baking soda. Documentation in the participant record must include the basis for code selection.
			4	5	83 (411)	**BEHAVIORS INCREASING EARLY CHILDHOOD DENTAL CARIES** • Routinely using the bottle to feed liquids other than breastmilk, formula or water. This includes fruit juice, soda pop, gelatin water, corn syrup solutions, milk or milk substitutes and other sugar-containing beverages. • Allowing the infant or child fall asleep or to be put to bed with a bottle containing anything other than water. • Allowing the infant or child to routinely use a bottle or sippy cup or training cup containing anything other than water without restriction (e.g., walking around with the bottle or cup). • Using a bottle beyond 14 months of age. Documentation in the participant record must include the basis for code selection.
			4	5	84* (428)	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES** A nutrition risk factor for infants ≥ 4 months of age and children < 2 years of age at date of certification for whom a complete assessment has been performed and for whom no other risks are identified. This risk factor is based on WIC's role in assisting caregivers in making appropriate feeding decisions for young children.

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6		5	85* (401)	**FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS** A presumed nutrition risk factor for pregnant women, breastfeeding women, non-breastfeeding women and children ≥ 2 years of age at date of certification for whom a complete assessment has been performed and for whom no other risks are identified.
4	4	6			87 (427)	**NUTRITION PRACTICES FOR WOMEN** • Compulsively ingesting non-food items such as: clay, laundry starch, cornstarch, dirt, ashes, paint chips, cigarettes or cigarette butts, large quantities of ice and baking soda. • Consumption of less than 30 mg. of iron as a supplement daily by pregnant women. • Ingestion of foods by pregnant women that could contain harmful microorganisms, such as: un-pasteurized fruit or vegetable juice; un-pasteurized milk or soft cheese made with un-pasteurized milk; raw or undercooked meat, fish, poultry or eggs; and raw vegetable sprouts). Documentation in the participant record must include the basis for code selection.
4	4	6	4	5	90 (903)	**FOSTER CARE** Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has entered the foster care system during the previous six months or moved from one foster care home to another foster care home during the previous six months.

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	91 (901)	**RECIPIENT OF ABUSE** Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has been the recipient of battering or child abuse/neglect within the past 6 months. Abuse may be self-reported or as reported through consultation with or documented by a social worker, health care provider, or other appropriate personnel. Abuse must be well documented in the participant record and WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect.
4	4	6	4	5	92 (902)	**WOMAN OR PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD** Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Individuals with one or more of the following criteria may be considered: • ≤ 17 years of age. • Mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist). • Physically disabled. • Currently abusing alcohol or other drugs. Documentation in the participant record must include the condition and the impact it has on limiting nutritional intake.
4	4	6	4	5	93* (801)	**HOMELESSNESS** Categorically eligible women, infants or children who meet the definition of a homeless person, see DEFINITIONS.

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	94* (802)	**MIGRANCY** Categorically eligible women, infants or children who meet the definition of migrant farm worker, see DEFINITIONS.
1 4	1 4	3 6	1 2 4	3 5	95■ (502)	**TRANSFER -- KNOWN PRIORITY** A participant transferring from outside of Montana with a valid VOC card with the priority code specified as Priority I, Priority II, Priority III, Priority IV, Priority V or Priority VI.
1	1	3	1	3	96■ (502)	**TRANSFER -- UNKNOWN PRIORITY** A participant transferring from outside of Montana with a valid VOC card on which the priority code is not specified.

*** - Computer Generated Codes**

■ - Computer Generated Codes under certain conditions - may require additional information from CPA.

Code numbers in parenthesis represent the National Nutrition Risk Code

Table A
Weight Gain Chart One Month to Six Months of Age

A	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
0	18	23.75	30	36.25	42.5	48	52.5	57	61.5	66	70	74	78	82	85.75	89.25	92.75	96.25	99.5	102.5	105.5	108.5	111.5
1		19.25	25.5	31.75	38	43.5	48	52.5	57	61.5	65.5	69.5	73.5	77.5	81.25	84.75	88.25	91.75	95	98	101	104	107
2			21	27.25	33.5	39	43.5	48	52.5	57	61	65	69	73	76.75	80.25	83.75	87.25	90.5	93.5	96.5	99.5	102.5
3				22.75	29	34.5	39	43.5	48	52.5	56.5	60.5	64.5	68.5	72.25	75.75	79.25	82.75	86	89	92	95	98
4					24.5	30	34.5	39	43.5	48	52	56	60	64	67.75	71.25	74.75	78.25	81.5	84.5	87.5	90.5	93.5
5						24.25	28.75	33.25	37.75	42.25	46.25	50.25	54.25	58.25	62	65.5	69	72.5	75.75	78.75	81.75	84.75	87.75
6							22.5	27	31.5	36	40	44	48	52	55.75	59.25	62.75	66.25	69.5	72.5	75.5	78.5	81.5
7								20.75	25.25	29.75	33.75	37.75	41.75	45.75	49.5	53	56.5	60	63.25	66.25	69.25	72.25	75.25
8									19	23.5	27.5	31.5	35.5	39.5	43.25	46.75	50.25	53.75	57	60	63	66	69
9										18	22	26	30	34	37.75	41.25	44.75	48.25	51.5	54.5	57.5	60.5	63.5
10											17.5	21.5	25.5	29.5	33.25	36.75	40.25	43.75	47	50	53	56	59
11												17	21	25	28.75	32.25	35.75	39.25	42.5	45.5	48.5	51.5	54.5
12													16.5	20.5	24.25	27.75	31.25	34.75	38	41	44	47	50
13														16	19.75	23.25	26.75	30.25	33.5	36.5	39.5	42.5	45.5
14				Conversion From Ounces To Pounds 16oz = 1 lb 32oz = 2 lb 48oz = 3 lb 64oz = 4 lb 80oz = 5 lb											15.75	19.25	22.75	26.25	29.5	32.5	35.5	38.5	41.5
15																15.25	18.75	22.25	25.5	28.5	31.5	34.5	37.5
16																	14.75	18.25	21.5	24.5	27.5	30.5	33.5
17																		14.25	17.5	20.5	23.5	26.5	29.5
18																			13.75	16.75	19.75	22.75	25.75
19																				13.25	16.25	19.25	22.25
20																					12.75	15.75	18.75
21																						12.25	15.25
22																							12

A=age in weeks To use: Determine age in weeks at initial weight, go down AA≅ column to that age; move across the row until in the column of the age at current weight (AA≅ row across the top is current age in weeks); this will show the minimum amount of weight in ounces which should have been gained during the time period; the time period must be at least one month between initial and current weight to
be considered for this nutrition risk.)

Table B
MONTANA WIC PROGRAM HEMOGLOBIN/HEMATOCRIT CUTOFF VALUES
Adjusted for Altitude and Smoking--Women 1998 CDC Guidelines

Altitude	Smoking	1st Trimester		2nd Trimester		3rd Trimester		NonPreg 12 to <15		NonPreg 15 to <18		NonPreg ≥ 18	
		HGB	HCT	HGB	HCT	HGB	HCT	HGB	HCT	HGB	HCT	HGB	HCT
0-2999 ft	Nonsmoker	11.0	33	10.5	32	11.0	33	11.8	36	12.0	36	12.0	36
	≤ 1 pack/day	11.3	34	10.8	33	11.3	34	12.1	37	12.3	37	12.3	37
	> 1 to ≤ 2 packs/day	11.5	35	11.0	34	11.5	35	12.3	38	12.5	38	12.5	38
	> 2 packs/day	11.7	35	11.2	34	11.7	35	12.5	38	12.7	38	12.7	38
3000-3999 ft	Nonsmoker	11.2	34	10.7	33	11.2	34	12.0	37	12.2	37	12.2	37
	≤ 1 pack/day	11.5	35	11.0	34	11.5	35	12.3	38	12.5	38	12.5	38
	> 1 to ≤ 2 packs/day	11.7	35	11.2	34	11.7	35	12.5	38	12.7	38	12.7	38
	> 2 packs/day	11.9	36	11.4	35	11.9	36	12.7	39	12.9	39	12.9	39
4000-4999 ft	Nonsmoker	11.3	34	10.8	33	11.3	34	12.1	37	12.3	37	12.3	37
	≤ 1 pack/day	11.6	35	11.1	34	11.6	35	12.4	38	12.6	38	12.6	38
	> 1 to ≤ 2 packs/day	11.8	36	11.3	35	11.8	36	12.6	39	12.8	39	12.8	39
	> 2 packs/day	12.0	36	11.5	35	12.0	36	12.8	39	13.0	39	13.0	39
5000-5999 ft	Nonsmoker	11.5	35	11.0	34	11.5	35	12.3	38	12.5	38	12.5	38
	≤ 1 pack/day	11.8	36	11.3	35	11.8	36	12.6	39	12.8	39	12.8	39
	> 1 to ≤ 2 packs/day	12.0	36	11.5	35	12.0	36	12.8	39	13.0	39	13.0	39
	> 2 packs/day	12.2	37	11.7	36	12.2	37	13.0	40	13.2	40	13.2	40
6000-6999 ft	Nonsmoker	11.7	35	11.2	34	11.7	35	12.5	38	12.7	38	12.7	38
	≤ 1 pack/day	12.0	36	11.5	35	12.0	36	12.8	39	13.0	39	13.0	39
	> 1 to ≤ 2 packs/day	12.2	37	11.7	36	12.2	37	13.0	40	13.2	40	13.2	40
	> 2 packs/day	12.4	37	11.9	36	12.4	37	13.2	40	13.4	40	13.4	40

Table C
MONTANA WIC PROGRAM HEMOGLOBIN/HEMATOCRIT CUTOFF VALUES
Adjusted for Altitude--Infants and Children
1998 CDC Guidelines

Altitude	Infant 6-12 mos.		Child 1 to <2 yrs.		Child ≥ 2 to 5 yrs.	
	HGB	HCT	HGB	HCT	HGB	HCT
0-2999 ft	11.0	33	11.0	33	11.1	33
3000-3999 ft	11.2	34	11.2	34	11.3	34
4000-4999 ft	11.3	34	11.3	34	11.4	34
5000-5999 ft	11.5	35	11.5	35	11.6	35
6000-6999 ft	11.7	35	11.7	35	11.8	35

Designated Referrals for High-Risk WIC Participants

Purpose

Guidance for Local Agencies when providing WIC services to high-risk participants.

Authority

7 CFR 246 & State Policy

Policy

High-risk WIC Program participants shall be followed closely by the program CPA and referred to an appropriate service provider for assessment, intervention, counseling and follow-up.

Guidelines

I. Registered Dietitian

High risk participants must be referred to the Registered Dietitian on staff or under contract for development of nutrition education care plan, nutrition education (as appropriate), follow-up and monitoring.

II. Additional Service Providers

All participants should be referred to additional service providers, as appropriate, based on individual circumstances.

III. Follow-up

Follow-up must be provided on referrals made, preferably by the CPA. Referrals, follow-up and feedback must be documented in the participant file.

IV. Risk Code Referral Table

The information contained in the attached Table A High Risk Participant Referrals and the notes following it provide requirements for participant referral.

Table A - High Risk Participant Referrals

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
10	**PREMATURITY** All premature infants--RD will determine whether additional visits are necessary. Will refer to outside RD if nutrition risk factors 12, 14, 60 (nutrient deficiency disease, central nervous system disorder, developmental sensory or motor delays, genetic and congenital disorder, pyloric stenosis, infectious disease, food allergy, or recent major surgery, fracture or burn), 61, 62 or as determined necessary.	X				
	With feeding difficulties or problems with weight gain.			X		
	In addition, if breastfeeding.		X			
11	**LOW BIRTHWEIGHT** All low birth weight infants--RD will determine if additional visits are necessary. Will refer to outside RD if nutrition risk factors 12, 14, 60 (nutrient deficiency disease, central nervous system disorder, developmental sensory or motor delays, genetic and congenital disorder, pyloric stenosis, infectious disease, food allergy, or recent major surgery, fracture or burn), 61, 62 or as determined necessary.	X				
	With feeding difficulties or problems with weight gain.			X		
	In addition, if breastfeeding.		X			
12	**FAILURE-TO-THRIVE** All with diagnosis. Will refer to outside RD.	X				
	In addition, if breastfeeding.		X			
13	**SHORT STATURE** If growth velocity is decreasing. Will determine if additional visits are necessary.	X		X		

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
14	**INADEQUATE GROWTH** If growth pattern does not improve upon recheck. RD will determine on a case-by-case basis whether to refer to outside RD. In addition, if breastfeeding.	X X		X		
15	**THINNESS** If growth velocity is decreasing. RD will determine on a case-by-case basis whether to refer to outside RD. In addition, if breastfeeding.	X X		X		
17	**HIGH WEIGHT FOR LENGTH/HEIGHT** If growth velocity is increasing. RD will determine on a case-by-case basis whether to refer to outside RD. In addition, if breastfeeding.	X X		X		
30	**LOW HEMATOCRIT/HEMOGLOBIN** If not at or above the established cut-off value upon recheck.	X		X		
41	**PREGNANT AT A YOUNG AGE** If conception is within 3 years after menarche.	X				
45	**HIGH BODY MASS INDEX > 29.0** Pregnant Women--If participant requests assistance with weight gain in appropriate range based on prepregnancy weight. Breastfeeding and Postpartum Women--If interest in assistance with weight reductition is stated. Refer to outside RD if requesting specific weight loss plan.	X X				
46	**MATERNAL WEIGHT LOSS OR LOW WEIGHT GAIN DURING PREGNANCY** All with risk factor at certification and any pregnant woman who fails to gain 2 pounds per month in the 2nd and 3rd trimesters.	X		X		

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
48	**HIGH BODY MASS INDEX > 26.1 AND # 29.0** Pregnant Women--If participant requests assistance with weight gain in appropriate range based on prepregnancy weight. Breastfeeding and Postpartum Women--If interest in assistance with weight reductition is stated. Refer to outside RD if requesting specific weight loss plan.	X X				
49	**HIGH MATERNAL WEIGHT GAIN** Pregnant Women--all who gain more than 7 pounds per month. Breastfeeding and Postpartum Women--If interest in assistance with weight reduction is stated. Refer to outside RD if requesting specific weight loss plan.	X X		X		
50	**PREVIOUS PREGNANCY COMPLICATIONS** All women with a history of gestational diabetes. All pregnant women with a history of having a premature or low birthweight infant.	X X		X X		
53	**MULTIFETAL GESTATION** All pregnant or breastfeeding women.	X				
54	**PREGNANCY-INDUCED CONDITIONS** All women with hyperemesis gravidarum. RD will decide on a case-by-case basis whether to refer to outside RD. All women with gestational diabetes. Refer to outside RD for Medical Nutrition Therapy.	X X				

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
60	**NUTRITION-RELATED RISK CONDITIONS** All participants--Refer those not currently under the care of an outside RD to one, with the exception of those diagnosed with lactose intolerance or indicated to have had recent major surgery, trauma or burns. These will be referred on a case-by-case basis.	X				
61	**CHRONIC DISEASES** All participants--Refer those not currently under the care of an outside RD to one.	X				
62	**INBORN ERRORS OF METABOLISM** All participants--Refer those not currently under the care of an outside RD to one.	X				
64	**FETAL ALCOHOL SYNDROME** All participants.	X				
	If having feeding difficulties or problems with weight gain.			X		
65	**DENTAL PROBLEMS (EXCEPT EARLY CHILDHOOD CARIES)** At CPA discretion if one or more food groups is being eliminated.	X			X	
66	**EARLY CHILDHOOD CARIES**				X	
67	**EATING DISORDERS** All participants--Refer those not currently under the care of an outside RD to one.	X		X		X
	If eating disorder symptoms affect dental health.				X	
75	**BREASTFEEDING COMPLICATIONS (WOMEN)**		X			
76	**BREASTFEEDING COMPLICATIONS (INFANT)** All infants.		X			
	In addition, with breastfeeding jaundice, a weak or ineffective suck, or presence of inadequate weight gain indicators.			X		

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
78	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** All pregnant women.	X				
79	**INFREQUENT BREASTFEEDING AS SOLE SOURCE OF NUTRIENTS** At CPA discretion, if accompanied by poor weight gain.	X				
80	**NUTRITION PRACTICES FOR INFANTS** Infants not being fed breastmilk or infant formula as the primary source of nutrients during the first 6 months of life or as the primary fluid consumed during the second 6 months of life or infants not being provided with a dependable source of iron after 4 months of age.	X		X		
87	**PICA** All participants--RD will decide on a case-by-case basis whether to refer to outside RD.	X		X		
91	**RECIPIENT OF ABUSE**					X
92	**WOMAN OR PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD**					X
93	**HOMELESSNESS**					X
95/96	**TRANSFER**	Refer as appropriate for known or determined risk factors.				
No Code	**DIET** Participants who are following a therapeutic or a highly restrictive diet **or** who have made recent dramatic dietary changes (ex. traditional American to vegan vegetarian)--RD will decide on a case-by -case basis whether to refer to outside RD.	X				

Code	Description	RD/LN	LC	HCP	DNT	SS/MHP
No Code	**SPECIAL FORMULA** If not currently being followed:					
	Infants on special formulas other than Enfamil AR LIPIL, Nutramigen LIPIL, Alimentum or Pregestimil.	X				
	Children and Women with first authorization at one year of age or older on all special formulas, or with formula changes.	X				

Legend

RD/LN - Registered Dietitian/Licensed Nutritionist

LC - Lactation Counselor, preferably a Lactation Consultant when one is available

HCP - Health Care Provider

DNT - Dental Services

SS/MHP - Social Services or Mental Health Care Provider

Policy Number: 5-14
Participant Records
Effective/Revised Date: October 1, 1997

Participant Records

Purpose

To ensure Local Agencies are obtaining and maintaining accurate information for certification and reporting purposes.

Authority

State Policy

Policy

Both an electronic and a hard copy of each participant's WIC records will be maintained at each local program. Each record (electronic and hard copy) must be a mirror image of each other (e.g., the computer screens must be completed using the exact information received in paper form for each certification or subcertification).

Guidelines

I. Electronic copy

The electronic copy is defined as the information collected and maintained by local programs utilizing the WIC automated system software on equipment provided by WIC.

II. Hard copy

The hard copy is defined as information written or printed on paper and/or forms which is collected and maintained by local programs. It may include, but is not limited to, information printed from data maintained in the WIC automated system.

III. Confidentiality

WIC participant records are medical records and consequently subject to confidentiality laws and rules. See Policy 4-11 Confidentiality for more information.

IV. Organization of WIC Chart Information

A. Chart Information

1. WIC charts in local clinics are exclusively WIC. The chart must contain the necessary documents to validate certification. An efficient arrangement is to assemble the administrative/financial documents on the left-hand side and the nutrition/health records on the right-hand side. Nutrition and health records should be grouped within a family chart by each individual participant. Listed below is suggested chart arrangement:

   a. Left-Hand Side:

      1. Certification Form and Eligibility Statement documenting financial and nutrition eligibility, signed and dated.
      2. Participant's Responsibility Form (required as of January 1, 1996).
      3. Release of Information signed and dated (if needed and specific). General Release of Information forms may not be used.
      4. WIC Fair Hearing information
      5. ID and Residency

   b. Right-Hand Side:

      1. Prenatal Weight Gain Grid with measurements recorded and plotted.
      2. Infant/Child Growth Grid with measurements recorded and plotted.
      3. 24-hour Recall or Nutrition History
      4. Medical history information for identified risk factors.
      5. Nutrition Education Checklist/Progress notes.
      6. Documentation of follow-up on referrals. Include name of the provider the participant has been referred to and the reason for the referral.

Policy Number: 5-15
Universal Precautions
Effective/Revised Date: October 1, 1997

Universal Precautions

Purpose

Provide guidance to Local Agency personnel whose duties involve participant contact or contact with blood or other body fluids in a health care setting.

Authority

State Policy

Policy

Universal precautions (procedures to prevent spread of disease through contact with infective blood or body fluids) shall be consistently used for all WIC participants by WIC staff, including students, trainees, and volunteers, whose activities involve participant contact or contact with blood or other body fluids from participants in a health care setting.

Note: Local WIC program staff must follow those procedures established by the employer or the following, whichever is more restrictive.

Procedures

I. Caution

If a needle stick injury occurs, the injured person must be evaluated to determine if hepatitis prophylaxis is needed or human immunodeficiency virus is a concern. Report all needle stick injuries in accordance with your employer's policies and procedures.

II. Protective Clothing

A. If soiling with blood or body fluids, or contact with mucous membranes or non-intact skin is likely:

1. Gowns must be used to cover clothes-
   a. Wear gown only once
   b. Launder or discard if disposable
   c. Plastic aprons may be used instead. Changing or cleaning of the apron between participants is necessary.
2. Single-use gloves must be used if:
   a. Items or surfaces soiled with blood or body fluids will be handled, including capillary tubes and micro-cuvettes
   b. Venipuncture and other vascular access procedures (such as finger pricks for hematocrit or hemoglobin testing) will be performed.

Note: Gloves are for single use only. A new pair of gloves is required for each different participant and must be discarded in a manner that will prevent contact with the soiled gloves.

III. Hand Washing

A. Hands must be washed with warm soapy water, if available, or disposable towelettes:

1. Before gloving
2. Immediately after gloves are removed
3. If they are possibly contaminated with blood or body fluids
4. Before touching another person

B. Safety Goggles

1. Safety goggles must be worn when performing hematocrit/hemoglobin tests

C. Disposal

1. Articles contaminated with blood or body fluids must be properly discarded or reusable articles disinfected. Place contaminated materials in appropriately labeled containers and bags. Make arrangements for incineration in an approved facility if your employer does not currently have arrangements in place.
2. Without recapping, disposable sharp items must be placed in a prominently labeled, puncture resistant container for proper disposal. The container should be located as closely as practicable to the use area, but out of the reach of children.

D. Blood Spills

1. Blood spills must be cleaned up promptly with a solution of 5.25% sodium hypochlorite diluted 1:10 with water by a person wearing single use gloves. Example: One part regular Clorox or Purex bleach in ten parts water.

2. Soiled towels, etc., used to clean the spill must be discarded in a manner that will prevent subsequent contact with them.

E. Pregnant Health Care Worker

1. Pregnant health care workers are not at a greater risk than other health care workers; however, if HIV infection occurs during pregnancy, the infant/fetus is at risk of infection from perinatal transmission. For this reason, pregnant health care workers should be especially familiar with and strictly adhere to this Policy.

F. Workers with Injuries

1. No health care worker who has an exudative lesion or weeping dermatitis in an area likely to be touched may directly care for a patient or handle patient-care equipment.

G. More Prevention

A. The following procedures will help prevent enteric disease transmission if diapers need changing during the WIC office visit.

1. Gowns must be used to cover clothes-
   a. Wear gown only once
   b. Launder or discard if disposable
   c. Plastic aprons may be used instead. Changing or cleaning of the apron between participants is necessary.

B. Single-use gloves must be used if:

1. Infective materials (feces and urine) will be handled

Note: Gloves are for single use only. A new pair of gloves is required for each different participant and must be discarded in a manner that will prevent contact with the soiled gloves.

C. Hands must be washed with warm soapy water, if available, or disposable towelettes:
   1. after touching the participant
   2. after touching potentially contaminated articles
   3. before touching another person

D. Change the Diaper(s).

1. The infant's care giver may change the diaper(s). If environmental contamination occurs as a result of the diaper change, procedures for clean-up described in Blood Spills (above) shall be followed.

Policy Number: 5-16
WIC Overseas Program
Effective/Revised Date: October 1, 2001

WIC Overseas Program

Purpose

To provide guidance to Local Agencies when a participant with a valid WIC Overseas VOC card applies for WIC benefits at their clinic.

Authority

7 CFR 246

Policy

Any WIC Overseas Program participant who returns to the U.S. with a valid WIC Overseas Program Verification of Certification (VOC) card must be provided continued participation in USDA's WIC Program until the end of his/her certification period, assuming the Local Agency is not at its maximum caseload.

Guidelines

I. Maximum Caseload/ Waiting List

A. If the Local Agency is at maximum caseload and has a waiting list for participation, transferring participants must be placed on the waiting list ahead of all waiting applicants regardless of the priority of their nutrition risk criteria.

II. Issuance of WIC VOC Cards

A. Local Agencies must issue WIC VOC cards to WIC participants affiliated with the military who will be transferred overseas. WIC clinics are not responsible for screening and determining eligibility for WIC Overseas Program eligibility.

B. WIC participants issued VOC cards when they transfer overseas must be instructed the following:

1. There is no guarantee the WIC Overseas Program will be operational at the overseas site where they will be transferred;
2. By law only certain individuals are eligible for the WIC Overseas Program; and
3. Issuance of a WIC VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the overseas program will be determined at the overseas WIC service site.

C. Importance of WIC

1. Local Agencies should also emphasize to WIC clinic staff the importance of completing all information on the VOC card as the WIC Overseas Program personnel cannot readily contact a WIC Program to obtain further information.

D. All VOC cards must contain:

1. Name of the participant
2. Date the certification was performed
3. Date income eligibility was last determined
4. Nutrition risk conditions of the participant special emphasis is placed on specifying the nutritional risk conditions on the VOC card and avoiding the use of codes.
5. The date the certification period expires
6. The signature and printed or typed name of the certifying local agency official
7. The name and address of the certifying local agency
8. Identification number or some other means of accountability

III. Acceptance of WIC Overseas Program VOC Cards

A. Local Agencies must accept a valid WIC Overseas Program VOC card presented at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment.

B. The following information on the card is absolutely essential:

1. The participant's name; the date the participant was certified; and the date the current certification period expires.

C. WIC Overseas Program participants arriving in a WIC clinic and showing a VOC card with only these three pieces of information should be treated just as if the VOC card contains all of the required information.

Policy Number 5-17
Collection of Race and Ethnicity Data
Effective/Date Revised: June 1, 2005

Collection of Race and Ethnicity Data

Purpose

To ensure that race and ethnicity data is collected to be used by Food and Nutrition Service (FNS) to determine how effectively the Program is reaching minority groups, and identify areas where additional outreach is needed. The state agency (SA) shall make use of such data for its internal civil rights monitoring.

Authority

USDA FNS Instructions 113-2, Rev. 1; 7 CFR Part 246.8

Policy

The local agency (LA) staff shall, at the time of certification, collect participation data by race and ethnicity category for each participant on the Program.

Procedures

I. LAs shall ensure that actual participation data by category of women, infants and children and by race and ethnicity category is collected and entered into the Montana WIC computer system.

II. Participants shall be reported in one or more racial categories and include: 1) American Indian or Alaska Native, 2) Asian, 3) Black or African American, 4) Native Hawaiian or Other Pacific Island and 5) White. See guidelines for definition of each category.

III. Participants shall be reported in only one ethnic category, “Hispanic or Latino” and “Not Hispanic or Latino”. See guidelines for definition of each category.

IV. Self-identification by the participant at the time of certification is the preferred method of obtaining data. Participants shall be asked to self-identify their racial and ethnicity group only after it has been explained, and they understand, that the collection of this information is strictly for statistical reporting requirements, and has no effect on the determination of their eligibility to participate in the program.

V. If a participant chooses not to self-identify her/his racial and/or ethnicity group, visual identification by a LA staff member must be used to determine the participant’s racial and ethnicity categories. Selection of one race is acceptable when LA staff performs visual identification.

VI. Analysis of this data will be used by the United States Department of Agriculture (USDA) and the SA to monitor compliance with Federal civil rights laws and to determine how effectively the Program is reaching minority groups and identify areas where additional outreach is needed.

Guidelines

I. Race

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachments.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

II. Ethnicity

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

Search and Inquiry System (SIS) for Adjunctive Income Verification

Purpose

To ensure that Local Agency (LA) staff verify and document current adjunct or automatic income eligibility (AAIE) at participant certifications. LA verification of adjunct eligibility will create an audit trail which the State Agency (SA) will use for monitoring purposes.

Authority

USDA FNS 7 CFR Part 246.7, Montana WIC State Plan, Chapter 5

Policy

The LA staff shall verify and document the current AAIE of any WIC Program applicant claiming AAIE at their certification appointment.

Procedures

I. Procedures for LAs to access the SIS are in the SIS Quick Guide and as per instructions given at the Spring Public Health Meeting (2005).

II. Adjunct eligibility must be verified for the month of certification. Adjunct eligibility can be verified prior to the appointment and applicants do not need to be present during the verification.

III. LAs will document the results from the SIS on the Certification Form and Eligibility Statement (CFES) as per the following examples:

Cert. Date	Income Source	Document Number(s)	Date of Document(s)
Date of "C"	Medicaid	Participant Number	Date of Verification or
Date of "C"	Food Stamps	Participant Number	Date of Verification or
Date of "C"	TANF	Participant Number	Date of Verification

On the CFES, WIC staff must document the certification date, the income source (i.e., Medicaid or FS or TANF, the document number(s) (i.e., whose participant # did you assign to your query at the time of verification), the date of document(s) (i.e., the date the verification was done).

IV. All AAIE eligible participants must have their eligibility verified via the SIS (or via paper documents). Verification via SIS will leave the required audit trail.

Guidelines

I. If an applicant will be claiming AAIE at a certification appointment, LAs will determine which household member(s) to verify using SIS (or via paper documents).

II. If the applicant is a pregnant woman or an infant and their current Medicaid AAIE status is YES, any household member applying for WIC would be determined financially eligible. Each WIC applicant in the household must be confirmed in the SIS screen to document income verification and create an audit trail.

III. If the applicant is a breastfeeding woman, postpartum woman or child and their current Medicaid AAIE status is YES, only they would be determined financially eligible for WIC.

IV. If the applicant, or a member of the household, is eligible to receive food stamps or temporary assistance for needy families (TANF) and their current AAIE status is YES, they would be determined financially eligible for WIC. Each WIC applicant in the household must be confirmed in the SIS screen to document income verification and create an audit trail.

V. If a participant informs your office of any change in circumstance (AAIE, financial, household size, etc.), which would effect WIC eligibility, the LA must follow-up on that information.

Policy Number: 5-19
Barriers to Providing WIC
Effective/Revised Date: October 1, 2005

Purpose

To provide guidance to Local Agencies in removing barriers to WIC services.

Authority

7 CFR 246.7 Certification of Participants & State Policy

Policy

The first priority of WIC staff is to provide WIC program services to the participants who come to the clinic. Participant service is the first priority, outranking paperwork, cleaning and miscellaneous tasks.

I. Barriers to Service

A. Since it is the role of the Montana WIC Program to serve the women, infants and children of this State, we must nurture the service aspect of the WIC Program.

B. Barriers exist which impact peoples' decision to apply for WIC. These barriers can be attitudinal, administrative and/or physical.

II. Attitudinal Barriers

A. Barriers may be the applicant's perception of WIC or the WIC staff's perception of the participant.

B. A potentially eligible participant may be reluctant to apply for WIC benefits because of a belief that the WIC Program is only for those "on welfare," that it "isn't for me, I can take care of myself," or other misconceptions. Also, many people not already involved in other social programs simply do not know about WIC. Outreach campaigns must target "reluctant" potentially eligible applicants.

C. Staff attitudes about participants they perceive to be unworthy or undeserving of WIC benefits set up barriers. It is easy to lose sight of our purpose to deliver quality nutrition education and counseling, intervention, referral and follow-up on identified risks, and improving eating behaviors and reducing or eliminating nutrition problems if we don't feel appreciated. Staff orientation and in-service training must deal with morale, keeping sight of WIC goals and the service philosophy.

III. Administrative Barriers

A. Be aware that improper use of the things that make your daily work more convenient for you may appear to be barriers to your participants.

1. A telephone answering machine can help to organize your day, but it may also reduce your effectiveness, especially if it is in use on the days your clinic is open. Remember many WIC participants do not have easy access to telephones.
2. Standard working hours of 8-12, 1-5 can be a formidable barrier for working or rural applicants. The availability of appointments before 8:00 a.m., from 12:00 to 1:00 p.m., after 5:00 p.m. and/or on weekends can provide access for participants not able to take time off from work or who have long distances to travel.
3. Multiple month food instrument issuance, when appropriate, is one way to service working or rural participants as long as the nutrition education component is not compromised. Additional sites should be considered as a way of serving rural residents, particularly if there are a number of potential participants unable to reach present services.
4. If you have a population of persons who speak a language other than English, an interpreter is crucial. Coordination with other WIC Programs is critical to the delivery of WIC benefits to the varied groups of people represented in Montana.
5. Coordination with other programs which target the same population as WIC is important too. The idea of “one-stop-shopping” is significant when trying to remove barriers to service. Coordination of appointments is invaluable to a person with limited resources and limited time to spend away from a job.

IV. Physical Barriers

A. Access to your clinic by pregnant women and those participants with physically disabling conditions is critical to WIC services.

1. The size, as well as the layout of your office, can contribute to barriers to service. The nature of the WIC Program dictates that much of the information discussed is of a personal and perhaps sensitive nature. If your office layout or location does not allow for a private discussion of these matters, a potential applicant may choose not to participate.
2. While it may not be feasible to immediately remodel or relocate your offices to have more accessible/appropriate facilities, it is necessary to modify procedures to service applicants/participants who cannot come to you. Modification of procedures may include going downstairs to hand a participant her WIC checks, enlisting the services of the county nurse to make a home visit to do a certification, holding education sessions at the local library instead of upstairs in your office, or finding a private area in which to interview participants (even if it means losing the coffee room or the broom closet).

V. Federal Regulations

A. The following is adapted from ADA Highlights, Title III, "Public Accommodations and Commercial Facilities."

1. The Montana WIC Program will provide services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity. WIC will eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy WIC services. WIC will make reasonable modifications in policies, practices and procedures that deny equal access to individuals with disabilities.
2. In providing goods and services, WIC may not use eligibility requirements that exclude or segregate individuals with disabilities, unless the requirements are necessary for the operation of WIC.
3. For example, requiring that a disabled individual come to an inaccessible office to be certified for participation would violate the requirement.
4. Safety requirements may be imposed only if they are necessary for the safety of the applicant/participant. They must be based on actual risks and not on mere speculation, stereotypes or generalizations about individuals with disabilities.
5. WIC will make reasonable modifications in its policies, practices and procedures in order to accommodate individuals with disabilities. Legitimate safety requirements will be considered in determining what is readily achievable so long as they are based on actual risks and are necessary for safe operation.
6. Examples of modifications to remove barriers include installing ramps, making curb cuts at sidewalks and entrances, rearranging tables, chairs, display racks and other furniture, widening doorways, installing grab bars in toilet stalls, arranging for the services of a person familiar with sign language to assist in serving deaf applicants/participants, and/or adding raised letters or Braille to elevator control buttons.
7. First priority should be given to measures that enable individuals with disabilities to "get in the front door," followed by measures to provide access to areas providing services. Barrier removal measures must comply, when readily achievable, with the alteration requirements of the ADA Accessibility Guidelines. If compliance with the Guidelines is not readily achievable, other safe, readily achievable measures must be taken.
8. WIC requires the removal of physical barriers, such as stairs, if it is readily achievable. However, if removal is not readily achievable, alternative steps must be taken to make services accessible. Examples of alternative measures include providing services at the door, sidewalk or curb, providing home services, relocating activities to accessible locations, including check pickup services and nutrition education classes.

9. Based on the Americans with Disabilities Act's accessibility guidelines for new construction and alterations, relocation, WIC clinics must be located in sites with:
    a. Disabled accessible parking,
        1. Accessible routes,
        2. Ramps, stairs, elevators,
        3. Doors, entrances,
        4. Bathrooms, alarms, signs and fixed seating.
10. The public or common use bathroom must be accessible.
11. Each floor in a building must also contain an "area of rescue assistance" (i.e., an area with direct access to an exit stairway where people unable to use stairs may await assistance during an emergency evacuation).
12. One TDD must be provided inside any building that has four or more public pay telephones. If no accessible public phone is provided, the WIC office will allow disabled participants use of the office phone for WIC related calls (e.g., an appointment call for referral services).
13. An annual, written assessment of each WIC clinic's physical layout must be performed by the Local WIC Program and kept on file at the clinic. If physical barriers are present, a plan of action must be written and submitted to the State WIC Office describing those measures which will be implemented to provide services to any disabled applicant/participant.

Migrant Farmworkers/Native Americans/Homeless

Purpose

Guidance to Local Agencies providing WIC services to Migrant Farmworkers, Native Americans and Homeless individuals.

Authority

Americans with Disabilities Act

Policy

Responsibility for the provision of program benefits to migrant farmworkers, Native Americans and homeless individuals are delegated to local programs. Any special clinics (such as evenings) or needs (such as interpreters) are to be arranged by local programs in accordance with their own community needs and the work season. The State WIC Agency offers technical assistance upon request.

Migrant workers who present current and official Verification of Certification (VOC) cards will be issued WIC checks at local WIC offices in Montana.

I. Local Program Responsibilities

A. Each local WIC program's designated representative shall examine the VOC card and determine the applicant's eligibility.

B. In each case, the local WIC program shall record the issuing agency's name, address and phone number. This information must be placed in the applicant's file folder.

C. Immediately return the VOC card to the applicant.

D. Issue a VOC card to migrants upon certification.

E. Identification must be verified before completion of the certification. This should not constitute a barrier to services. Refer to Policy 5-21 Application-Certification.

F. Migrant farm workers who meet the categorical, nutrition risk and income standards are eligible for WIC. A fixed address is not a Program eligibility criteria. The migrant farm camp or local WIC Clinic address can be used for certification purposes if no other information is available.

II. Native Americans

A. All Reservations in Montana are provided WIC services and benefits. Seven Tribal Governments in Montana contract with DPHHS for the provision of WIC services and benefits.

B. (See Policy 5-24, Financial Eligibility) for Native American households.

III. Homeless

A. Homeless individuals who meet the categorical, nutrition risk and income standards are eligible for WIC. A fixed address is not a program eligibility criteria. The local WIC clinic address will be used for certification purposes if no other information is available.

B. Food package prescriptions will take into account the special needs and problems of the homeless individual, such as inadequate refrigeration, cooking facilities, etc. Refer to Policy 8-3, Homeless Food package Descriptions.

C. Nutrition education of the homeless will address the special needs of this population.

D. Homeless individuals residing in a homeless facility may receive WIC benefits if that facility meets the criteria described in Policy 5-5 Institutions and Homeless.

E. In addition to the annual WIC press release described in the Outreach and Referral Section, local programs will contact homeless facilities, including shelters for victims of domestic violence and local food banks, to inform them about WIC services to the homeless. Each facility will receive a list of local WIC clinics and outreach flyers.

F. The local programs will request a signed statement that the facility meets the criteria in Policy 5-5 Institutions and Homeless. This statement will be shared with the State WIC Agency and a list of participating facilities must be provided to the State WIC Agency with the annual reapplication.

Policy Number: 5-21
Application/Certification
Effective/Revised Date: October 1, 2007

Application/Certification

Purpose

Provide guidance to Local Agencies on procedures required for certifying WIC applicants/participants.

Authority

7 CFR 246.7 and State Policy

Policy

The applicant must meet categorical (pregnant, breastfeeding or postpartum woman, infant or child up to age five), residential, financial and nutritional eligibility criteria.

Categorical, financial and residential eligibility can be determined by the WIC Aide. Nutritional eligibility must be determined by a Competent Professional Authority (CPA).

Program information shall be provided to participants by local agency staff.

Note: Refer to the WIC User Procedure Manual for instructions on the certification process in the automated system.

I. Appointments

Note: Parent/Guardian must be present at certification/subcertification appointments.

A. The request for service may be made in person or over the phone.

B. When new participants make an appointment with the WIC clinic, WIC staff must start a file for the family.

C. Fill in both the participant/parent/guardian name and document the date the appointment was made in the initial contact blank on the CFES form.

D. This date starts the federally regulated timeline in which a participant is to receive notice of their eligibility/ineligibility.

E. Clinics should inform applicants of required documents for certification:

1. Identification (individual documentation).
2. Residency documentation (family documentation).
3. Income Documentation (individual documentation).
4. Certification Form and Eligibility Statement (family documentation).
5. Rights and Responsibilities Form (family documentation).
6. Category/Age Appropriate Health and Diet Questionnaire (individual documentation).
7. Anthropometric test results (if required).

F. Participants should be encouraged to call in to make or cancel appointments.

G. Participants will be seen by appointment in all Montana WIC clinics. "Appointment time" means the time the participant/applicant is due to report to the clinic. The clinic will make every effort to serve the participant on time.

H. If a participant/applicant walks in for service without an appointment, she/he will be considered a "walk-in," and be served after participants with appointments.

I. Participants with appointments will be considered "on time" if they arrive within +/- 15 minutes of their appointment time. Participants who arrive early should not expect to be seen early (but may be seen earlier if circumstances allow).

J. A participant who arrives more than 15 minutes late is to be treated as a walk-in.

K. All policies developed by local programs for appointments, scheduling and missed appointments shall be reviewed and approved by the State Office prior to implementation.

L. All locally developed policies shall be prominently displayed in the office and otherwise communicated to participants to assure awareness of the policy. See Policy 4-2, Local WIC Program Policies.

M. The first month's food instrument issuance must coincide with the appointment at which the participant is notified of eligibility. Subsequent appointments for determination of eligibility should coincide with food instrument issuance.

N. Appointments are written on the participant's WIC ID Packet and if applicable, recorded in the automated system.

O. Office hours must be posted in a conspicuous place so participants are aware of normal clinic hours and any non-traditional hours.

II. Notification of Eligibility

A. Special nutritional risk applicants (pregnant women and migrant farm workers) must be notified of their eligibility/ineligibility within 10 days of the date of the first request for program benefits. Local programs may receive an extension of the notification period to a maximum of 15 days upon written request to the State WIC agency. The request must include a justification of the need for an extension.

B. If a pregnant applicant misses an initial appointment, the WIC staff will attempt to contact her by phone or mail to reschedule the appointment.

C. All other applicants shall be notified of their eligibility/ineligibility within 20 days of the date of the first request for program benefits.

III. Notification of Ineligibility

1. An applicant/participant is determined ineligible for one of the following reasons:

A. Categorical status (does not meet the definition of categorical eligibility);

B. Residential status (does not reside in Montana);

C. Financial status (participant/family does not meet financial guidelines);

D. Nutritional status (has no nutritional risk, see Policy 5-12, Certification Criteria and Priority Assignments).

IV. Procedure to Follow when a Participant is Found Ineligible

A. Applicant/participant is advised of his/her ineligibility with an explanation. During an active certification period, a 15 day advance written notice of ineligibility must be provided along with a food package to cover the 15 day time period. Advise the participant of the date on which the current period of eligibility will expire.

B. Mid-Certification termination - Any time a participant does not meet all of the criteria (categorical, residential, financial, nutritional) to be eligible for WIC benefits, they must be found ineligible.

C. Give participants a Notice of Ineligibility and a final food package (one month maximum). If the participant already has received WIC checks to the end of the 15 day notice time period, do not issue more food benefits.

D. Applicant/participant is informed of Fair Hearing procedure as described on "Notice of Ineligibility" form.

E. A "Notice of Ineligibility" form must be completed and the participant/parent/guardian and WIC staff must sign the Notice of Ineligibility each time a participant is found ineligible.

F. If the non-automated form is used: the yellow copy is to be given to the participant and the white copy must be maintained in the participant chart.

G. When an applicant is found ineligible for WIC benefits, local programs must provide information about other potential sources of local food assistance identified in the outreach/referral plan as well as other assistance the applicant may need.

H. The Certification Form and Eligibility Statement (CFES - green sheet) is to be used for all certifications/subcertifications.

I. For first time certifications of a WIC participant, clinic staff must post the initial contact date on the CFES to begin tracking the timeline for notice of eligibility/ineligibility (please refer to Appointments, and Notification of Eligibility and Notification of Ineligibility).

J. Clinic staff must also ask participants if they will be moving from the State during their certification time period and offer them a VOC card.

K. The participant will fill out the top portion of the front page indicating Applicant/Guardian, Address, Phone Numbers and list who is in the household.

V. Identification

A. Identity must be documented for each participant at all certifications/subcertifications, transfers and when a participant or proxy picks up WIC checks. In the case of a child being the only participant, the parent/guardian must also provide identification. WIC staff will indicate what was viewed for identity documentation in the "persons living in household" portion of the front page of the CFES (the shaded block on the CFES, revised 6/03) or in the progress notes. The name of the applicant must match the name on the document used for identification. Documents to be used for identification include:

1. Drivers License
2. Birth Certificate
3. Passport
4. Green Card

5. Social Security Card
6. Food Stamp Card
7. Tribal ID Card
8. Medicaid Card
9. Crib Card (May be used as temporary identification until birth certificate or social security card has been received by participant).
10. Immunization Card
11. School ID Card

B. For ease of identification at future appointments, a copy of what was viewed for identification may be kept in the participant file to be used at subcertifications or food instrument pick ups.

C. Use of the participant ID packet, after issuance by your clinic, can also serve as identity documentation. There must be a copy of original identification in the participant file.

D. Should the participant truly have no current proof of identity, a signed copy of the Montana WIC Program Proof of Residency/Identity can be used for one month.

VI. Residency

A. Residency must be documented at all certifications/subcertifications and transfers. See policy 5-23, Residential Eligibility. WIC staff will indicate what was viewed as residency documentation on the top portion of the front page on the CFES (the shaded block on the CFES, revised 6/03) or in the progress notes.

B. A copy of what was viewed for residency documentation may be kept in the participant file to be used at subcertifications. At subcerts, be sure and ask participants if their address is (still) current when using old documentation.

C. Should the participant truly have no current proof of residency, a signed copy of the Montana WIC Program Proof of Residency/Identity can be used for one month.

Montana WIC Program
Proof of Residency/Identity

I _____ verify that I have no current proof of identity/
Participant Name
residency as explained to me by the WIC staff.

Further, I understand that if I knowingly falsify information in order to receive benefits, I am subject to disqualification from the Montana WIC program.

_____
Participant Signature/Date

_____
WIC Staff Signature/Date

(This form must be signed and kept in the participant file.)

VII. Income

A. Fill out the mid-portion of the front page on the CFES indicating what was used for income documentation for all income in the household (See Policy 5-24, Financial Eligibility, XVI Income, Chapter 5).

B. For age appropriate (working age) participants in the household claiming no income, document household composition (how are rent, utilities, meals divided). Document your questions and answers in the progress notes. See Policy 5-24, Financial Eligibility, XV Zero Income section, Chapter 5.

C. Income can be used for other certifications in the household for up to 60 days with no further documentation, however signatures on the CFES must be obtained at all certifications/subcertifications.

D. An exception to the 60 day income documentation allowance is a participant using a Medicaid card as income documentation. Local Agency (LA) WIC staff must verify MA eligibility for the month in which certification or subcertification occurs, as Medicaid eligibility is determined on a month-by-month basis using SIS or some other adjacent eligibility program.

VIII. Local Agency Staff Shall:

A. Review with the participant the last portion of the front page on the CFES (who might have access to their WIC information and the "Eligibility Verification Statement"). The participant and LA WIC staff must sign and date the front page of the CFES for every certification, no 60 day coverage (do not have the participant sign/date the front of the CFES prior to certification). If signatures/dates are missing, the CFES is not valid for certification purposes.

B. Ensure the participant/parent/guardian reads and understands their rights and responsibilities as noted on the CFES under "Note:", "Eligibility Verification Signatures" and the "Discrimination Notice" on page 2. A copy must be offered to the participant.

C. Provide the following information to each participant:

1. The purpose of the WIC Program is to provided nutritional support, i.e., education and strategies for a healthy diet, supplemental foods, referrals and breastfeeding promotion and support, during critical times of growth and development, to improve health and achieve positive health outcomes.
2. The nutrition assessment process is necessary to identify nutrition needs (e.g., medical conditions, dietary practices) and interests so WIC can provide benefits that are responsive to the participant's wants and needs.
3. The nutritional risk codes which qualify the participant for the WIC Program. After explaining the nutritional risk to the participant/parent/guardian, the LA signatures/dates are missing; the CFES is not valid for certification purposes.
4. The relationship between WIC staff and the participant is a partnership – with open dialogue and two-way communication – working to achieve positive health outcomes.

5. WIC food benefits are prescribed for the individual, to promote and support the nutritional well-being of the participant and to help meet the recommended intake of important nutrients or foods.
6. The food provided by the Program is supplemental, i.e., it is not intended to provide all of the participant's daily food requirements
7. Each participant must reapply at the end of the certification period and be reassessed for Program eligibility.
8. It is illegal to participate in more than one WIC Program at the same time.

IX. Nutrition

A. The CPA determines and indicates nutritional risk codes on the back page of the CFES. After explaining the nutritional risk to the participant/parent/guardian, the CPA must sign and date the back page of the CFES. If the CPA signature and date are missing the CFES is not valid for certification purposes.

B. It is required that the following nutritional information be documented in the file:

1. Prenatal Weight Gain Grid with measurements recorded and plotted.
2. Infant/Child Growth Grid with measurements recorded and plotted.
3. Category/Age Appropriate Health and Diet Questionnaire.
4. Medical history information for identified risk factors.
5. Nutrition Education Checklist/Progress notes.
6. Documentation of follow-up on referrals. Include name of the provider the participant has been referred to and the reason for the referral.

X. Transfers

A. In-State. Local programs that have a Montana WIC participant transfer into their program shall have the participant fill out a CFES form, show ID and Residency and sign and date the CFES and Rights and Responsibility forms after reading them.

B. Out-of-State with a VOC Card. Local programs who have a an out-of-state WIC participant with a VOC card transfer into their program shall have the participant fill out a CFES form, show ID and Residency and sign and date the CFES and Rights and Responsibilities forms after reading them. If proof of residency is not available at the initial visit request verification at the subsequent visit.

C. All participants transferring to a local WIC program (either from in-state or out-of-state with a VOC) shall be asked if the income they expect to receive is at or below WIC income guidelines based on household size.

D. All transferring participants need to bring in income documentation at their next visit in ensure they remain income eligible.

XI. Motor Voter Registration

A. WIC staff must ensure age-appropriate applicants are asked if they are interested in registering to vote and mark their response in the appropriate "Motor Voter" box (yes or no). If a positive response is received, WIC staff will assist the applicant in completing and mailing the applicant's Motor Voter form, if that is the applicant's preference.

XII. Official Notification of Certification End

A. All participants must be issued the "End of Certification/Notice of Ineligibility, form #128, when their last set of WIC checks for the current certification is issued. This form is also to be used for those scheduling a subsequent certification appointment. It allows clinic staff to mark and explain to participants which items are required for a subcertification. The form is to be signed and one copy given to the participant and one copy kept in the participant chart (see attached copy of form).

MONTANA WIC PROGRAM
END OF CERTIFICATION/NOTICE OF INELIGIBILITY

An appointment has been scheduled on _____ at _____AM/PM for the person(s) listed in the first box below to determine eligibility for continuation of WIC benefits.

End of Certification Notice **Certification End Date**

Eligibility in the WIC Program for the named participant(s) expires with the current set of WIC checks. WIC Eligibility for:

Name _____ID# _____ will end on _____

Name _____ID# _____ will end on _____

Name _____ID#_____ will end on _____

The above participant(s) will need to reapply to determine continued eligibility. **Bring all items checked below** to the appointment; this information is needed to qualify for WIC benefits. WIC looks forward to working with you and your family. Please call ahead if you are unable to come to your appointment.

	The participant(s) named above.
	Proof of all current household income (one month pay stubs, prior year tax return) or proof of current participation in TANF, Food Stamps or Medicaid.
	Proof of current residency (utility bill; rent receipt/agreement) and identification for the above named and for the parent/guardian.
	Completed Health & Diet Questionnaire and/or Infant Nutrition Questionnaire (please fill out both sides before your appointment).
	Proof of pregnancy.
	Other requested information:

Notice of Ineligibility		**Name**	**ID #**	**End Date**
	Your child is over five (5) years of age.			
	4 **Your postpartum certification period is over.**			
	You are a breastfeeding woman whose infant is over 1 year of age.			
	Your family's income is too high.			
	You do not live in the Montana WIC Program service area.			
	You requested withdrawal from the WIC Program.			
	Other:			

For questions or information call: _____ or _____

_____ _____ _____ Participant/Parent/Guardian
Signature Date WIC Staff Signature Date

WIC is an equal opportunity program. If you feel you have been discriminated against on the basis of race, color, national origin, age, disability or sex, write immediately to the Secretary of Agriculture, USDA, Washington D.C. 20250.

WIC Fair Hearing Procedures

If you are dissatisfied with any decision about your eligibility for WIC, you are entitled to a fair hearing.

1. Submit a verbal or written request within 60 days of denial of participation to either your local WIC office or the State WIC office: WIC Program Director, Cogswell Bldg., Helena, MT 59620 (800) 433-4298.
2. You will then receive a copy of the Montana WIC Hearing Procedures.
   - You may be represented by an attorney or anyone at the hearing.
   - The hearing shall be within 3 weeks of receiving the request and shall be convenient for you.
   - You will have 10 days written notice of the time and place of the hearing.
   - The hearing will be conducted by an impartial official.
   - You have the right to present any evidence on your behalf.
   - You will be given the final decision in writing within 45 days from the date of the request for hearing.

Policy Number: 5-22
Categorical Eligibility
Effective/Revised Date: October 1, 2007

Categorical Eligibility

Purpose

Provide guidance to Local Agencies of which applicants would be categorically eligible for WIC services.

Authority

7 CFR 246.7 & State Policy

Policy

All applicants must be categorically eligible for WIC services to receive benefits.

Categories Eligible for WIC Services Include:

I. Women

A. Pregnant women are eligible during pregnancy and up to six weeks following termination of pregnancy.

B. Breastfeeding women are eligible up to their infant's first birthday.

C. Non-breastfeeding postpartum women are eligible up to 6 months postpartum.

II. Infants are eligible until their first birthday.

III. Children are eligible until their fifth birthday.

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Policy Number: 5-23
Residential Eligibility
Effective/Revised Date: October 1, 2005

Residential Eligibility

Purpose

Provide guidance to Local Agencies in determining participant residency eligibility.

Authority

7 CFR 246.7 & State Policy

Policy

Participants must reside in Montana to receive Montana WIC benefits.

Introduction

I. Geographic Area

A. Applicants should receive WIC services in the geographic area where they reside (see Special Situations below). In the case of Reservations or agencies operating programs in more than one geographic area, these geographic areas may overlap.

B. Exceptions can be made for Special Situations (see below). Such situations must be documented in the family folder.

II. Residency Documentation

Residency must be documented at each certification and transfer. Documentation of residency must be from a utility bill, monthly rent payment receipt or landlord statement (documentation connecting participant with current address). See Policy 5-21, Application/Certification, for how to note residency on the CFES. NOTE: Proof of residency must show the address where the applicant currently lives/resides.

IV. Verification of Certification Cards

A. VOC cards are used for transferring WIC participants from one state to another state. VOC cards are the same as a WIC certification and may be used until the end of the current certification period.

B. VOC cards are to be accepted by local programs as proof of certification when presented by transferring participants.

C. An automated VOC card is available on the WIC system. The local programs will issue cards to all participants who intend to transfer out-of-state. One card is issued for each transferring participant.

D. Residency and ID must be obtained for WIC participants transferring from one state to another.

Note: Issue VOC cards to migrants upon certification. See Policy 5-21, Application/Certification, when a participant does not meet residency eligibility requirements.

Policy Number: 5-24
Financial Eligibility
Effective/Revised Date: October 1, 2007

Financial Eligibility

Purpose

Provide guidance to Local Agencies in determining current financial eligibility/household size for WIC applicants.

Authority

7 CFR part 246.7 and State Policy

Policy

WIC applicants are to be determined financially eligible based on the current income guidelines and their household size. Local Agencies must determine the best indicator of the households' current financial situation through interviewing the applicant at certification.

Introduction

I. Income Instructions

A. These income instructions are not intended to make income determination for WIC a complicated and lengthy procedure, nor are answers readily available for every question on a specific case.

B. There will be times when State and local WIC clinic staff need to use their discretion in determining financial eligibility within the general framework of regulatory requirements and basic program policy when a participant is not financially eligible.

II. Determination

A. Questions may arise as to who to include as a household member or what to include as income. Although you may have to use your own discretion in some instances, the following information is intended to provide assistance in answering questions from households and in making income eligibility determinations.

B. Refer to the WIC Program Definitions of "Family/Economic Unit," "Emancipated Minor" and "Income" to aid you in determining eligibility.

C. Use either the family's income during the past 12 months or the family's current rate of income (see definition of "current income"), whichever is the best indicator of the family's current status.

D. The purpose of evaluating both current and averaged income (over the past 12 months) is to determine "which indicator more accurately reflects the family's current status."

Example: A family's current income is above 185% of poverty; however, the average income over the past 12 months (or the previous income tax year) is below 185% of poverty. Therefore, the family is financially eligible based on the second test (averaged income) **if the averaged information is reflective of their current status** (seasonal or construction workers might meet this test).

E. If current income is reported as other than an annual figure, the appropriate annual calculation will be made in the WIC automated system.

F. If at any point during an eligible certification a participant (household) is determined to be over the income limit for WIC, they must be given a 15 day ineligibility notice (form #128) and food benefits to cover the 15 day time period, the participant (household) must be removed from the WIC program and the ineligible participant (household) referred to other forms of assistance (food stamp program, food bank, etc.).

III. Adjunctive Eligibility

A. Persons who report they are enrolled in specific qualifying State or Federal programs in Montana must provide proof of such participation for the month of WIC application. Local Agencies may not use a previous certification (within 60 days) financial determination when a participant is using adjunctive eligibility.

B. Proof of participation may be verified through SIS, see Policy 5-18, Search and Inquiry System (SIS), for Adjunctive Income Verification or through written letters, or forms from the Office of Public Assistance (Montana) documenting current participation in one of the approved Federal or State programs.

C. Participants using adjunctive eligibility do not need to provide additional financial proof as they are adjunctively (automatically) income eligible for WIC. Participants who claim adjunctive eligibility status do not fill out the zero income form, but need to self-declare their income.

D. The self-declared income figure must be recorded in the paper chart and the computer for data collection purposes. (no zero income figures are to be recorded in the computer)

E. Participation in Federal or State administered programs which routinely verify income, that are not listed, must be approved by the State WIC Agency.

F. Programs Providing Adjunctive and/or Presumptive Eligibility

1. Temporary Assistance to Needy Families (TANF - formerly AFDC)
2. Food Stamps
3. Medicaid (includes Medically Needy program, where participants receive eligibility on a monthly basis)

G. TANF or Medicaid applicants who are found presumptively eligible pending completion of the eligibility determination process are also automatically WIC income eligible. These applicants must show proof of presumptive eligibility.

The WIC office must issue only one month benefits and get documentation of final eligibility before issuing further benefits.

IV. Participants Continuing WIC Eligibility

Persons found adjunctively/presumptively eligible do not lose their WIC eligibility upon cessation of benefits from TANF, Food Stamps or Medicaid. A decision about the participant's continuing WIC eligibility must be based upon a reassessment of the household size/income against the WIC Program Income Guidelines.

V. WIC Eligible from Different Programs

A. Programs in which participation probably means they are also eligible for WIC, but for which you must verify and document income are:

1. Public Assistance
2. SSI
3. Commodity Food Distribution
4. School Lunch (free and reduced price)
5. Low Income Energy Assistance

VI. Adoption

When family services has placed a child in a permanent home and/or subsidizes the child's adoption, the child is considered a member of that household. The family size and total income of the family determine the child's financial eligibility for WIC. When a family has an adopted child or a child for whom the family has accepted legal responsibility, the child is counted in the family size of that family. The size and total income of that family shall be used to determine the child's income eligibility for WIC.

VII. Alimony/Child Support

Any money received by a household in the form of alimony or child support is considered as income to the receiving household. However, any money paid out for alimony or child support may not be deducted from that household's reported gross income.

VIII. Economic/Family Unit

A. A group of related or unrelated individuals who are living together as one economic unit and sharing and consuming household costs, goods, foods, etc.

B. Residents of a homeless facility or an institution shall not all be considered as members of a single family.

C. Students who are temporarily away at school should be counted as members of the family.

D. The terms "economic unit" and "family" can be used interchangeably. We perceive a family to be a household or an economic unit composed of a person or group of persons who usually (although not necessarily) live together and whose production of income and consumption of goods or services are shared.

Example #1: The mother and child live together and receive child support payments from the father. The father has remarried and lives with his new wife who is expecting a baby.

The new wife and the ex-wife apply for WIC benefits. The ex-wife and her child are a family of two, and the child support payments are counted as income. The father and the new wife can be counted as a family size of three (husband, wife and unborn child - see Policy 5-3, Income Eligibility of Pregnant Women).

The child support payments cannot be deducted from the father's income and the child living with the ex-wife cannot be counted in the father's family unless the father has the child one-half of the time (see joint custody) and is on or applying for WIC services.

Example #2:

If a child resides in a school or institution and the child's support is being paid for by the parent or a guardian, the child may be counted in the family size of that parent or guardian.

IX. Emancipated Minor

A. A minor living alone and without economic support from other persons or living with relatives or friends, none of whom is an adult, but as a separate economic unit is considered to be a household of one. Age is not a factor in defining an emancipated minor.

B. If the household is one economic unit (sharing and consuming household costs, goods, foods, etc.), all income and household members must be included to determine financial eligibility.

C. It is entirely possible for two separate economic units to reside under the same roof, although the determination of such is usually not a clear cut process and these situations should be handled on a case-by-case basis.

X. Foster Care Children

A. See Policy 5-6, Foster Child Benefits, for documentation procedures to use for foster children and sample letter requesting issued WIC checks be returned from parent/guardian.

B. A foster child is a family/household of one and the income determination is based solely on the foster child's income. Income includes funds provided by the human services agency which are specifically identified by category for the personal use of the child and other funds received by the child, such as money which may be provided by the child's family for personal use.

C. A foster child is not included in the foster parents' household nor is the income received for the foster child's care counted in the foster parents' household income.

D. When a child is placed in foster care, issue only one month of WIC checks per visit as their situation may change rapidly without notice. When a foster child is placed in foster care or back with his/her parent/guardian, the parent/guardian is responsible for returning issued WIC checks/food. If necessary, the clinic will send the parent/guardian a letter asking for the WIC checks/food back and advising the parent/guardian if they cash any of the issued WIC checks after the child was removed from their custody, they will be prosecuted for fraud.

E. The clinic will then void the returned WIC checks as "in-hand" (using the foster care placement letter as "in-hand" documentation) and reissue new WIC checks to the foster parent for the participant.

F. If a foster child is returned to his/her birth family, an income eligibility evaluation must be done based on the household income.

XI. Joint Custody

A. Perhaps the most difficult situations occur when joint custody has been awarded and the parents cannot cooperate in the use of WIC checks. The child's eligibility could change monthly, weekly or even daily depending on the rotating time period at each household.

B. It is the goal of the WIC program to see the child receives the benefits to which the child is entitled during their period of eligibility.

C. Local programs shall determine who has custody the majority of the time during the month and issue WIC checks to that parent. If the custody is in fact divided evenly and the parents will not work together AND if both households qualify for WIC participation, the food package could be issued alternate months to alternate parents. In all instances it must be made perfectly clear the food is for the child's use.

XII. Lump Sums

A. Lump sum payments or large cash settlements (i.e., funds provided as compensation for a loss that must be replaced, payment from an insurance company for fire damage to a house). These are not counted as income since they are not received on a regular basis.

B. When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

XIII. Self-Employment Income

A. Self-employed persons (includes self-employed persons/farmers) may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure. Documentation would be a current income tax form or if a current tax form is not available, applicants would be required to bring in their business books.

B. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts. Gross receipts include the total income from goods sold or services rendered by the business. Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid and business taxes (not personal Federal, State or Local income taxes).

C. Net income for self-employed farmers is figured by subtracting the farmer's operating expenses from gross receipts. Gross receipts include the value of all products sold; money received from the rental of farm land, buildings or equipment to others; and incidental receipts from the sale of items such as wood, sand or gravel.

D. Operating expenses include cost of feed, fertilizer, seed and other farming supplies; cash wages paid to farmhands; depreciation charges; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (but not Federal, State or Local Income taxes).

E. For a household with income from wages and self-employment, each amount must be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income

XIV. Seasonal Income

A. Seasonal income is determined by averaging a yearly amount (e.g. if the participant works five months of the year, the gross amount would be divided by twelve to obtain a yearly average, example: the

B. Participant makes $400.00 every two weeks ($800 a month). Five Months x $800.00=$4000.00. $4000.00/12=$333 a month.

XV. Zero Income

A. Households declaring no income must sign the zero income statement form and understand the provisions of the form:

1. They may have to provide additional documentation to verify their statement.
2. They must give an accurate and true representation of their current income

B. Ask the following questions and document responses for anyone using a zero income statement:

1. Where are they living;
2. Who is paying rent;
3. Who is providing food, daily necessities, etc.

C. If they are living with someone, that family's income could be counted depending on the answers supplied to the above questions.

D. Anyone with zero income must be referred to all appropriate assistance agencies in the area and that referral documented in the participant record.

E. Local Agencies are to issue only one month of WIC checks and schedule an appointment the following month. The following month check the participant's financial eligibility again. They possibly now have income, are adjunctively eligible to participate in WIC due to referrals to public assistance programs or are now living in a household for which you need to check income.

XVI. Income

A. Documenting Income. All participants/applicants must show proof of household income or documentation of enrollment or presumptive eligibility in a qualifying adjunctive program (TANF, FS, MA).

B. Payroll check stubs (minimum of 1 month), tax returns, Medicaid eligibility, Food Stamp eligibility, TANF eligibility, letter of award for unemployment, or letter of award of SSI payments can be used for documentation.

Overtime income would be counted based on the frequency and amount received. Look at the year-to-date on a pay stub to determine if the overtime income would count (i.e., on April pay stubs, the participant has earned $1,000 in overtime. This would compute out to a yearly overtime amount of $3,000).

C. Local Agencies must either take a photocopy of original documents and attach to the participants file or record the following information on the Certification Form and Eligibility Statement:

1. Date of issuance, time period covered or other identifying information
2. Document number
3. Employer name
4. Gross dollar amount
5. To whom the income is issued

If any of the above criteria are missing from the form of financial documentation, you must photocopy the document and place in the chart.

D. WIC participants from the same family certified within 60 days of each other, do not require a second financial eligibility determination within the 60 day period, unless they are using MA adjunctive eligibility.

If a participant (household) is using Medicaid as adjunctive/presumptive eligibility, then the second certification requires income to be documented.

E. The participant and WIC staff will need to sign the CFES form for each certification. Certifications more than 60 days apart require separate financial eligibility determinations.

F. Instream migrant farmworkers and their family members with expired VOC cards shall be declared to satisfy the State WIC Agency's income standard provided that the income of that instream migrant farmworker family is determined at least once every 12 months.

G. Any determination that members of an instream migrant farmworker family have met the income standard, either in the migrant's home base area before the migrant has entered the stream for a particular agricultural season, or in an instream area during the agricultural season, shall satisfy the income criteria for any subsequent certification while the migrant is instream during the 12-month period following the determination.

H. Income amount for out-of-state transfers is based on self-declared income until further documentation is received or the next certification.

XVII. Income Not Counted

A. Income not to be reported or counted in the determination of a household's eligibility for WIC includes:

1. Any cash income or value of benefits a household receives from any Federal program that excludes such income by legislative prohibition, such as the value of food stamps provided under the Food Stamp Program. (See WIC Regulations, Subpart C - Participant Eligibility 246.7 (c)(2)(iv)(c)(8) page 281). Any subsidy a household receives through the prescription drug discount card program must not be treated as income in determining income eligibility for the WIC Program (Section 1860D-31(g)(6) of the Social Security Act).

2. Student financial assistance, such as grants and scholarships, provided for the costs of attendance at an educational institution received from any program funded in whole or part under Title IV of the Higher Education Act of 1965 is excluded from income (ref. 7CFR246.7(c)(2)(iv)(L)), including:

a. Pell Grant

b. Supplemental Educational Opportunity Grant

c. State Student Incentive Grants

d. National Direct Student Loan

e. PLUS

f. College Work Study

g. Byrd Honor Scholarship

3. Loans, such as bank loans, since these funds are only temporarily available and must be repaid.

4. Income received under the National Flood Insurance Program (NFIP) shall be excluded when determining household income.

5. The Department of Defense is providing funds to certain members of the Armed Forces and their families through the Family Subsistence Supplemental Allowance (FSSA). When determining household income these funds shall be excluded.

6. The value of in-kind compensation, such as military on-base housing, or any other non-cash benefit. (A military cash housing allowance is not counted as income, but other military benefits received in cash, such as food or clothing allowances, CONUS or OCONUS COLAs, must be considered as income (see policy 5-4 Military Personnel Income).

7. Occasional earnings received on an irregular basis (i.e., not recurring, such as payment for occasional babysitting or mowing lawns). You may need to make a judgment on receipt of this income.

8. Overtime Income may or may not be counted based on the frequency and amount received. Look at the year-to-date on a pay stub to determine if the overtime income would count (i.e., on April pay stubs, the participant has earned $1,000 in overtime. This would compute out to a yearly overtime amount of $3,000).

9. Earned Income Tax Credit funds received by a member of the household, whether received throughout the year or as a lump sum.

B. There are limited exceptions where income documentation would not be required. These would include, but not be limited to:

1. An individual for whom the necessary documentation is not available (individuals who have lost everything due to theft, fire, flood or other disaster).

2. An individual, such as a homeless woman or child, for whom the requirement would present an unreasonable barrier.

3. Certain in-stream migrant farmworkers and their family members with expired VOC cards.

C. Check with the State WIC Office to verify if an income documentation exception would be allowed.

XVIII. Native American Households

A. Definition: "Native American household" is defined as containing at least one enrolled tribal member, pursuant to the resident Tribe's enrollment requirements.

B. Documentation of a household member's enrollment must be maintained in the participant file (on the CFES - Reservation Program form).

C. Each Reservation program shall post in a conspicuous place Policy 5-2, Income Guidelines, which shows maximum family income allowed for family size.

D. Income documentation for Native American WIC households living within Reservation boundaries shall be as follows:

1. Each applicant participating in a Reservation WIC program, or the applicant's parent or caregiver, shall sign the Certification Form and Eligibility Statement – Reservation Program (provided by the State WIC office) stating the applicant's family income does not exceed the maximum. This will be done at each certification.

Note: Participants using tribal enrollment as income verification do not need to fill out the zero income statement, just declare their income on the Certification Form and Eligibility Statement – Reservation Program.

E. Each Reservation WIC program may verify income eligibility of any Native American applicant according to established WIC policies and published WIC regulations and record the correct income amount in the certification record.

F. Length of residency in the service area will not be considered a test for eligibility. The Reservation boundary will be the service area.

G. Non-Native American applicant households shall not use the above abbreviated income procedure even though they may be served by the Reservation program.

Nutritional Eligibility

Purpose

Provide guidance to Local Agencies in completing the nutrition counseling/risk assessment portion of a WIC certification.

Authority

7 CFR 246 and State Policy

Policy

All applicants must be assessed a nutrition risk by the CPA to be eligible to receive WIC benefits.

I. Introduction

The Competent Professional Authority, CPA, evaluates and analyzes the applicant's nutrition and medical information and identifies nutrition risks as defined in Policy 5-12, Certification Criteria and Priority Assignment. When a participant does not have a nutritional risk, see Policy 5-21 Application/Certification, Notification of Ineligibility.

II. Nutritional Eligibility Determination

A. A category/age appropriate health and diet questionnaire must be completed by the participant and evaluated by the CPA. It should include all food, beverages, etc., taken by mouth or tube feeding with descriptions of preparation method and portion size eaten. Reference evaluation to the "Montana Food Guide Pyramid" appropriate for age/category and food tables such as Bowes and Church's, Food Values of Portions Commonly Used or USDA's Handbook 8.

B. Instructions, methods and procedures for weighing and measuring the length/stature of women, infants and children are found in the Anthropometric Module after this section.

C. Hematological measurements - refer to the Anthropometric Module and Hematological Testing after this section. WIC staff must also ask participants/parents/guardians at cert/subcertification if their child(ren) have had a blood lead screening test. If they have not, they must be referred to programs where they can obtain such a test.

D. The participant is assigned a priority and the CPA informs the WIC participant/guardian of the nutrition risk(s) which qualify her/him for the WIC Program. See Chapter 5, Policy 5-21, Application/Certification, for instructions in filling out the CFES form.

E. Once eligibility has been determined, the CPA develops a nutrition care plan and provides the initial nutrition education contact (see Chapter 6 - Nutrition Education). The CPA then assigns the appropriate food packages. **Food packages are always assigned by the CPA**.

Policy Number: 5-26
Hematological Testing Procedures
Effective/Revised Date: October 1, 2008

Hematological Testing Procedures

Purpose

To ensure hematological testing is provided in a safe manner which places participants/staff at lowest risk possible for contact of blood-borne illness, while obtaining accurate hematological measurements.

Authority

State Policy

Policy

Local Agencies will use the following procedures to perform hemoglobin/hematocrit testing for WIC participants.

I. Requirements for Local Clinics

A. Method of Testing. Local WIC programs may choose the method of hematological testing which best meets their situation. They may purchase the supplies and equipment to perform the tests themselves or contract for services using funds from the local budget.

B. The following applies for local clinics which perform their own hematological tests:

1. Before performing any laboratory tests, the WIC clinic must be covered by a Laboratory Registration Certificate.
   a. Under the Clinical Laboratory Improvement Amendments (CLIA) of 1988, all facilities which perform laboratory tests must be registered with the Department of Public Health and Human Services.
   b. The type of laboratory tests performed will determine the level of certificate of registration and mandatory staff required.
2. Micro-spun hematocrit tests and hemoglobin tests using the HemoCue® Method are classified as waived tests.
3. A Laboratory Director must be designated.
4. Staff performing waived tests must, as a minimum, have a high school degree or G.E.D.
5. Advanced degrees apply only if the degree is related to medical laboratory science.
6. The Montana WIC Program will purchase a CLIA Registration Certificate which will cover local clinics at their request if they perform only waived hematological tests for the WIC Program.

C. If the local WIC clinic is included in an arrangement where other laboratory tests are performed, whether waived or not, it must obtain its own certificate of registration or be covered by another WIC agency's certificate.

Example: The Public Health Nurse of the county is the WIC staff person who performs all laboratory tests for WIC and performs laboratory tests as part of her other job duties. A certificate of registration should be obtained by the Public Health Nurse to cover her section or the county may wish to obtain a certificate which covers the entire department.

D. If the local WIC clinic performs non-waived laboratory tests, it must obtain its own certificate of registration or be covered by another WIC agency's certificate.

1. To be included in the Montana WIC Program Laboratory Registration Certificate, the local WIC program must:

   a. Request inclusion with the WIC Laboratory Director, Chris Fogelman, at the State Office.

   b. Provide the required information requested on location of sites where laboratory tests are performed, days and hours of operation (when tests are performed), and names, education level and years of experience for staff performing the tests. This information will be sent to the Department of Health and Human Services.

   c. Submit changes in any of the information required above to the WIC Laboratory Director as they occur.

   d. Understand that if any one of the local clinics under the certificate are found in violation and required to discontinue laboratory tests, all local clinics under the certificate will be required to discontinue laboratory tests.

   e. The Montana WIC Program's Laboratory Registration Certificate is CLIA ID# 27D0700313 and is valid until August 2008.

II. Safety Requirements

Local WIC program staff performing hematological tests must follow the universal precautions procedure described in Policy 5-16 or procedures established by the employer, whichever are more restrictive.

Note: Remember that in any invasive procedure, whether drawing blood for a hematocrit or hemoglobin, universal precautions must be observed.

III. Hemoglobin Screening

1. In the red blood cell is a molecule called the hemoglobin. It contains iron and is able to "carry" or bind oxygen. The hemoglobin test is a laboratory test to determine the concentration of hemoglobin in the bloodThe HemoCue® system is the standard equipment used in Montana WIC clinics.

2. HemoCue®

   a. The HemoCue® system measures undiluted blood photometrically after conversion to hemoglobinazide.

b. The HemoCue® system consists of disposable micro-cuvettes with a reagent in dry form and a photometer specifically designed for its function. The micro-cuvette is used for measuring the sample, as a reaction vessel and as measuring cuvette. Reading of the hemoglobin takes place in the photometer following the completion of the reaction and the result is displayed in the window.

c. Maintenance

Follow the manufacturer's instructions for calibration, cleaning and maintenance of HemoCue® devices.

IV. Other Methods

If you are investigating other methods of hematological screening, please contact the State Office.

Sterilization

The general procedure instructions are:

Step #	Procedure
1	Wash and dry hands, put on gloves. Set up materials needed.
2	Seat the participant comfortably. If her/his fingers are cold, it is a good idea to heat the hand from which the sample will be taken in warm water.
3	Use only the middle finger or ring finger for sampling. It is important that the blood can circulate freely in the sampling finger, so fingers with rings should be straight but not tense, to avoid stasis effect which occurs when the fingers are bent.
4	Clean the puncture site with an alcohol swab and let dry.

Collecting a blood sample

Step #	Procedure
1	Using your thumb in a gentle rocking movement, lightly press the participant's finger for the sample from the top knuckle to the tip. Gentle pressure should be used. Prick the side of the tip of the finger with a lancet or other appropriate device. Not only is blood flow best from this site, it also causes the least pain.
2	Using a dry absorbent pad, wipe away the first two or three drops of blood. This stimulates spontaneous blood flow and reduces the chance of error due to contamination. If necessary, apply light pressure again, until another drop of blood appears, but avoid "milking." The manufacturer recommends that the first two to three drops of blood be wiped away to increase the accuracy and consistency of results.

3	If a second sample is to be taken from the same site, it is important this be done immediately after the first has been taken. Wipe away the remains of the third drop of blood and take a second sample from the fourth drop.
4	Dry off any surplus blood on the tip of the cuvette. Make sure that no blood in sucked out of the cuvette.

Using a HemoCue®

Step #	Procedure
1	Place the cuvette in the holder and insert it in the photometer.
2	When and only when the reaction has been completed, approximately 45 seconds, the blood-hemoglobin value is displayed in the window.
3	As with all contaminated cuvettes and used swabs (cotton balls or gauze), proper disposal procedures must be followed.
4	Remove gloves and dispose of properly. Wash hands. If another participant is to be tested, select new gloves and begin the procedure again.

Nutrition Education Contacts

Purpose

To ensure that all WIC participants are offered appropriate nutrition education.

Authority

7 CFR 246.11, USDA memo 2004-WIC-13

Policy

WIC participants shall be offered nutrition education according to standards and staff qualifications.

Procedures

I. A nutrition education contact may include:.

A. Individual education.

B. Group class (may include activities, discussion, videos).

C. A poster or bulletin board display with an interactive component.

D. Self-paced lessons with an interactive component.

II. Number of nutrition education contacts:

A. Participants shall be offered a minimum of two nutrition education contacts per each 6-month certification period.

B. Participants certified longer that 6 months shall be offered nutrition education contacts approximately quarterly at a minimum.

C. The nutrition education contact at certification counts as one of the minimum required visits.

III. Nutrition education contacts shall:

A. Be provided by qualified staff;

B. Be relevant to the participant's category and identified nutrition risks;

C. Incorporate the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques;

D. Address the participant's stated interests and concerns;

E. Consist of accurate and current information;

F. Meet the language and cultural preferences of the participants;

G. Be offered at no cost to the participant

H. Be documented in the participant's record; and

I. Be available to all adult participants and the parents/guardians/caretakers of infant and child participants, and whenever possible the child participants themselves.

IV. Nutrition education contacts at certification must include:

A. An explanation of the participant's nutrition risk conditions;

B. Breastfeeding education and support for all pregnant and breastfeeding participants;

C. Substance abuse information to all pregnant, breastfeeding, and postpartum women and to the parents/guardians/caretakers of infant and child participants;

D. The importance of supplemental foods being consumed by the participant for whom they are prescribed; and

E. Individual education as described in this policy under part V**.**

V. Individual education

A. Shall be provide at initial certification and subsequent certification and may be provided at nutrition education visits between certification;

B. Shall be based upon the participant's category, nutrition risks, dietary history, health history and stated interests and concerns;

C. Shall include a care plan as described in Policy #6-2; and

D. Shall include an evaluation of the participant's understanding of the information discussed. This evaluation will generally be informal, based on the discussion with the participant and will be reflected by the participant's established goals. At times the educator will need to ask specific questions to elicit understanding from the participants.

Examples of appropriate questions depending on the content of the education session are:

1. Based on our discussion, what things are you willing to do to gain less weight in this pregnancy?
2. What are some foods high in iron you can offer your child?
3. What is something you can do to try to increase your child's intake of vegetables?

Examples of inappropriate questions are:

4. Do you have any questions?
5. Do you understand what we talked about?
6. Can you eat the recommended number of servings from the meat group?

E. Not every individual education session will evoke discussion from the participant. Every attempt shall be made, however to encourage interaction with the participant.

VI. Group Classes

A. Shall be scheduled for participants taking into consideration the participant's category, nutrition risks and stated interests and concerns;

B. Shall be presented according to the lesson plan for the class (do not need to be followed "word for word");

C. Shall be presented by staff who have been trained on the subject matter prior to teaching the class; and

D. Shall have a staff member present in the classroom whenever possible (if a WIC staff person is not the presenter).

VII. Posters or Bulletin Boards Displayed and Self-Paced Lessons

A. Shall be appropriate for the participant's category, nutrition risks and stated interests and concerns; and

B. Shall contain questions completed by the participant and reviewed with the staff member.

VIII. Refusal of Nutrition Education

A. Participants who decline nutrition education shall not be denied food benefits for refusal to attend or participate.

B. Alternative nutrition education activities shall be encouraged.

C. Refusal of nutrition education shall be documented in the participant's record.

Nutrition Care Plans

Purpose

To ensure nutrition education contacts are planned for all WIC participants

Authority

7CFR 246.11; State Policy

Policy

Each individual participant will have a care plan which addresses the participant's category and identified nutrition risks as well as the participant stated interests and concerns.

Procedures

I. A nutrition care plan shall include, at a minimum

A. The date the visit took place;

B. The name of the individual receiving the education (if different then the participant);

C. Nutrition concern addressed;

D. Progress made in resolving nutrition concern or risk (if not first visit);

E. Nutrition education provided;

F. A goal agreed upon by the participant or parent/guardian/caretaker of the infant child participants;

G. The plan for future intervention; and

H. The signature or initials of the staff person writing the care plan

II. Meeting the Agreed Goals

Participant's progress in meeting the agreed-upon goals of the care plan will be evaluated and documented at future clinic visits.

III. Nutrition Care Plan

Nutrition care plan shall be documented in the participant's record. Where the information is located in each local agency's records should be consistent.

Nutrition and Breastfeeding Education Plans

Purpose

To assure that appropriate nutrition and breastfeeding education is planned to address the nutritional needs and interests of program participants.

Authority

7 CFR Part 24.11; State Policy

Policy

Each local agency shall follow a Nutrition Breastfeeding Education Plan

Procedures

I. Nutrition Education Plan

A. Each local agency shall submit the Nutrition Education Plan grant application.

B. The plan should consist of an assessment of the population served and its nutrition related problems, action plan and evaluation.

II. Breastfeeding Education Plan

A. Each local agency shall submit the Breastfeeding Education plan as part of the local WIC program's grant application.

B. The plan should consist of an assessment of the breastfeeding promotion and support plan and the needs of the local population, an action plan and an evaluation.

Breastfeeding Promotion and Support

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

US Federal Regulations: 7 CFR 246.11. (b)(7)(1-iv)

Policy

I. All Local WIC Programs will promote and support breastfeeding as the optimal way to feed an infant. Valid and consistent breastfeeding information will be made available to all women on WIC. Local WIC agency staff shall encourage every pregnant woman to breastfeed her infant unless there are special health reasons that contraindicate breastfeeding.

A. Prenatal Goal: Prenatal women in WIC will receive valid and consistent breastfeeding education so that they will be able to make a sound decision regarding their choice of infant feeding. Accomplishment Date: Prior to delivery.

1. **Objective #1:**

   All prenatal women determined eligible for WIC will be given the opportunity to learn about the benefits of breastfeeding for her and her baby.

2. **Objective #2:**

   Women desiring more information at subsequent visits will be provided with appropriate education, resources and/or referral.

B. In-Hospital Goal: Valid and consistent breastfeeding information will be provided to the hospital so that the woman who chooses to breastfeed her infant will be supported in her decision. Accomplishment Date: On-going.

1. **Objective #1:**

   The Breastfeeding Coordinator (BFC) of the local WIC program will take a leadership role in establishing a working relationship with the local hospital, specifically, the nursery staff, and with the local pediatricians, family physicians and obstetricians so that they are aware of the WIC breastfeeding promotion and support initiative.

2. **Objective #2:**

   If this linkage is already established and working, the BFC will continue to facilitate the necessary changes by education of the breastfeeding mother and by collaboration with the physicians and other health professionals.

C. Postpartum Goal: Valid and consistent breastfeeding information will be made available to all women on WIC. Accomplishment Date: On-going.

1. **Objective #1:**

   The BFC of the local WIC program will take a leadership role in establishing a working relationship with the local hospital and other health professionals to exchange current breastfeeding information so that valid and consistent knowledge is maintained.

2. **Objective #2:**

   Women who initiate breastfeeding will receive follow-up on answers to questions and concerns.

II. The State WIC Program will promote and support breastfeeding as the optimal way to feed an infant through statewide activities.

A. Statewide Promotion Goal: Valid and consistent breastfeeding information for the general public and promotion of breastfeeding as the norm in infant feeding.

1. **Objective # 1:**

   The State Breastfeeding Coordinator will participate in establishment and on-going activities of the Montana Statewide Breastfeeding Coalition.

2. **Objective # 2:**

   Encourage the participant of the BFC of the local WIC program in components of the Montana Statewide Breastfeeding Coalition.

B. Statewide Support Goal: Peer-to-Peer counseling providing valid and consistent breastfeeding information to WIC mothers. Accomplishment Date: 2007 local program. Focus on smaller local program that have few breastfeeding support resources in their area and at least one reservation program. Accomplishment Date: Ongoing

1. **Objective 1#:**

   Expand the Peer Breastfeeding Counselor Projects to include five local programs. Focus on smaller local programs that have few breastfeeding support resources in their area and at least one reservation program. Maintain the five local programs. Seek additional funds when available.

2. **Objective 2#:**

   Review breast pump usage in the state and interview programs who are not utilizing the service for information on potential changes. Investigate the participant in the WSCA breast pump sole source contract.

Guidelines

I. Worldwide, Health Authorities

Worldwide, health authorities agree that breastfeeding promotion should be a priority for health programs involving women and infants. The American Academy of Pediatrics (AAP), American Dietetic Association (ADA), the World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and many others, strongly support breastfeeding and have taken many steps toward its promotion.

II. American Dietetic Association

A. American Dietetic Association - Abstract from *The Journal of the American Dietetic Association* 2001;101:1213):

1. It is the position of the American Dietetic Association (ADA) that broad-based efforts are needed to break the barriers to breastfeeding initiation and duration. Exclusive breastfeeding for 6 months and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants.
2. Increases in initiation and duration are needed to realize the health, nutritional, immunological, psychological, economical, and environmental benefits of breastfeeding.
3. Breastfeeding initiation rates have increased, but cultural barriers to breastfeeding, especially against breastfeeding for 6 months and longer, still exist. Gaps in rates of breastfeeding based on age, race, and socioeconomic status remain.
4. Children benefit from the biologically unique properties of human milk including protection from illness with resulting economic benefits.
5. Mother's benefits include reduced rates of pre-menopausal breast and ovarian cancers.
6. Appropriate lactation management is a critical component of successful breastfeeding for healthy women.
7. Lactation support and management is even more important in women and children with special needs caused by physical or developmental disability, disease, or limited resources.
8. Dietetics professionals have a responsibility to support breastfeeding through appropriate education and training, advocacy, and legislative action; through collaboration with other professional groups; and through research to eliminate the barriers to breastfeeding.

III. American Academy of Pediatrics

A. American Academy of Pediatrics - *Summary of 2005 Recommended Feeding Practices:*

1. Pediatricians and other health care professionals should recommend human milk for all infants unless breastfeeding is specifically contraindicated. If a known contraindication to breastfeeding is identified, consider whether the contraindication may be temporary, and if so, advise pumping to maintain milk production. Before advising against breastfeeding or recommending premature weaning, weigh the benefits of breastfeeding against the risks of not receiving human milk.
2. Parents should be provided with complete, current information on the benefits and techniques of breastfeeding.
3. When direct breastfeeding is not possible, expressed human milk should be provided.
4. Education of both parents before and after delivery of the infant is an essential component of successful breastfeeding.
5. Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.
6. Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established, except when pacifier use is for nonnutritive sucking and oral training of premature infants and other special care infants.
7. During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing, or rooting.
8. Crying is a late indicator of hunger.
9. The mother should offer both breasts at each feeding for as long a period as the infant remains at the breast. At each feeding, the first breast offered should be alternated so that both breasts receive equal stimulation and draining.
10. In the early weeks after birth, non-demanding infants should be aroused to feed if 4 hours have elapsed since the beginning of the last feeding.
11. After breastfeeding is well established, the frequency of feeding may decline to approximately 8 times per 24 hours, but the infant may increase the frequency again with growth spurts or when an increase in milk volume is desired.
12. Encouraging the mother to record the time and duration of each breastfeeding, as well as urine and stool output during the early days of breastfeeding in the hospital and the first weeks at home, helps to facilitate breastfeeding evaluation.

13. Weight loss in the infant of greater than 7% from birth weight indicates possible breastfeeding problems and requires intensive evaluation of breastfeeding and possible intervention to correct problems and improve milk production and transfer.
14. Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life and provides continuing protection against diarrhea and respiratory tract infection.
15. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. There is no upper limit to the duration of breastfeeding and no evidence of psychological or developmental harm from breastfeeding into the third year of life or longer.
16. Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.
17. Introduction of complementary feedings before 6 months of age generally does not increase total caloric intake or growth rate and only substitutes foods lacking the protective components of human milk. During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.
18. Infants weaned before 12 months of age should not receive cow's milk but should receive iron-fortified infant formula.
19. All breastfed infants should receive 200 IU of oral vitamin D drops daily beginning during the first 2 months of life and continuing until daily consumption of vitamin D-fortified formula or milk is 500 ml. Human milk contains small amounts of vitamin D, but not enough to prevent rickets. (This is due to the deficiency/inadequacy of the breastfeeding mother's stores of vitamin D. If her vitamin D stores are more than adequate, her breast milk will contain sufficient quantity of vitamin D for the infant.)Exposure of the skin to sunlight is the usual mechanism for production of vitamin D. However, significant risk of sunburn (short-term) and skin cancer (long-term) attributable to sunlight exposure makes it prudent to counsel against exposure to sunlight. Sunscreen decreases vitamin D production in skin. Supplementary fluoride should not be provided during the first 6 months of life.
20. From 6 months to 3 years of age, the decision whether to provide fluoride supplementation should be made on the basis of the fluoride concentration in the water supply and in other food, fluid sources, and toothpaste.
21. Mother and infant should sleep in proximity to each other to facilitate breastfeeding; (however, *sleeping* in the same bed is not recommended).
22. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk, if necessary.
23. Mothers of multiple infants can breastfeed. Twins can be breastfed at the same time, one infant at each breast. The mother should alternate the breast each infant uses at each feeding or at least once each day.

24. For triplets, the mother can nurse two infants at one time and give formula to the third. At the next feeding, the formula is given to one of the babies that had been breastfed. All three infants are given a chance to breastfeed.

Procedures

I. Establish LWP breastfeeding policy and procedures. These may include the following:

A. Designing and providing a comfortable area for women to breastfeed;

B. Implementing breastfeeding support/education groups;

C. Sponsoring peer-led parenting groups;

D. Establishing a breast pump program; and/or

E. Participating in the local Healthy Mothers, Healthy Babies Coalition (promote breastfeeding as part of the agenda) and the Statewide Breastfeeding Coalition.

II. Incorporate Task-Appropriate Breastfeeding

A. Each LWP will incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants so all WIC staff performing services for applicants/participants shall:

1. Have task-appropriate BF knowledge and skills to assess, educate, and make appropriate referrals;
2. Support the BF goals of the WIC Program;
3. Maintain a positive attitude and atmosphere for breastfeeding; and
4. Have a role in promoting and supporting the successful initiation and continuation of BF.

III. Breastfeeding Promotion

A. LWP staff shall encourage breastfeeding and ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

1. Provide a breastfeeding-friendly WIC clinic to assure participants feel comfortable asking questions about BF and feel comfortable BF their infants in the clinic.
2. Provide information to participants regarding concerns about BF and the availability and eligibility of breast pumps from the WIC Program.
3. Market BF through visual effects (posters and other materials) to promote BF as the optimal and normal way to feed an infant. All materials distributed or visible to participants shall be:

   a. Free of any items with formula product names and/or logos with the exception of the WIC Approved Foods materials;

b. Free of language that undermines the mother's confidence in her ability to BF;

c. Positive in presenting BF;

d. At an appropriate reading level for WIC participants;

e. Appropriate for the various cultures served; and

f. Accurate and up-to-date.

B. All formula returned to the WIC clinic will be stored out of sight of participants.

C. Education is the key to promoting breastfeeding.

1. Provide early and frequent contacts during pregnancy and the postpartum period to increase breastfeeding success.
2. Provide breastfeeding education that is participant-centered, discussing breastfeeding concerns of the participant first; include in each nutrition education contact, culturally relevant to the participant, and provided by culturally competent staff.
3. Concentration on the advantage of breastfeeding is somewhat ineffective. A majority of bottle feeders say that they know breastfeeding is better for the infant's health.
4. Discuss breastfeeding from the mother's point of view, the social and emotional considerations to be more effective.
5. Determine the woman's attitude toward breastfeeding at the pregnancy certification visit and if possible, include discussion of some breastfeeding benefits.
6. Discuss such items as breastfeeding techniques, proper positioning and latch on during the second trimester (or during the third if a woman enters WIC late in her pregnancy) and again after the infant is born.
7. Support participants through the learning process. Breastfeeding is natural, but it is not necessarily instinctive. Understanding more about the breast and the way it works makes it easier to help breastfeeding mothers. Knowing the physiology and anatomy of the breast and the process of breast milk production and lactation will help you to better explain these topics to participants.
8. Clarify misconceptions and concerns as early in pregnancy as possible. Most women will have made their decision on how they will feed their infant by the last trimester, some earlier.
9. Provide one-on-one discussions to allow women to express their concerns and fears about breastfeeding.

10. Use the three-step strategy developed by Best Start Social Marketing, the recommended technique, described below.

The Best Start Three Step Breastfeeding Counseling Strategy
1. Ask open ended-questions to identify her concerns (i.e., "What do you know about breastfeeding?").
2. Affirm her feelings by assuring her that these feelings are normal.
3. Educate by clarifying how other women like her have dealt with the same concerns.

11. Most women are curious about breastfeeding. Allow women the time to talk about their concerns followed by a sensitive and engaging discussion.
12. Form dialogue in a "mother-centered" or "infant-centered" way depending on the mother's frame of reference.
13. Recognize and identify cultural issues.
14. Questionnaires can help provide a quick and easy approach to breastfeeding and identify the pregnant woman's concerns. These are especially useful with women who are reluctant to discuss breastfeeding openly. Following is a Sample Questionnaire*(*adapted from "Breastfeeding – Encouraging the Best for Low Income Women," Lazarov & Evans, 2005, 4 woman.gov).

You can breastfeed in public without being noticed	Agree / Disagree
It is easier to bottle feed than to breastfeed.	Agree / Disagree
Many women are not able to make enough milk.	Agree / Disagree
My boyfriend/husband doesn't want me to breastfeed.	Agree / Disagree
I've heard that breastfeeding hurts.	Agree / Disagree
No one else could feed my baby if I breastfeed.	Agree / Disagree
I would have to eat differently if I breastfeed.	Agree / Disagree
My mother wants me to bottle feed.	Agree / Disagree

IV. Suggested Responses to Breastfeeding Concerns*

A. Lack of Confidence

1. Demonstrate with a doll how to nurse discreetly. Show pictures of women breastfeeding with loose clothing, shawls and blankets.
2. "Most women feel uncomfortable about breast feeding in public and like anything new, it may feel strange. Then you get used to it and it feels normal and even enjoyable".

3. "Most women are able to find a private place when they need one. Some will nurse in their car or the women's restroom. If you want, you can offer your baby a bottle, preferably of your own expressed breast milk, in places where you may feel embarrassed to nurse."
4. "Fortunately, making enough milk does not depend on breast size; did your breast get tender when you first got pregnant? That means your breast were setting up shop and developing the milk glands to make milk. Your body thinks you are going to breastfeed whether you do or not!"

B. Embarrassment

1. "Most people are afraid when taking on a new challenge – remember how you felt when you first learned how to ride a bike? Breastfeeding is sort of like riding a bike – you may be a little uneasy at first, but before you know it, it's something you don't even have to think about."

C. Loss of Freedom

1. Explore with her what she wants for her baby – to be healthy? To be smart? To be successful? To have good self-esteem? What does she want her relationship with her baby to be like? Help her to see how breastfeeding can help her meet her goals and aspirations for herself as a mother.
2. Explore what she wants for herself—to be healthy? To look good? To feel good about herself? To be successful at something? To be loved and appreciated? Again, help her relate to how breastfeeding can meet her goals and aspiration for herself as a woman.
3. "Many doctors and experts in child development think that a baby whose needs are met, who is given a clear message that he/she is loved, comes to trust the world and believe that he/she is a lovable person. A baby who receives this foundation of love and trust tends to be more secure and comfortable with others."
4. "While pregnant, your baby was nurtured and massaged all day long. Your baby heard your heart beat constantly. After birth, he/she still needs a lot of touching and cuddling to feel secure."
5. "Since babies that are not breastfed are sick more often, breastfed babies can be a lot easier to take care of and people usually are more willing to watch a healthy baby for you than a sick baby."
6. "It's nice to be needed, to have a special job that no one else can do for your baby."

D. Lifestyle Restrictions

1. There are no foods you need to avoid in order to breastfeed. Think about women in Mexico. They eat spicy foods and still breastfeed with no problems!"
2. "It is not good to smoke whether you breastfeed or bottle-feed. Second-hand smoke causes babies to wheeze and have more colds and ear infections, but breastfeeding can help babies who are around smoke from getting sick as often."

3. Women who tend to be tense and hyper can breastfeed just fine. In fact, the hormones your body makes during breastfeeding helps you to relax and feel calmer. It calms your baby also – the quickest way to calm yourself and your baby is to put the baby to the breast!"

E. Lack of Support from Family and Friends

1. Discussing ways for the father to feed and care for the baby and to deal with emotional separation from the mother, envy of the mother's emotional connection with the baby, and feelings of inadequacy from having a limited role in caring for the baby can be very helpful to the father or others in the family circle.
2. "When your mother had you, not many women breastfed and nobody was around to help them. I will be here to help you learn to breastfeed so that there should be no pain. We know a lot more about breastfeeding now than when your mother was born."
3. "Breastfeeding should not be painful, although there may be minor discomforts during the first couple of weeks. If breastfeeding were truly painful, no one would do it!"
4. "There are many ways the baby's father can feel close to the baby other than by feeding him or her. Your baby's father could be the one who bathes the baby, takes the baby for a walk, or puts the baby to bed for the night. He can hold and cuddle the baby and help with diaper changing. Babies need lots of loving! But you need to remind Dad how important he is to you as well!"

F. How Do I Do?

1. Explain/show correct positioning and latch-on.
2. Discuss feeding guidelines (adequate intake, frequency of feedings, infant feeding cues), hospital stay, use of infant formula and pacifiers, and what to expect during the first few weeks.
3. Show how to pump and store breast milk (also discuss WIC and local breast pump loan programs).
4. Discuss how to manage breastfeeding during the first weeks after birth.
5. Provide Peer Group Discussions
   a. Group setting of peers with at least one to two women who have breastfed allows expectant mothers to comfortably discuss these issues in front of family and friends.
   b. Personal testimonials can be an effective way to help her see and believe that others like herself share her concerns.
   c. Exposure to mothers nursing their babies increases her level of comfort with breastfeeding. When possible, invite a significant other in the woman's life into group or individual discussions. Address the issues that influences of others can have on the breastfeeding mother.

G. Education as the Pregnancy Comes to Term

1. Provide time to discuss with the mother what to expect in the hospital or birth center. Use the time to further clarify any concerns she may still have and to discuss the benefits of breastfeeding (as well as the risks of not breastfeeding) that may be of particular interest to her based on what you have learned about her and her family.

H. Conduct an Individual Visit (office or phone) within 48 to 72 hours after Discharge from the Hospital.

1. This is an optimal time to observe and assess the mother and baby's mastery with breastfeeding. Praise the mother for her new skills and for the role model she is to her community.
2. Early postpartum is also an important time to revisit the major concerns she identified during her pregnancy, as well as discussing any new concerns. Consider the following questions during the postpartum visit:
    a. Is she comfortable breastfeeding around family members?
    b. Does she need you to help demonstrate how to breastfeed discreetly?
    c. Is she concerned about the baby sleeping through the night?
    d. Does she think formula feeding will help her to get more rest?
    e. Is she sore or engorged? Review ways to prevent soreness (proper latch-on techniques) and engorgement. Discuss manual expression.
    f. Does she plan to return to work or school? If so, when? If a pump will be needed, you may discuss the availability of breast pumps through the WIC program or others in the community, such as Medicaid.

I. Schedule a second visit within the first four to six weeks or make a phone call.

1. If possible, call if you sense a mother is reluctant to continue breastfeeding. Use the Best Start three-step strategy discussed earlier to identify her concerns. If she decides to quit, praise her for the challenge she accepted and help her to see that it made a difference.
2. Discuss working outside the home or returning to school, offering bottles of breast milk or formula, and obtaining and using a pump, if needed. For quality service, follow-up on breast pumps issued with the Montana WIC Breast Pump Survey form.

J. Weaning

1. The ideal time to start weaning is best decided by the mother and her infant. When a mother asks for information about weaning, first give her the information she wants and then ask her to tell you about her situation, her feelings about weaning, what she thinks weaning will bring about, her child's needs for nursing, and how she plans to wean.

K. Lactation Referrals and Resources

1. Become familiar with sources of trained, skilled and available help in your community such as lactation consultants, if there is not one on staff, hire and train WIC Peer Counselors, and become familiar with other health department staff, La Leche League or local pediatric clinic staff.
2. Make referrals when needed.

V. Working with Local Hospitals

A. Ten Steps to Successful Breastfeeding is a worldwide program by UNICEF/WHO Baby Friendly Hospital Initiative. Hospitals are given the Baby Friendly recognition when they implement the "Ten Steps to Successful Breastfeeding" which provides an excellent way to facilitate change within hospitals. A community task force can help the hospital take small steps toward this international recognition. Focusing on the easiest changes first and the ultimate goal of more mothers' breastfeeding and breastfeeding exclusively, rather than the more controversial aspects of the program, will make the path toward change smoother.

1. Establish a good working relationship with community hospitals and birthing centers as they play a critical role in breastfeeding initiation and duration.
2. Provide the nursery with an introduction to the WIC breastfeeding promotion and support initiative and with copies of the local plan, including some hand-out materials.
3. Share the following with a hospital's birthing staff as well as with the mother to be:

   RECOMMENDED BREASTFEEDING PRACTICES FOR HOSPITALS AND BIRTH CENTERS (*Adapted from Policy Statement of the American Academy of Pediatrics – Breastfeeding and the Use of Human Milk, 1997*)

   a. Begin breastfeeding as soon as possible after birth.
   b. Keep the newborn with the mother throughout the recovery period.
   c. Avoid procedures that interfere with breastfeeding, such as bathing and weighing, except under special medically needed circumstances.
   d. Practice continuous rooming-in. Separation for naps or hospital procedures should be for periods of no longer than an hour.
   e. Nurse newborns whenever they show signs of hunger, such as increased alertness, mouthing, or rooting.
   f. Crying is a LATE indicator of hunger.
   g. Newborns should be fed 8 to 12 times in 24 hours and should be aroused to feed if 4 hours have lapsed since the last feeding.
   h. Conduct a formal evaluation of breastfeeding by a trained observer (lactation counselor or consultant) during the first 24 to 48 hours after delivery.

i. Give no supplements – water, glucose (sugar) water, formulas or pacifiers. There are a few medical indications for the need for supplements, but these situations are very uncommon as long as the other recommended procedures are followed. Mothers insistent upon the use of pacifiers should be encouraged to avoid them until after breastfeeding is well established.

Policy Number: 7-2
Local Programs Breastfeeding Coordinator
Effective/Revised Date: August 1, 2003

Local Program Breastfeeding Coordinator

Purpose

To ensure that each local agency (LA) employ or contract with adequate staff to ensure participants receive high-quality nutrition services while maintaining the required staff to participant ratio of 300:1 (300 participants to 1 full time equivalent (FTE).

Authority

7 CFR part 246.7

Policy

Each Local WIC Program (LWP) shall designate a staff person as Breastfeeding Coordinator (BFC) to coordinate breastfeeding promotion and support activities.

Guidelines

I. BFC Qualifications

A. Must meet the qualifications for CPA;

B. Must have breastfeeding training and knowledge by way of one of the following:

1. One year of experience in counseling women about how to breastfeed successfully; and have State-approved training in lactation management; or
2. Be a Certified Lactation Consultant (CLC) as granted by the Center for Breastfeeding Education, or have attended comparable training in lactation management; or
3. Hold credentials of International Board Certified Lactation Consultant (IBCLC) as granted by the International Board of Lactation Consultant Examiners (an IBCLC can provide specialized BF support and clinical lactation management).

C. Must complete the Breastfeeding Promotion and Support Competency Based Training (CBT) module within one month of assuming the position.

D. Must document initial and on-going BF or lactation training, which shall be maintained at the LWP for review.

II. Roles and Responsibilities of the BFC

A. Oversee the planning, implementation, and evaluation of breastfeeding promotion and support activities and staff training.

B. Keep current with the latest breastfeeding information and inform other local agency staff of new recommendations.

C. Identify, coordinate, and collaborate with community breastfeeding resources.

D. Coordinate and document BF training of LWP staff:

1. Incorporate task-appropriate BF promotion and support training into new staff orientation for staff involved in direct contact with WIC participants;
2. Train all staff to understand their role in promoting breastfeeding, regardless of their personal feelings about breastfeeding; and
3. Teach assembly, use and cleaning of breast pumps and expression and storage of human milk to WIC staff (unless another individual has been designated as the LA Pump Program Coordinator. Refer to Policy 7-3, Manual and Single-User Electric Breast Pumps.

III. The LWP shall submit the name of the BFC to the State WIC Office

The BFC is the State WIC Office's primary contact for BF-related correspondence.

IV. LWP's shall have a designated BFC at all times

A. If the designated BFC will be out for an extended leave, an interim BFC shall be appointed.

B. If through staff replacement the minimum requirements for a BFC are not met, an individual will be identified for training and such training will rank as high priority.

Policy Number: 7-3
Manual & Single-User Electric Breast Pumps
Effective/Revised Date: July 1, 2003

Manual and Single-User Breast Pumps

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

7 CFR 246.11

MPSF-1: WC-95-37-P, "Providing Breast Pumps to WIC Participants"

Policy

All Local WIC Programs may provide manual and single-user electric breast pumps to breastfeeding WIC participants when needed to manage breastfeeding. Each local agency issuing breast pumps must designate a staff person who is responsible for overseeing the local agency's breast pump program.

Procedures

I. WIC state agencies are authorized to use funds, food, and/or administrative funds to purchase aids that directly support the initiation and continuation of breastfeeding.

II. The Local Agency Breast Pump Program Coordinator (BPPC) would generally be the Local Agency BFC.

A. The BPPC is responsible for breast pump inventory and record maintenance. Breast pumps must be stored in a secure area, which can be locked when staff is not present.

1. Document all pumps issued in pump logs.
2. A separate pump log shall be kept for manual pumps, single-user electric breast pumps and multi-user electric pumps (see Policy 7-4, Multi-User Breast Pumps Issuance).
3. A breast pump inventory report is to be completed quarterly and submitted to the State Breastfeeding Coordinator. The report also includes the quarterly order for various breast pumps in stock.
4. All local agency staff issuing breast pumps must successfully complete training on breast pump assembly, use and cleaning and on expression and storage of human milk prior to pump issuance.
5. A record of this training must be kept at the local agency and submitted to the State Breastfeeding Coordinator when new staff has been trained.

B. Eligibility for issuance of a manual or a single-use electric breast pump shall be determined by a CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator. The reason for breast pump issuance shall be documented in the participant record.

1. Manual pumps are available for breastfeeding participants in the following circumstances:

   a. Mothers who need help in resolving short-term breastfeeding concerns such as having engorgement, flat or inverted nipples, oversupply, a sleepy baby, or a plugged duct; or

   b. Mothers with other reasons as determined by the CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator.

2. Single-user electric pumps are available for breastfeeding participants who need help in maintaining their milk supply in the following circumstances:

   a. Mothers separated from their babies regularly such as with full-time or close to full-time return to work or school, infant/mother hospitalization or sharing custody of an infant;

   b. Mothers of infants with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;

   c. Mothers of multiple infants;

   d. Mothers of infants with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast; or

   e. Mothers with other reasons as determined by the CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator.

3. Multi user electric breast pumps are available for loan to breastfeeding participants under certain circumstances. See Policy 7-4, Multi-User Breast Pump Issuance for more information. A participant returning a multi-user electric breast pump may be issued a manual or single-user electric breast pump if the circumstances for issuance are met.

C. Pump Issuance: Manual and single-user electric breast pumps may be issued to eligible breastfeeding participants under the following conditions:

1. Breast pumps are provided at no charge to the WIC participant.

2. WIC Procedure for Issuing a Manual or Single-user Electric Breast Pump is followed.

3. WIC staff conducting breast pump training and distributing pumps shall have previously completed required training on breast pump issuance procedures and use of pumps.

III. Procedure for Pump Issuance

A. Follow these steps when issuing a manual or single-user electric breast pump to a breastfeeding WIC participant.

B. Determine if a manual breast pump or a single-user electric breast pump will best meet her needs. If a single-user electric breast pump is most appropriate, but one is not available, a manual breast pump may be issued.

C. Discuss pumping techniques and discuss all aspects of handling expressed breast milk including: methods of pumping, storage times and temperatures (freezing and refrigeration), and proper thawing and warming techniques, when to pump, how often to pump, how long to pump, and how to stimulate let-down. Advise mothers that they will not be able to express as much as the infant would be able to suckle. One quarter of an ounce at the first attempt may be a reasonable expectation.

   1. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump.
   2. Have the participant demonstrate assembly of the pump and review how to use and clean the breast pump.
   3. Provide written instructions on safe handling of expressed breast milk.
   4. Have the participant read and sign the "Montana WIC Program Breast Pump Release Form".
   5. Provide a phone number to call for help or support.

D. Provide encouragement. Recommend for all mothers:

   1. Get adequate rest
   2. Eat regular meals and snacks
   3. Drink plenty of fluids
   4. Spend as much time with infant as possible
   5. Reduce stress as much as possible

E. Schedule a follow-up visit.

   1. Call within 24 hours and weekly thereafter to discuss pumping needs.
   2. Chart the reason for pump issuance and education provided in the participant record.
   3. Complete the appropriate pump log.

F. When breastfeeding ceases, have the mother complete the WIC Breast Pump Survey.

Montana WIC Program Breast Pump Release Form

I understand this breast pump is for my personal use. I have been instructed by

_____ on the following topics:

_____ pumping techniques

_____ cleaning, assembly and care of the pump

_____ storage and use of pumped breast milk

I agree to:

_____ Use the pump and its parts as instructed by the staff.

_____ Contact _____ at_____ if I need further information or have questions on the use of the breast pump.

I understand that the local WIC Program, the Montana Department of Public Health and Human Services and their employees are NOT responsible for any personal damage caused by the use of this breast pump. I AM THE ONLY ONE RESPONSIBLE.

_____

Participant Signature Date

_____

Phone # ID#

_____

Pump Given Instructed By

_____

Comments

Survey Response

We are happy to provide you with a breast pump. By answering the following questions, you can help WIC provide better services to other breastfeeding women.

1. How old is your baby? _____
2. Are you still breastfeeding? ____Yes No
3. If you are not currently breastfeeding:

   How long did you breastfeed? _____

   Why did you stop? _____

   _____

   _____
4. How many days or weeks did you use the breast pump? _____
5. Did the breast pump help you to continue breastfeeding? _____ Yes _____ No
6. How much longer did you breastfeed or provide breast milk in a bottle because of using the breast pump?

   _____ I am still breastfeeding

   _____ 3 months longer

   _____ less than one week longer

   _____ 1 - 3 weeks longer

   _____ 1 month longer

   _____ 2 months longer

   _____ 4 months longer

   _____ 5 months or longer

   _____ 6 months or longer
7. If the pump did not help you to continue to breastfeed, what would have helped you?

_____

_____

_____

_____

_____

SINGLE-USER ELECTRIC BREAST PUMP LOG

Agency: _____

Issued Date & Initials	Participant Name	Participant ID#	Participant Phone #	Type of Pump Issued	Instruction Provided By Date & Initials	Follow-up Date & Initials	Comments

MANUAL BREAST PUMP LOG

Agency:_____

Issued Date & Initials	Participant Name	Participant ID#	Participant Phone #	Type of Manual Pump Issued	Instruction Provided By Date & Initials	Follow-up Date & Initials	Comments

Multi-user Breast Pump Issuance

Purpose

To ensure initiation or continued breastfeeding when the mother and infant are separated for a short term period but longer than 24 hours. The loaning of MUEBP's can be an effective tool in enabling breastfeeding mothers to establish a milk supply in special medical circumstances. WIC state agencies are authorized to use food funds and administrative funds to purchase breastfeeding aids that directly support the initiation and continuation of breastfeeding.

Authority

USDA FNS Policy Memorandum 99-WIC-73

Public Law 101-147

7CFR 246

MPSF-1: WC-95-37-P, "Providing Breast Pumps to WIC Participants"

Policy

Montana WIC local agency (LA) programs may loan multi-user electric breast pumps (MUEBP) to breastfeeding WIC participants when needed to establish a milk supply. Collection kits compatible with the multi-user electric breast pumps will be issued to appropriate participants.

Procedures

I. Local Agency Breast Pump Program Coordinator

A. Each LA issuing MUEBP's must designate a Local Agency Breast Pump Program Coordinator (BPPC) who is responsible for overseeing the LA's breast pump program. This person would generally be the LA Breastfeeding Coordinator. MUEBP issuance duties for the BPPC include:

1. Maintaining a record of MUEBP issuance and inventory;
2. Ensuring all staff issuing and receiving pumps document pump and kit information on the appropriate log; (Separate logs shall be kept for multi-user electric breast pumps/collection kits, single-user electric breast pumps and manual breast pumps.)
3. Completing a quarterly breast pump inventory report and submitting it to the State Breastfeeding Coordinator (SBC);
4. Ordering MUEBP and collection kits along with the quarterly inventory reports; and
5. Reporting broken, lost or stolen MUEBP to the SBC.

II. The BPPC will be responsible for training all LA staff who are loaning/receiving MUEBP's

A. Each staff person must successfully complete the following training prior to pump issuance:

1. MUEBP assembly;
2. Use and cleaning of the breast pump and collection kit; and
3. Expression and storage of human milk.

B. A record of staff completing breast pump training will be maintained, keeping one copy at the local agency and submitting a duplicate copy to the SBC when new staff is trained or additional training occurs.

III. Participant Eligibility

A. Eligibility for loaning of a MUEBP shall be determined by a CPA, Certified Lactation Consultant on staff, IBCLC on staff or the Breastfeeding Coordinator. The reason for the breast pump loan shall be documented in the participant record.

B. MUEBP's are available for loan to a breastfeeding participant who needs to establish or maintain a milk supply in the following circumstances:

1. for a mother who must be separated from her newborn due to infant or mother hospitalization or custody issues;
2. for a mother who is sick and unable to breastfeed or prescribed a contraindicated medication for a short-term period;
3. for a mother of a newborn who may temporarily not directly breastfeed for medical reasons;
4. for a mother of an infant with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast;
5. for a mother of an infant with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;
6. for a mother of multiple newborns;
7. for a mother who wants to relactate; and
8. for an adoptive mother who wishes to lactate.

IV. Pump Issuance

A. MUEBP's may be loaned to eligible breastfeeding participants under the following conditions:

1. Breast pumps are loaned at no charge to the WIC participant.
2. The WIC "Procedure for Multi-User Electric Breast Pump Issuance" is followed.
3. WIC staff conducting breast pump training and distributing pumps shall have previously completed required training on breast pump issuance procedures and use of pumps.

B. Procedure for Multi-User Electric Breast Pump Issuance

1. Determine if the mother needs a collection kit. If the mother did not receive a collection kit in the hospital or received one which is not designed to work with the LA's MUEBP, a collection kit shall be issued.
2. Discuss pumping techniques: when to pump, how often to pump, how long to pump, and how to stimulate let-down.
3. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump and collection kit.
4. Have the participant demonstrate assembly of the pump and collection kit and repeat back how to use and clean them.
5. Provide written instructions on safe handling of expressed breast milk.
6. Discuss the participant's responsibilities in the event the MUEBP were to be malfunctioning, broken, lost or stolen.
7. Have the participant read and sign the "Montana WIC Program Multi-User Electric Breast Pump Loan/Release Form". Place the original in the participant file and give the participant a copy.
8. Provide a phone number to call for help or support. Provide encouragement.
9. Follow-up with the participant within the first 24-72 hours following issuance. Document all contacts with the participant.
10. Schedule a follow-up visit in one month to discuss/access how the participant is doing with the MUEBP. Participants shall be provided single-month food benefits and scheduled for monthly visits while leasing a MUEBP. Under extenuating circumstances, participants may be issued double-month food benefits after obtaining approval from the SBC.
11. Chart the reason for pump issuance and education provided in the participant record.
12. Complete the "Multi-User Electric Breast Pump Log".

V. Return of Breast Pumps

A. MUEBP's shall be returned to the LA when the mother/infant separation ends, when the baby is latching on to the breast or when milk supply is established.

B. A single user electric breast pump may be issued to a participant returning a multi-user breast MUEBP. (Refer to Policy 7-3, Manual and Single User Electric Breast Pumps). Under no circumstances may a participant be issued both a single-user and multi-user electric breast pump at the same time.

C. Return of the MUEBP shall be documented on the "Montana WIC Program Multi-User Electric Breast Pump Loan/Release Form" and on the "Multi-User Electric Breast Pump Log". Staff shall check the pump case for any damage, plug the pump in to ensure it is in good working order, and clean the pump motor casing with a mild bleach solution (1 part bleach to 10 parts water).

D. If breastfeeding has ceased, have the mother complete the "WIC Breast Pump Survey" found at the end of Policy 7-3, Manual and Single-User Electric Breast Pumps.

VI. Broken and Missing Pumps

A. Participants are to report broken, lost or stolen breast pumps immediately to the LA. The BPPC must contact the SA immediately if a pump is broken. The SBC will determine steps to take for the repair.

B. The BPPC will make all reasonable efforts to ensure the return of multi-user electric breast pumps to the LA in a timely manner. If a MUEBP originally loaned to a WIC participant is determined to be irretrievable contact the SBC immediately upon discovery of the loss.

C. If it is determined that the breast pump was stolen, notify the local police and obtain a copy of the police report. Forward a copy of the report to the SBC along with a letter explaining the circumstances.

Montana WIC Program Multi-user Electric Breast Pump

Loan/Release Form

I, _____ request a multi-user electric breast pump from WIC so that I can provide breast milk to my infant.

I have been taught: (please initial)

_____ how to assemble, use and clean Medela Lactina pump that I have been provided.

_____ how to pump using appropriate pumping techniques.

_____ how to safely collect and store my breast milk.

_____ to call the WIC clinic at _____ _____

if I have any questions. Clinic Name Phone

I understand that: (please initial)

_____ I am currently participating in WIC and will continue my participation by keeping my WIC appointments. If I stop participating in or am terminated from WIC, this agreement will be canceled, and I must return the pump to the clinic.

_____ It is my responsibility to inform the WIC clinic of any change of address or phone number.

_____ It is my responsibility to protect the pump from theft or loss. I will handle the pump with care. I will lock the pump in my car when traveling, either in the trunk or out of sight and I will keep the pump in a safe area at home.

_____ This breast pump is for my use only. I will not loan this breast pump to anyone.

_____ The _____ WIC Program, its employees, and the Montana Department of Public Health & Human Services are NOT responsible for any personal damage caused by the use of this breast pump or WIC staff instruction. I am the only one responsible.

_____ If the pump breaks or malfunctions, I must return the pump to the WIC clinic for replacement or repair.

_____ This breast pump is the property of the Montana WIC Program and as State property, I must return it to the WIC clinic by the due date of _____ or it will be reported as stolen.

Signature of WIC Participant Date WIC Staff Signature/Title Date

_____ _____

The following teaching was provided before this pump was released (staff initials):

_____ Hand expression (taught or video watched)

_____ Assembly/use/cleaning was demonstrated to client

_____ Client return demonstrated assembly/use/cleaning

_____ Collection and storage of breast milk was discussed and/or written information given

_____ Use of this pump, by client, was observed (optional)

Clinic:_____ Date pump issued: _____ Date Pump Due:_____

Client ID # _____Breast Pump # _____

Original to participant file, Copy to participant.

MULTI-USER ELECTRIC BREAST PUMP LOG

Pump Tag Number: _____

Agency: _____

Issued Date & Initials	Participant Name	Participant ID#	Confirmed Address Initials	Participant Phone #	Collection Kit Issued?	Returned Date & Initials	Cleaned Date & Initials
					Y / N		
					Y / N		
					Y / N		

Comments (Date, Explanation & Initials

□ This pump taken out of service. Date, Reason & Initials:

Breast Funding Peer Counseling

Purpose

Including breastfeeding peer counselor projects as part of the breastfeeding promotion and support efforts has the potential to significantly impact breastfeeding rates among WIC participants. Peer-to-peer breastfeeding counseling has been shown to be an effective method of promoting and supporting breastfeeding. The CDC Guide to Breastfeeding Interventions cites Fairbanks, O'Meara, Renfrew, Woolridge, Snowden and Lister-Sharp, "A Systematic Review to Evaluate the Effectiveness of Interventions to Promote the Initiation of Breastfeeding" Health Technology Assessment 2000; 4(25):1-171, as finding such breastfeeding peer counselor programs effective in the initiation and duration of breastfeeding.

Authority

Child Nutrition and WIC Reauthorization Act of 2004 provided funds for State agencies to implement or expand peer counseling programs according to the FNS model.

Policy

The Montana WIC Program will select site(s) for Breastfeeding Peer Counselor Projects which receive identified Breastfeeding Peer Counselor funds. Other local WIC programs may fund breastfeeding peer counselor projects from their regular WIC administrative funds or other grant funds. All breastfeeding peer counselor projects regardless of the funding source must comply with the Montana Breastfeeding Peer Counselor Plan, policies and the FNS model.

Current targeted local WIC programs are smaller programs with rural populations and fewer resources in the community to support breastfeeding and/or located on an identified reservation.

Procedures

I. Staffing

A. WIC State Breastfeeding Coordinator (SBC) will have oversight for the operation of all of the Breastfeeding Peer Counselor Projects. The SBC will coordinate state level activities including project selection, contracts, funding, monitoring and evaluation.

B. Breastfeeding Peer Counseling Coordinators (PCC) at the local agency level will be a local level staff member or contractor who coordinate breastfeeding promotion and support activities and has at least 1 year of experience in counseling women about how to breastfeed successfully. The PCC will participate in State-approved training in lactation management and at a minimum hold additional certification in lactation management, such as the IBCLC, CLC, or other certification in lactation management. This training may be obtained under the initial grant.

C. A Peer Counselor will be a paraprofessional who is recruited from the target population and is available to consult with WIC participants outside clinic hours and outside the WIC clinic environment. Ideally, a WIC Peer Counselor would also meet the following criteria: enthusiasm for breastfeeding, basic communication skills, previous breastfeeding experience (6 months), similarities with WIC participants served, current or previous WIC participant, similar ethnic background, similar age, and same language spoken. (Job description example attached.) There are two levels of peer counselors. Local PCC may assign a peer counselor as a senior peer counselor at increase wage and responsibilities, if needed.

D. Job parameters and job descriptions for peer counselors:

1. Peer counselors will make telephone contacts from home and/or from the WIC clinic.
2. Peer counselors will conduct home and hospital visits (must be specified in the job description) to participants.
3. Contacts initiated to new mothers will be:
   a. every 2-3 days in the first critical 7-10 days postpartum; daily if the mother reports problems with breastfeeding
   b. within 24 hours if mother reports problems with breastfeeding
   c. weekly throughout the rest of the first month of the infant's life
4. Appropriate referrals for unsolved problems will be made.
5. Peer counselors may conduct breastfeeding classes.

E. Peer counselors will be paid a per hour rate reflective of wages in the area for the qualifications.

1. Peer counselors will be provided a travel allowance to make home/hospital visits, if a part of the job description.
2. Training expenses will be covered for the Peer Counselor.
3. Peer counselors will be reimbursed for telephone and other expenses.
4. If possible, other benefits will be provided, per county policy.

II. Training for Funded Breastfeeding Peer Counselor Project

A. SBC will work with the PCC during the initial contract to address training needs and materials available. "Using Loving Support to Manage Peer Counseling" training curriculum will be used.

B. The PCC will train peer counselors utilizing the "Loving Support Through Peer Counseling".

C. PCC's and peer counselors will be required to maintain continuing education credits as per Policy 4-7 WIC Continuing Education Program. They will be encouraged to obtain their continuing education credits through coursework pertinent to breastfeeding promotion and support.

D. WIC clinic staff will be trained in basic breastfeeding support and receive the training "Loving Support through Peer Counseling."

E. Statewide training may be offered periodically to increase breastfeeding background in all clinics and increase the number of CLCs to work with breastfeeding and peer counseling.

F. Other opportunities such as observational learning, independent study or conferences/workshops may be offered.

II. Standardized breastfeeding peer counseling program policies and procedures at the State and local level will be part of the nutrition education program. Policies developed at the local level must be approved by the State Agency prior to implementation.

III. Supervision and Monitoring of Peer Counselors at a Minimum

A. Weekly phone contacts will be made by the PCC to the peer counselor(s) to conduct a regular review of contact logs.

B. Monthly meetings will be held between the PCC and peer counselor(s) to review problems, issues, and monitor status of the program.

V. Establishment of Community Partnerships to Enhance the Effectiveness of a WIC Breastfeeding Peer Counseling Program

A. All possible partnerships within the county of the local agency and within the State will be considered, such as: breastfeeding coalitions, businesses, community organizations, cooperative extension program, international board certified lactation consultants, La Leche League, home visiting programs, private clinics and hospitals.

B. Each breastfeeding peer counselor project will have at least one active representative with the Statewide Breastfeeding Coalition.

VI. Peer Counselors will be Provided

A. Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of the peer counselor's scope of practice.

B. Regular, systematic contact with their supervisor.

C. Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team.

D. Opportunities to meet regularly with other peer counselors.

VII. Training and Education of Peer Counselors

A. All peer counselors will receive standardized training using "Loving Support through Peer Counseling" training curriculum.

B. Peer counselors will receive ongoing training at regularly scheduled meetings.

VIII. Breastfeeding peer counselor projects supported with targeted grant funds must submit a brief descriptive proposal and budget request each fiscal year.

A. A separate contract or task order will be required.

B. Separate reporting, including an expenditure report for reimbursement, will be made monthly.

C. Hire and train breastfeeding peer counselors.

D. Record retention as per WIC requirements.

E. Periodic visits by the SBC will be made to project sites.

Example County WIC Program

EXAMPLE LOCAL AGENCY WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR/COORDINATOR

The supervisor of WIC breastfeeding peer counselors manages the breastfeeding peer counseling program at the Local agency level.

I. Qualifications

A. Has demonstrated experience in program management.

B. Has demonstrated expertise in breastfeeding management and promotion.

C. Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other certification in lactation management (e.g., CLE, CLC) or State-approved training in lactation management.

D. Has a minimum of one year experience counseling breastfeeding women.

II. Training

A. Receives State-approved training in breastfeeding management.

B. Participates in continuing education about breastfeeding annually.

C. Receives "Using *Loving Support* to Manage Peer Counseling Programs" training.

III. Supervision

The peer counselor supervisor is supervised by the Local WIC Program Coordinator/Director.

IV. Duties

A. The WIC Peer Counselor Supervisor manages the WIC peer counseling program on a local agency level, including:

1. Assists in establishing program goals and objectives.
2. Assists in establishing peer counseling program protocols and policies.
3. Determines peer counselor staffing needs.
4. Recruits and interviews potential peer counselors in alignment with program policies and standards.
5. Arranges for training of peer counselors.
6. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
7. Provides ongoing supervision.
8. Holds monthly meetings with peer counselors.
9. Collects documentation records and data as appropriate.
10. Monitors the program, including conducting spot checks.
11. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
12. Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed.

Example County WIC Program

JOB DESCRIPTION

Example WIC Senior Breastfeeding Peer Counselor

I. General Description

A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and more advanced breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers, and assists new peer counselors in their job.

II. Qualifications

A. Has breastfed at least one baby (does not have to be currently breastfeeding).

B. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.

C. Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience.

D. Can work about 10-20 hours a week.

E. Has a telephone, and is willing to make phone calls from home.

F. Has reliable transportation.

III. Training

A. Participates in all training programs of peer counselors, including attending formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding.

A. Attends additional training conferences or workshops on breastfeeding as appropriate.

B. Reads additional books and materials about breastfeeding as appropriate.

IV. Supervision

The senior peer counselor is supervised by the Local Agency Peer Counseling Coordinator.

V. Duties

A. The WIC Senior Breastfeeding Peer Counselor:

1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.

6. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
7. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
8. Respects each client by keeping her information strictly confidential.
9. Keeps accurate records of all contacts made with WIC clients.
10. Refers mothers, according to clinic-established protocols, to the:
    a. WIC nutritionist or breastfeeding coordinator.
    b. Lactation consultant.
    c. The mother's physician or nurse.
    d. Public health programs in the community.
    e. Social service agencies.
11. Teaches breastfeeding portion of prenatal classes and leads breastfeeding support groups.
12. Mentors new peer counselors through ongoing guidance, accepting referrals of mothers who need follow-up care, and reporting program information to supervisors.
13. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.
14. Reads assigned books and materials on breastfeeding provided by the supervisor.
15. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Senior Breastfeeding Peer Counselor Date

Example County WIC Program

Job Description

Example WIC Breastfeeding Peer Counselor

I. General Description

A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

II. Qualifications

A. Has breastfed at least one baby (does not have to be currently breastfeeding).

B. Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience.

C. Can work about XX hours a week.

D. Has a telephone, and is willing to make phone calls from home.

E. Has reliable transportation.

III. Training

A. Attends a series of breastfeeding classes (nursing babies are welcomed).

B. Observes other peer counselors or lactation consultants helping mothers breastfeed.

C. Reads assigned books or materials about breastfeeding.

V. Supervision

The peer counselor is supervised by the Local Agency Peer Counseling Coordinator.

VI. Specific Duties

A. The WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.
6. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.

7. Respects each client by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC clients.
9. Refers mothers, according to clinic-established protocols, to the:
    a. WIC nutritionist or breastfeeding coordinator.
    b. Lactation consultant.
    c. The mother's physician or nurse.
    d. Public health programs in the community.
    e. Social service agencies.
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Breastfeeding Peer Counselor Date

Example County WIC Program

Employment Application

(Or may complete a standard application for the employer.)

WIC BREASTFEEDING PEER COUNSELOR

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur. Qualifications:

1. Have breastfed at least one baby (do not have to be currently breastfeeding).
2. Are enthusiastic about breastfeeding, and want to help other mothers enjoy a positive experience.
3. Can work about 10 hours a week.
4. Have a telephone, and are willing to make phone calls from home.
5. Have reliable transportation.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( )_____Cell Phone: ( ) _____

E-mail address (if applicable): _____

What languages do you speak? _____

Have you, or are you currently receiving WIC services? _____ Yes _____ No

If yes, where did you receive services? _____

Social security number: _____

Circle highest grade you have completed:

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 Other

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Counselor for the WIC Program?

Tell why you think you will be a good peer counselor. Include any job experience or volunteer work you have done that will help you as a peer counselor.

Check off all of the following that you are able to do:

_____ Attend the training program (four weekly classes of four hours each; can bring your nursing baby with you).

_____ Talk to pregnant and breastfeeding moms from your telephone at home.

_____ Talk to WIC mothers in the clinic.

_____ Make home visits with new mothers.

_____ Visit new mothers in the hospital.

_____ Help with a breastfeeding class or a support group.

Do you have reliable transportation? _____ Yes _____ No

Do you have childcare available for older children? _____ Yes _____ No

Reference: Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, or breastfeeding counselor who knows about your breastfeeding experience.

Name: _____

Address: _____

Phone Number: ( )_____

Your Signature: _____ Date:_____

Example County WIC Program

I. INTERVIEW GUIDE EXAMPLE

A. WIC Breastfeeding Peer Counselor

Allow applicants a few minutes to read over the WIC Breastfeeding Peer Counselor Job Description, and give a brief overview of the job responsibilities she can expect.

B. Tell me more about your comments on your application regarding _____

(Refer to application comments you want to know more about.)

C. Describe any experiences you have had talking to other mothers about breastfeeding.

D. What would you say to a pregnant woman who was undecided about whether or not she wants to breastfeed?

II. Personal Breastfeeding Experience(s)

A. Tell me about your own breastfeeding experience(s). What did you enjoy most?

B. What part of breastfeeding was most challenging for you? How did you deal with those challenges?

III. Employment as a Peer Counselor

A. What are you looking forward to most about being a peer counselor?

B. As a breastfeeding peer counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:

Probe*:* Talking with someone you do not know?

1. Talking with women who might have different cultural, ethnic or educational backgrounds from yours?

2. Keeping information confidential?

C. How does/did your family feel about your breastfeeding?

Probe: What things did your partner say about it?

1. What did other family members say?

D. What days/times can you come to classes to learn how to be a peer counselor?

E. Please clarify any challenges reported on your application that might make it hard for you to attend training classes or do the job.

F. Are there other challenges that might make it difficult for you to be a peer counselor? (for example: Have you thought about how you might be able to work at home?)

G. What questions do you have about the job?

Example County WIC Program

Peer Counselor Client Contact Log

Mother's Name: _____

Mother's ID Number:_____

Address: _____

City: _____State: _____ Zip: _____

Breastfed ever? _____

Due date:_____/_____/_____

Baby's name:_____

Baby's date of birth: _____/_____/_____

Baby's birth wt.: _____

Discharge wt.: _____

Two week wt.: _____

Type of contact:

- ☐ 1=phone
- ☐ 2=home visit
- ☐ 3=group class
- ☐ 4=mail
- ☐ 5=clinic visit
- ☐ 6=hospital visit
- ☐ 7=other

Prenatal Contacts

	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Breastfeeding barriers									
Breastfeeding benefits									
Basic breastfeeding technique									
Breastfeeding management									
Return to work or school									
Class or group invitation									

Mother's name: _____

Type of contact:

- ☐ 1=phone
- ☐ 2=home visit
- ☐ 3=group class
- ☐ 4=mail
- ☐ 5=clinic visit
- ☐ 6=hospital visit
- ☐ 7=other

Postpartum Contacts	1	2	3	4	5	6	7	8	9
Date									
Type of Contact									
Content (check areas discussed)									
Baby's bowel movements									
Baby fussy/colicky									
Baby sick									
Breastfeeding barriers									
Basic breastfeeding technique (position/latch)									
Breast infection									
Class or group invitation									
Diet									
Engorgement									
Family Planning									
Growth Spurt									
Milk Supply Issues									
Medical situation/medication use									
Nursing schedule									
Premature infant									
Pumping/hand expression									

Referral to Lactation Consultant									
Relactation									
Return to work or school									
Sore nipples									
Teething									
Twins									
Weaning									
WIC referral									

Mother's Name: _____

Date	Narrative Documentation of Contacts

Date	Narrative Documentation of Contacts

BF = breastfeeding
BoF = bottle feeding
B = baby delivery
M = mother
PC = peer counselor
LC = lactation consultant

C/S = cesarean section
FN = flat nipple
IN = inverted nipple
L/O = latch on
PO = position
REF = referral, referred, referring

SN = sore nipple
MER = milk ejection reflex
NSVD =normal single vaginal
N = prenatal
PPM = postpartum
EBM = expressed breast milk

Peer Counselor Name:_____

Date Client Exited from the Program_____

CONFIDENTIALITY STATEMENT

Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss client information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a client. This includes ensuring that client records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement. I understand the confidential nature of all client information and records. I understand that it is my job to share client information *only* with staff involved in the case. I understand that I am prohibited by law to disclose any confidential information to any individuals other than authorized WIC Program employees and agencies, which have written permission from the participant to share such information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

Name *(please print)* _____

Signature _____ Date _____

Witness_____ Date _____

Referral to Breastfeeding Peer Counselor

Name of Client:_____
Address: _____
_____
_____
Phone: ( ) _____
Age: _____

Due Date or Baby's DOB: _____

Client is interested in receiving breastfeeding information. _____

Client is currently breastfeeding. _____

Client needs follow-up help with breastfeeding._____

Explain: _____

Other: _____

Referred by: _____ Date: _____

Guideline 7-A

Nutritional Needs and Breastfeeding

7-A Nutritional Needs and Breastfeeding

Although lactation increases a woman's requirements for nearly all nutrients, these increased needs can generally be provided by a well-balanced diet. *The Montana Food Guide Pyramid for Breastfeeding Women* may be used to identify recommended eating practices. An adequate diet promotes an optimum breast milk production and helps a mother maintain her maternal nutrient source.

A breastfeeding mother should be concerned about everything she takes into her body as well as the effects of medications caffeine, artificial sweeteners, smoking, alcohol and recreational/street drugs.

I. Dietary Requirements

A. Postpartum:

1. The diet quality remains very important during the postpartum period, whether or not a woman chooses to breastfeed. The postpartum woman must replenish nutrient stores used during pregnancy and delivery. Physiologically, she now must also be nourished to meet the demands of a newborn child.

B. Breastfeeding Mother:

1. For the infant's optimal growth and development, a breastfeeding mother's diet should contain the essential nutrients needed by both the mother and the infant. An adequate diet promotes optimal breast milk production and helps maintain the mother's maternal nutrient stores.
2. Although lactation increases a woman's needs for nearly all nutrients, those increased needs can be met with a well-balanced diet. Encourage breastfeeding women to follow the *Montana Food Guide Pyramid for Breastfeeding Women.*

II. Mother's Diet Affects Breast Milk

A. Current research shows that women can produce adequate breast milk on inadequate diets and are able to produce sufficient quantities of milk to support the growth and promote the health of the infant. However, the mother's health may be at risk due to depletion of nutrient stores, which may have an impact on the success of her next pregnancy and long-term consequences, such as decreased bone mineralization.

B. The mother's diet has *little or no effect* on the amount of protein, carbohydrate, calcium, phosphorus, magnesium, electrolytes, iron, copper, and zinc in her breast milk. The mother's diet has some effect on fat, fat-soluble vitamins, water-soluble vitamins, folic acid, and fluoride in her breast milk and a STRONG EFFECT on the amounts of selenium, iodine, and vitamin D.

C. The Committee on Nutrition During Lactation recommends that women consume at least 1800 calories per day in order to achieve a satisfactory intake of nutrients. Not all women will lose weight during breastfeeding. Some studies suggest that approximately 20 percent may maintain or gain weight.

III. Nutrition Screening of the Breastfeeding Woman

A. Nutrition Risk screening for the breastfeeding woman is done so the CPA can evaluate nutritional status based on screening criteria, identify breastfeeding women at nutritional risk, set goals for development of the nutrition care plan with appropriate follow-up, and to make appropriate referrals.

B. Potential risk factors (*for a complete list of WIC nutrition risk codes, refer to the Policy 5-12, Certification Criteria and Priority Assignment).*

1. Low Hematocrit or Hemoglobin

   a. Recommend using up remaining prenatal supplements with iron. If participants have trouble remembering to take them, suggest they put a note on their bathroom mirror or refrigerator door as a reminder.

   b. Review iron-rich foods. Encourage use of these and emphasize those available through WIC.

   c. Discuss the association with high vitamin C foods and the absorption of non-heme iron. (Vitamin C increases the absorption of non-heme iron, the iron mainly from plant sources.)

   d. Review factors that inhibit iron absorption.

   e. Have participant state one thing she will do to increase her iron intake.

   f. Recheck the hemoglobin/hematocrit at the next appointment (1-2 months).

   g. A participant who does not respond to such intervention or who has a very low level should be referred to her health care provider.

2. Low Weight for Height

   a. Evaluate participant's diet using the *Montana Food Guide Pyramid for Breastfeeding Women*. Reinforce groups in which she is meeting the minimum recommended number of servings. Provide suggestions for increased intake of groups in which her intake is low.

   b. Show participant how to evaluate her diet in comparison with the *Montana Food Guide Pyramid for Breastfeeding Women* so she can do this at home.

   c. With reported use of diet pills, laxatives, or diuretics refer to her health care provider. Review benefits of regular exercise for weight control. Remind participant to check with her health care provider before beginning an exercise program.

   d. Determine if low food intake is due to financial or transportation difficulties. Refer to public assistance, the local food bank, and other food assistance agencies in the community. If available, refer her to the Expanded Food and Nutrition Education Program (EFNEP). Discuss wise menu planning and food purchasing techniques. Have participant state one of these practices she will implement.

e. Have participant state one thing that she will do to increase servings in one low group or if her intake in all groups is adequate, what she will do to increase number of servings eaten. If participant also has a low hemoglobin or hematocrit, include information from that section.

3. High Weight for Height

   a. Review the benefits of gradual weight loss especially during the first months after birth.

   b. Evaluate participant's diet using the *Montana Food Guide Pyramid for Breastfeeding Women*. Reinforce groups in which she is meeting the recommended number of servings. Provide suggestions for increased intake of groups in which her intake is low. Discuss lower-fat, lower-calorie food choices. It is important to stress that moderate to severe calorie restriction can decrease milk production and stamina - at a time when they need more energy!!

   c. Review benefits of regular exercise for weight control. Remind participant to check with her health care provider before beginning an exercise program.

   d. If signs of extreme stress or depression are indicated, refer to mental health services.

   e. With reported use of diet pills, laxatives or diuretics, refer to her health care provider

4. Multiple Infants

5. Obstetrical conditions that put her at risk such as short interconceptual period

6. Inadequate diet

7. Pregnant at 17 years or younger

C. Other signs of potential nutrition problems to watch for are cultural or religious dietary restrictions, lack of transportation, poor appetite, inadequate cooking or refrigeration facilities, irregular meal patterns, and/or overly anxious new mothers.

IV. Drugs, Caffeine, Smoking & Alcohol

A. Breastfeeding mothers should be concerned about everything taken into her body. The primary consideration is the advantage of the medication versus the potential effects on the baby. Some substances do not pass through breast milk. With others, the amount that passes through depends on the timing of ingestion in conjunction with nursing.

B. The WIC Program may serve as a primary contact for breastfeeding information in many communities.

C. Medications

   1. Resources for WIC staff on medications and breastfeeding include Medications and Mother's Milk by Hale and Chapter III on "Specific Drugs and Their Effects" of the publication *Providing Drug Abuse Information and Referrals in the WIC Program: A Local Agency Resource Manual.*

2. Street drug use is often associated with inadequate nutrient intake and absorption, poor health, smoking and alcohol abuse. Addictive drugs taken by a breastfeeding mother can be passed to the infant through the mother's milk. Since these drugs are not essential to the well-being of the mother, and their effects on the infant are often unknown, their use is strongly discouraged.
3. Be aware of current fads in street drug use. Growing in popularity is the drug methamphetamine, a synthetic amphetamine or stimulant. A mother who is currently breastfeeding, and using methamphetamine, or any other drug contraindicated for breastfeeding, should not breastfeed her infant while the drug(s) are in her system. If a mother is suspect of drug use, WIC will not deny her breastfeeding education, and will emphasize the concerns about drugs and breast milk, as with all breastfeeding participants. Treat the situation with education. Once education on breastfeeding is complete and <u>if</u> a mother will admit that she cannot be clean long enough to breastfeed, then the CPA should recommend a formula for her.
4. With suspected cases of substance abuse, referral to an appropriate treatment source is required, such as other health care providers, public health nurses, drug and alcohol rehabilitation programs and/or other community programs, which may be helpful.
5. National Help and Hotlines:
    a. Drug & Alcohol Treatment Referral National Hotline: 1-800-662-4357
    b. Treatment facility referrals and help line: 1-800-HELP-1111
    c. PRIDE (Parent's Resource Institute for Drug education): (707) 458-9900
    d. Narcotics Anonymous, World Service Line: (818) 773-9999
    e. National Alcoholics Anonymous: 212-870-3400

D. Caffeine

1. Breastfeeding mothers should be cautioned on the use of caffeine. Caffeine will pass through to the breast milk and can affect the infant.
2. Moderate intake of caffeine by the mother (equal to the caffeine in two cups of coffee) has not been noted to cause adverse effects; however, excess use of caffeine has been noted to result in an irritable baby with a poor sleep pattern.

E. Smoking

1. It is important to warn breastfeeding mothers that nicotine and other substances from cigarettes pass through breast milk to the infant and has the potential for producing serious, adverse effects in infants.
2. Women who smoke a pack or more a day may have a decreased milk supply.
3. Evidence is accumulating about the harmful effects of second-hand smoke and can make an infant especially vulnerable to colds, pneumonia and bronchitis if anyone in the household smokes.
4. Provide encouragement to avoid or reduce smoking during breastfeeding. If she or another member in the household smokes, recommend smoking outside of the house.
5. Provide the Montana Tobacco Quit Line, 866-485-QUIT (7848) when appropriate.

F. Alcohol

1. Negative aspects of alcohol consumption during breastfeeding should be related to breastfeeding mothers.
2. Alcohol passes easily into breast milk.
3. Discourage alcohol consumption by the breastfeeding mother until after the child has been weaned.

V. Breastfeeding and Family Planning

A. Breastfeeding participants should be aware that while breastfeeding in itself is a contraceptive, it can be unreliable.

B. The use of breastfeeding as a contraceptive is only reliable if:

1. The woman *fully* breastfeeds on demand with day and night feedings;
2. The infant receives no supplemental foods or liquids;
3. The infant is under six months of age; and
4. The mother's menses has not returned.

C. Caution women to use another form of contraception for most circumstances. If a woman discontinues breastfeeding or begins weaning from the breast, refer her to her family planning provider for a more reliable method of birth control.

D. Different methods of contraception can have an impact on breast milk production. Provide the mother with information about the effects her choice of contraception may have on breastfeeding.

Guideline: 7-5

CDC Pediatric Nutrition Surveillance System (PedNSS) 2003 Report-Breastfeeding Targets

I. Informational Data

A. According to the U.S. government's Healthy People 2010 report, 64 percent of all mothers breastfed their babies in early postpartum in 1998. The U.S. Centers for Disease Control and Prevention (CDC) reported breastfeeding at 72.8% in 1998, but uses different survey methods/groups.

B. Healthy People 2010 is a national prevention initiative to improve the health of all Americans that builds on initiatives pursued over the last two decades. One of the goals is that breastfeeding initiation rates increase to 75% by the year 2010 and to 50% at 6 months duration.

C. At the close of 2003, CDC data shows Montana at 74.7% for initiation rates for breastfeeding and at 30.8% for 5-6 month's duration. It appears Montana has successfully met the initiation rate goal but falls behind on duration rates.

D. THE CDC PedNNS 2003 report for the state of Montana is the newest information available to WIC since 1998. This data in Montana is obtained solely from WIC reporting on participant information (participants under the age of 5 years). A total of 21,800 records were included in this report to give the following information:

1. comparison of racial and ethnic distribution,
2. comparison of age distribution,
3. comparison of growth and anemia indicators,
4. prevalence and trends of low birth weight,
5. prevalence and trends of short stature, underweight, overweight, and risk of overweight,
6. prevalence and trends of anemia,
7. percentage and trends of infants ever breastfed, of infants breastfed at least 6 months, and of infants breastfed at least one year.

II. CDC has provided a comparison of Montana to the nation, a comparison by county, by clinic and by region. However, for many counties and clinics, there is no data as percentages were not calculated if less than 100 records were available for analysis after exclusion of records with errors. The following table shows for those counties, which included 100 or more records for review. Keep in mind that the more records available, the more reliable the data.

BREASTFEEDING RATES BY COUNTY

(0 = no data if less than 100 records, error free, submitted)

County	records submitted	ever breastfed	records submitted	breastfed 6 months	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16%
Cascade	417	69.3%	365	33.2%	218	14.%
Crow Res.	132	49.2%	0	0	101	22.8%
Flathead	333	86.8%	294	39.1%	197	39.6%
Fort Peck	116	49.2%	100	26.0%	0	0
Gallatin	187	85.0%	168	41.1%	128	28.9%
Lake	117	84.6%	0	0	0	0
Lewis &Clark	192	76.0%	120	28.3%	111	17.1%
Missoula	382	84.8%	279	43.7%	253	27.7%
Ravalli	147	87.1%	105	48.6%	0	0
Silver Bow	150	70.0%	138	20.3%	0	0
Yellowstone	515	70.9%	385	22.1%	232	15.1%
Montana	3941	74.7%	3037	30.8%	2455	20.7%
Nation	969228	52.5%	527,765	20.8%	555,990	12.3%

BREASTFEEDING RATES BY CLINIC

(0 = no data if less than 100 records, error free, submitted)

Clinic	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16.0%
Great Falls	417	69.3%	265	33.2%	218	14.2%
Helena	185	76.2%	119	27.7%	111	17.1%
Kalispell	285	86.7%	248	37.1%	161	41.0%
Missoula	329	83.6%	234	40.6%	197	22.8%
Polson	117	84.6%	0	0	0	0

BREASTFEEDING RATES BY ETHNICITY

(0 = no data if less than 100 records, error free, submitted)

race - ethnicity	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 mo.
White, not Hispanic	2.772	79.1%	2130	34.3%	1650	21.9%
Black, not Hispanic	61	0	40	0	25	0
Hispanic	158	70.9%	111	22.5%	76	0
AI or AN	926	62.0%	730	21.1%	689	17.3%
Asian or Pacific Islander	24	0	26	0	15	0

AI = American Indian

AN = Alaskan Native

BREASTFEEDING TRENDS BY ETHNICITY

(0 = no data if less than 100 records, error free, submitted)

year	White, non Hispanic	Black, non Hispanic	AI or AN*	Hispanic	Asian or Pacific Islander	Other
****1995 - ever BF**	72.2%	0	52.5%	66.3%	0	0
2003 - ever BF	79.1%	0	62%	70.9%	0	0
1995 - BF at least 6 mo	35.5%	0	62%	31.0%	0	0
2003 - BF at least 6 mo	34.3%	0	73%	22.5%	0	0

***The year 1995 is used as a comparison to 2003 because while data is available back to 1994, the number of records submitted for that year were lower than for other years.

BREASTFEEDING TRENDS

(0 = no data if less than 100 records, error free, submitted)

year	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 months
2003	3941	74.7%	3037	30.8%	2455	20.7%
1998	4783	72.8%	3750	33.2%	3163	20.4%
1997	5112	72.2%	4080	32.1%	3425	17.8%
1996	5169	70.3%	4093	30.2%	3561	17.7%
1995	5000	68.2%	3833	32.6%	3354	16.4%
1994	2241	70.0%	1745	27.6%	1685	16.0%

References and Resources

I. Books

A. Breastfeeding A Guide for the Medical Profession, Ruth Lawrence, 5th Edition, 1999.

B. Breastfeeding A-Z: Terminology and Telephone Triage, Karin Cadwell and Cindy Turner-Maffli, 2006 (select local programs).

C. Breastfeeding and Human Laclation, Jan Riordan, 3rd Edition 2005.

D. Breastfeeding Answer Book, Nancy Mohrbacher and Julie Stock, revised edition, 2003 (pocket version provided to select satellite locations).

E. Breastfeeding Handbook for Physicians, American Academy of Pediatrics, Richard J. Scanler, Sr., Editor, 2006.

F. Child of Mine, by Ellyn Satter, 3rd edition, 1991.

G. Clinical Lactation: A Visual Guide, Kathleen G. Auerbach and Jan Riordan, 2000.

H. Counseling the Nursing Mother, A Lactation Consultant's Guide, 3rd edition, Judith Lauwers and Debbie Shinskie, 2005.

I. Feeding Infants-A Guide for Use in the child nutrition Programs, USDA Food and Nutrition Services, FNS-258, 2001. (Available for download at the FNS.USDA@gov website)

J. Maternal and Infant Assessment for Breastfeeding and Human Lactation, Karen Cadwell, Cynthia Turner-Maffei, Anna Cadwell Blair, Lois DW Arnold, and Elyse Blair, 2006.

K. Medication and Mother's Milk, Thomas Hale, 10th edition, 2006.

L. Nutrition in Infancy and Childhood, by Cristine Trahms and Peggy Pipes, 6th edition, 1997.

M. Nutrition in Pregnancy and Lactation, by Bonnie Worthington-Roberts and Sue Rodwell Williams, 6th edition, Mosby, St. Louis Missouri, 1996.

N. The Nursing Mother's Companion, Fourth Edition Kathleen Huggins, Harvard Common Press, Boston MA, 1999.

O. Tyler's Honest Herbal, Steven Foster and Varro E. Tyler, 4th edition, Haworth Press, 1999.

P. Using Loving Support to Implement Best Practices in Peer Counseling – Orientation Binder, MPRO, USDA, 2004.

II. Handouts

A. These are suggested hand-outs available from various reputable sources. Some of these may be available free of charge from the WIC State Office:

B. Montana Food Guide Pyramid for Breastfeeding Women

C. Amy's Baby-Educational Resources by Amy Spangler
    1. Breastfeeding Keep it Simple (Book)

D. La Leche League
    1. Tearsheets
        a. Are Your Nipples Sore
        b. Breastfeeding
        c. Care Plan for Mastitis
        d. Establishing Your Milk Supply
        e. Facts About Breastfeeding
        f. How to Know If Your Breastfed Baby is Getting Enough
        g. If Your Breasts Become Engorged
        h. La Lactancia Materna: Una Relacion Especial
        i. Manual Expression of Breast Milk Marmet Technique
        j. Nipple Shields
        k. Persistent Diarrhea in Babies and Toddles
        l. Preparing to Breastfeed
        m. Storing Human Milk
        n. Tips for Breastfeeding Twins
        o. Tips for Handling the Baby Blues
        p. Tips for Rousing a Sleepy Newborn
        q. Treating Thrust
        r. Working and Breastfeeding
    2. Booklets
        a. Breastfeeding after a Cesarean Birth
        b. Breastfeeding a Baby with Down Syndrome
        c. Breastfeeding & Fertility
        d. Breastfeeding & Sexuality
        e. The Breastfeeding Father
        f. Breastfeeding the Baby with Reflux
        g. Common Breastfeeding Myths
        h. The Diabetic Mother and Breastfeeding
        i. How to Handle a Nursing Strike
        j. Nipple Confusion

k. Nursing a Baby with a Cleft Lip or Palate

l. When Babies Cry

E. LA Publishing

1. Why Should I Nurse My Baby? (book)

a. English

b. Native American

c. Spanish

d. Chinese

e. Vietnamese

F. Noodle Soup

1. Baby First 1 You Are Pregnant: Now Is the Time to Think About How You Want to Feed Your Baby
2. Baby First 2 Getting Started Breastfeeding
3. Baby First 3 How Should I Care For Myself After My Baby Is Born?
4. Baby First 4 Answers for Breastfeeding Problems

III. Video

A. *Hand Expression*, Kittie Franz.

IV. Websites

A. Academy of Breastfeeding Medicine - www.bfmed.org

B. American Academy of Pediatrics (AAP) - www.aap.org

C. American Dietetic Association (ADA) - www.eatright.org

D. Centers for Disease Control (CDC) - www.cdc.gov

B. Food and Nutrition Information Center, USDA - www.nal.usda.gov/fnic/ and www.4woman.gov

C. La Leche League - www.lalecheleague.org

D. Montana Coalition of Healthy Mothers, Healthy Babies - www.hmhb-mt.org

E. World Health Organization - www.who.in

Policy Number: 8-1
Supplemental Food Packages
Effective/Revised Date: January 1, 2007

Supplemental Food Packages

Purpose

Participants shall receive appropriate allowed foods for their categories, ages, special dietary needs, and food preparation/storage needs.

Authority

7 CFR 246.10

Policy

The Montana WIC Program specifies quantities and types of supplemental foods to be prescribed and issued to certified eligible participants through food packages. Standard food packages are designed to meet general nutrition needs for participants based on category and age. Tailored food packages are modified food packages designed to meet individual participant's nutrition needs. Homeless food packages are designed to meet the needs of those with limited food preparation/storage facilities.

Procedures

I. Food Package Prescription

All food packages shall be prescribed by a Competent Professional Authority (CPA). Food packages may be issued for 1 month, 2 months, or 3 months (for non-high risk participants). Refer to Policy 5-13, Designated Referrals for High Risk Participants, for more information.

II. Food Package Contents

Standard Montana WIC Food Packages for all participant categories follow this policy. Policy 8-2 Standard Food Package Descriptions and Policy 8-3 Homeless Food Package Descriptions describe the food package type for a participant category.

III. Milk Issuance

A. Cow's milk is issued in gallons and half-gallons. Cow's milk is <u>not</u> authorized for infants less than 12 months of age. Whole milk is the standard milk for one to two year olds and should be issued in almost all circumstances. Skim, low-fat (1%), and reduced fat (2%) milk are the standard milks for women and children, two years of age and older. CPA's may issue the non-standard milk-for-age based upon a participant's nutritional needs, with documentation in the participant record.

B. Acidophilus or lactose-reduced milk may be issued at a CPA's discretion for women and children with a diagnosis or symptoms of lactose intolerance. They may be issued in half-gallons and quarts. A prescription is not required.

IV. Goat's Milk

Goat's milk is <u>not</u> authorized for infants less than 12 months of age. For children and women, Meyenberg brand goat's milk (in fresh fluid quarts or canned concentrate) can be provided. A prescription from a health care provider with justification as to why cow's milk is not appropriate is needed. Refer to Policy 8-8 for other information needed on the prescription.

V. Peanut Butter and Dry Peas/Beans Issuance

Pregnant women, breastfeeding women and children two to five years of age shall be offered a choice of peanut butter or dry peas/beans. The dietary needs of the participant shall be considered when offering the participant the choice; however, the participant's preference shall be honored. Children under two years of age shall not be issued peanut butter due to its choking risk. (1)

VI. Supplemental Formula for Breastfeeding Infants

A. Supplemental formula food packages are designed for breastfeeding infants who are also receiving some formula. The formula in these food packages is in the powdered form to reduce waste due to spoilage from infrequent use.

B. Breastfeeding mothers of infants receiving supplemental formula shall not be issued an enhanced breastfeeding food package (Food Package VII).

C. Table A may be used for guidance to determine the amount of supplemental formula to issue.

VII. Issuance of Ready-To-Feed Infant Formula

A. Powdered and concentrate infant formulas are the standard forms for formula issuance.

B. Ready-to-feed formula may be issued only if:

1. there is an unsanitary or restricted water supply;
2. there is poor refrigeration;
3. the formula is available only in the ready-to-feed form; or
4. the person caring for the infant may have difficulty in correctly preparing concentrate liquid or powdered formula.

C. The reason for issuance of ready-to-feed formula must be documented in the participant record.

VIII. Tailored Food Packages

A. Participants may be issued a modified or "tailored" food package by the CPA after consideration of the participant's individual needs. A participant/guardian may request a reduction in the amount of foods provided so that the food package issued will parallel, as closely as possible, the foods actually purchased and used by the participant. Education should be provided to the participant concerning the recommended intake for the foods being reduced.

B. Tailoring of a food package shall be documented in the participant record. This documentation shall include whether the package was tailored based on the CPA's judgment or at the request of the parent/guardian.

IX. References

(1) Trahms, Christine, Pipes, Peggy: *Nutrition in Infancy and Childhood, 6th Ed., 1997,* McGraw Hill Companies, Inc.

Policy Number: 8-2
Standard Food Package Descriptions
Effective/Revised Date: October 1, 2007

Standard Food Package Descriptions

Purpose

To define standard food packages for issuance of allowable foods.

Authority

7 CFR 246.10

Policy

The Montana WIC Program will issue standard food packages as described below to meet general nutrition needs for participants based on category, age, special dietary needs and food preparation/storage needs.

Procedures

I. Infants 0-6 months (Food Package I)

A. Powdered or concentrate iron-fortified formula

B. Ready-to-feed formula may be issued only as in Policy 8-1 Supplemental Food Packages.

II. Infants 6-12 months (Food Package II)

A. Powdered or concentrate iron-fortified formula

B. Ready-to-feed infant formula may be issued only as stated in Policy 8-1 Supplemental Food Packages.

C. Frozen juice (WIC approved) may be issued beginning at 6 months of age or when the infant is developmentally ready to start drinking from the cup.

D. Infant cereal (WIC approved) may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing cereal.

III. Children 1-5 years and Women with Special Dietary Needs (Food Package III)

A. Special formula may be issued with a health care provider's prescription and the State WIC Nutritionist's or local agency Registered Dietitian's approval. Refer to Policy 8-7, Infant Formula and WIC Eligible Medical Foods, substitutions for authorized foods.

B. Frozen juice (WIC approved).

C. Cereal, cold and hot (WIC approved) or infant cereal (WIC approved). The most appropriate cereal for the participant's dietary needs should be prescribed.

IV. Children 1-5 yrs (Food Package IV)

A. Children to age 2 years:

1. Milk

a. Whole fluid fresh milk should be prescribed as the standard milk.

b. Evaporated whole milk may be issued in place of whole fluid fresh milk.

c. Skim, 1% or 2% fluid fresh milk, evaporated skim or evaporated 2% milk, or nonfat dry milk powder may be issued with CPA approval and justification documented in the participant record.

2. Cheese may be substituted for milk in the amount of one pound per month. (1 pound cheese = 3 quarts milk.)

3. Eggs.

4. Juice, frozen, canned concentrate or canned (WIC approved)

a. Most children should be prescribed the food package which contains 4 cans of juice per month. This food package will provide the RDA for Vitamin C for this age group and provides about 6 ounces of juice per day. The American Academy of Pediatrics recommends limiting intake of fruit juice to 4 – 6 ounces a day for children 1 – 6 years of age. (1)

b. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.

5. Cereals, cold and hot (WIC approved).

6. Dry peas/beans.

B. Children 2-5 years:

1. Milk

a. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.

b. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.

c. Note: Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

2. Cheese may be substituted for milk in the amount of one pound per month (1 pound cheese = 3 quarts milk).

3. Eggs

4. Juice, frozen, canned concentrate or canned (WIC approved)

a. Most children should be prescribed the food package which contains 4 cans of juice per month. This food package will provide the RDA for Vitamin C for this age group and provides about 6 ounces of juice per day. The American Academy of Pediatrics recommends limiting intake of fruit juice to 4 – 6 ounces a day for children 1 – 6 years of age.(1)

The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.

6. Cereals, cold and hot (WIC approved)

7. Peanut butter or dry peas/beans

V. Pregnant and Breastfeeding Women (Food Package V)

A. Milk

1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

B. Cheese may be substituted for milk in the amount of one pound or two pounds per month (1 pound cheese = 3 quarts milk).

C. Eggs.

D. Juice, frozen, canned concentrate or canned (WIC approved).

E. Cereals, cold and hot (WIC approved).

F. Peanut butter or dry peas/beans.

VI. Postpartum Women (Food Package VI)

A. Milk

1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

B. Cheese may be substituted for milk in the amount of one pound per month (1 pound cheese = 3 quarts milk).

C. Juice, frozen, canned concentrate or canned (WIC approved).

D. Eggs.

E. Cereals, cold and hot (WIC approved).

F. The postpartum food package does not contain peanut butter or dried peas/beans.

VII. Enhanced Breastfeeding Women (Food Package VII)

A. Designed for women whose infants are not receiving any formula from WIC. A breastfeeding woman of multiple births is eligible to receive this food package as long as one or more of her infants are not receiving formula from WIC.

B. Milk

1. Skim, 1% or 2% fluid fresh milk should be prescribed as the standard milk.
2. Evaporated skim or evaporated 2% milk or nonfat dry milk powder may be issued in place of skim, 1% or 2% fluid fresh milk.
3. Whole fluid fresh milk and evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

C. One pound of cheese is issued with each of the food packages (does not influence the total amount of milk issued). Additional cheese beyond this standard amount may be substituted for milk in the amount of one pound or two pounds per month (1 pound cheese = 3 quarts milk).
D. Juice, frozen, canned concentrate or canned (WIC approved)
E. Eggs
F. Cereals, cold and hot (WIC approved)
G. Peanut butter
H. Dry peas/beans
I. Tuna Fish
J. Carrots, fresh, canned, frozen

See the "Standard Montana WIC Food Packages" tables included with this policy for guidance on issuance of allowed foods and their forms.

VIII. Reference

(1) American Academy of Pediatrics Policy Statement, *The Use and Misuse of Fruit Juice in Pediatrics*, May 2001.

STANDARD MONTANA WIC FOOD PACKAGES

	Infant 0-6 months	Infant 6-12 months	Child/Woman Special Dietary Needs
Iron-fortified formula 12.0-ounce powdered or 12.9-ounce powdered or 1-pound powdered or 13-ounce concentrate or 32-ounce ready-to-feed	10 cans or 9 cans or 8 cans or 31 cans or 25 containers*	10 cans or 9 cans or 8 cans or 31cans or 25 containers*	12 cans or 11 cans or 9 cans or 35 cans or 28 containers*
Infant Cereal, WIC-Approved		3-8 ounce boxes	
Cereal, cold and hot, WIC-Approved			36 ounces
Juice, WIC-Approved		2-12 ounce cans, frozen	3-12 ounce cans, frozen

Special Notes:

Container sizes of powdered infant formula:

A. Similac Advance, Similac Sensitive, Isomil Advance..... 12.9 ounces

B. Nutramigen LIPIL.....1 pound

For sizes of powdered infant formula not listed, call the State Office for information and conversion amounts.

* Ready-to-feed formula may only be issued under special conditions as described in Policy 8-1 Supplemental Food Packages.

STANDARD MONTANA WIC FOOD PACKAGES

	Child 12 - 24 Months	Child 24 Months - 5 Years	Woman, Pregnant or Breastfeeding	Woman Postpartum	Woman Enhanced Breastfeeding
Fresh Milk and Cheese	6 gallons whole milk or 5 gallons whole milk and 1 pound cheese	6 gallons skim, 1% or 2% milk or 5 gallons skim, 1% or 2% milk and 1 pound cheese	7 gallons skim, 1% or 2% milk or 6 gallons skim, 1% or 2% milk and 1 pound cheese or 5 1/2 gallons skim, 1% or 2% milk and 2 pounds cheese	6 gallons skim, 1% or 2% milk or 5 gallons skim, 1% or 2% milk and 1 pound cheese or 4 1/2 gallons skim, 1% or 2% milk and 2 pounds cheese	7 gallons skim, 1% or 2% milk and 1 pound cheese or 6 gallons skim, 1% or 2% milk and 2 pounds cheese or 5 1/2 gallons skim, 1% or 2% milk and 3 pounds cheese
Eggs	2 dozen	2 dozen	2 dozen	2 dozen	2 dozen
Juice, WIC-Approved	6 containers total from the following: 11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	4 containers total from the following: 11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	6 containers total from the following: 11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	4 containers total from the following: 11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans	7 containers total from the following: 11.5-12-ounce frozen, 11.5-ounce canned concentrate or 46-ounce cans
Cereal, WIC-Approved	36 ounces	36 ounces	36 ounces	36 ounces	36 ounces
Peanut Butter or Dry Peas/Beans	1 pound dry peas/beans	1 16-18 ounce jar peanut butter or 1 pound dry peas/beans	1 16-18 ounce jar peanut butter or 1 pound dry peas/beans		1 16-18 ounce jar peanut butter or 1 pound dry peas/beans
Tuna Fish					4 6-ounce cans
Carrots					2 1-pound packages

Revised December 21, 2004

Homeless Food Package Descriptions

Purpose

A number of the standard and tailored food packages may meet the needs of the homeless participant but because cooking facilities, refrigeration, and acceptable storage areas may not be available for these participants, special consideration must be given in prescribing and issuing the food package.

Authority

7 CFR 246.10

Policy

The types of supplemental foods prescribed to homeless participants must take into account the cooking and storage facilities available to the participant while residing in the temporary shelter or other location.

Procedures

I. Standard Food Packages Designed for Homeless Individuals

A. Modifications

1. Modifications in both the types and amounts of foods may be required to assure that the WIC supplemental foods can be safely stored and utilized. Several food packages have been designed for the homeless participant with special requirements. These food packages are found in the number series 06000.

B. Useful Sizes

1. When adequate refrigeration or dry storage is limited, and a homeless food package is chosen, judgment should be used to provide those size packages most useful for the participant(s).

   Example: A family of four WIC participants with no refrigeration or stable residence is issued canned beans. The table indicates eight 8-ounce cans per participant, these participants may find four 16-ounce cans more appropriate.

C. Keep in mind that the food package issued is prescribed for the WIC participant(s) and not necessarily for all family members. The goal of this part of the food package policy is to provide food in a package size that facilitates usage while avoiding the problems of spoilage or inadequate storage availability that homeless participants may experience.

II. Retailers

Contact local retailers to determine if the prescribed items are available before issuing the WIC checks.

III. Infants 0-6 months (Food Package I)

A. BREASTFEEDING WILL BE ENCOURAGED. Breastfeeding is the healthiest, easiest and safest way to feed the infant, especially given the possible lack of refrigeration and facilities for proper sterilization of bottles.

B. Powdered iron-fortified formula.

1. Note: Powdered iron-fortified formula should be issued.

C. Only one bottle of formula should be prepared at a time due to lack of refrigeration.

D. Playtex nursing bottles can be recommended to minimize sterilization of equipment.

E. Use of bottled water is recommended if there is concern about the safety of the water supply.

Note: Prior Approval must be given by the state WIC Program before ready-to-feed formula is issued in 8-ounce cans for infants under 4 months of age. Keep in mind that a 32-ounce container of ready-to-feed formula can be easily contaminated without refrigeration.

Note: No formula may be issued to the infant of a woman issued an enhanced breastfeeding food package (Food Package VII).

IV. Infants 6-12 months (Food Package IIB)

A. Powdered or concentrate iron-fortified formula

B. Ready-to-feed formula may be issued only as stated in Policy 8-1, Supplemental Food Packages.

C. Infant cereal (WIC-approved) may be issued beginning at 6 months of age. The developmental readiness of the infant and parent/caregiver's wishes to start solids should be reviewed before issuing cereal.

D. 4.2-ounce jars of infant juice Frozen juice (WIC approved) may be issued beginning at 6 months of age or when the infant is developmentally ready to start drinking from the cup.

Note: Keep in mind that a 32-ounce container of ready-to-feed formula can be easily contaminated without refrigeration.

Note: No formula may be issued to the infant of a woman issued an enhanced breastfeeding food package (Food Package VII).

V. Children 1-5 yrs and Women w/Special Dietary Needs (Food Package III)

A. Special formula may be issued with a health care provider's prescription and the State WIC Nutritionist's or local agency Registered Dietitian's approval. Refer to Policy 8-7 Supplemental Food Packages.

B. Powdered formula may be issued when refrigeration is lacking.

C. Frozen juice (WIC approved) or single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

D. Cereal, cold and/or hot (WIC approved) may be issued.

VI. Children 1-5 yrs (Food Package IV)

Note: If proper refrigeration is lacking, fresh fluid milk must be excluded from the package.

A. Children to age 2 years:

1. Evaporated whole milk in 5 ounce cans or UHT (ultra high temperature) whole milk may be issued.

   Notes: Evaporated skim milk, evaporated 2% milk or nonfat dry milk powder may be issued with CPA approval and justification documented in the participant record.

2. Evaporated milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.
3. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk in the amount of one pound per month. (1 pound cheese = 3 quarts milk)
4. Eggs may be issued if refrigeration and cooking facilities are available.
5. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.
6. Most children should be prescribed the food package which contains 4 cans of juice per month. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.
7. Cereals, cold and/or hot (WIC approved)
8. Dry beans/peas may be issued. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

B. Children 2-5 years:

1. Powdered milk may be issued. Participants should be instructed how to use powdered milk, and the importance of preparing one glass at a time.
2. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

   Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

3. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk. (1 pound cheese = 3 quarts milk)
4. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.

5. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

   Most children should be prescribed the food package which contains 4 cans of juice per month. The maximum amount of juice may be prescribed with CPA approval and justification for its issuance in the participant record.

6. Cereals, cold and/or hot (WIC approved)

7. Peanut butter or dry beans/peas may be issued. Homeless participants may choose whichever best fits their situation and needs. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

VII. Pregnant and Breastfeeding Women (Food Package V)

Note: Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.

B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

   Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted (1 pound cheese = 3 quarts milk).

D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.

E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6-ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

F. Cereals, cold and/or hot (WIC approved).

G. Peanut butter or dry beans/peas may be issued. Homeless participants may choose whichever best fits their situation and needs. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

VIII. Postpartum Women (Food Package VI)

Note: Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.

B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted (1 pound cheese = 3 quarts milk)

D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.

E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

F. Cereals, cold and/or hot (WIC approved)

IX. Enhanced Breastfeeding Women (Food Package VII)

Note: Exclude fluid fresh milk from the food package IF proper refrigeration is lacking.

A. Powdered milk may be issued. Participants should be instructed on how to use powdered milk, and the importance of preparing one glass at a time.

B. Evaporated skim milk in 12-ounce cans may be issued if proper refrigeration and storage techniques are observed when mixing, storing and using the milk.

Note: Evaporated whole milk may be issued with CPA approval and justification documented in the participant record.

C. Cheese is not recommended if no refrigeration is available. However, cheese may be substituted for milk (1 pound cheese = 3 quarts milk).

D. Eggs may be issued if refrigeration and cooking facilities are available. One 18-ounce jar of peanut butter (in addition to the normal allowance) may be substituted for 2 dozen eggs when no refrigeration or cooking facilities are available.

E. Frozen juice (WIC approved) or single strength canned juice (WIC approved) may be issued. Single serving 6 ounce cans of WIC approved juices may be issued if no or very limited refrigeration is available.

F. Cereals, cold and/or hot (WIC approved).

G. Peanut butter may be issued.

H. Dried beans/peas may be issued. If no cooking facilities are available, canned beans may be substituted at the rate of four 16-ounce cans of beans when dry storage is available. Smaller 8-ounce cans of beans may be issued when no stable residence is available (living on the street, for example).

I. Tuna may be issued. If no refrigeration is available, eight 3.25-ounce cans may be issued.

J. Carrots may be issued. If no refrigeration is available, four 8-ounce cans of carrots may be issued.

Note: See the “Homeless Food Package Guidelines” table included with this policy for guidance on issuance of allowed foods and forms according to availability of refrigeration, dry storage and cooking facilities.

HOMELESS FOOD PACKAGE GUIDELINES

Based on Availability

of

Refrigeration, Dry Storage, and Cooking Facilities

Facilities	Formula	Milk	Cheese	Juice	Cereal	Eggs	Dried Beans	Peanut Butter	Tuna	Carrots
Refrigeration, Dry Storage, and Cooking Facilities	Powdered or Concentrate	Fluid Evaporated or Powdered	Cheese as Part of Milk allotment or enhanced BF package	Canned or Frozen	Any WIC-Approved	Eggs	Dried Peas/ Beans	or Peanut Butter	4-6.0 to 6.5 oz.	Fresh or Canned Frozen only if adequate space
Dry Storage and Cooking Facilities No Refrigeration	Powdered	Powdered*	Cheese may be issued with special instructions for use.	Canned	Any WIC-Approved	Substitute 1 jar (18 oz.) peanut butter for 2 doz. eggs	Dried Peas/ Beans	or Peanut Butter	8-3.25 oz. cans	Canned recommend ed Fresh on request
Dry Storage Only	Powdered	Powdered*	No Cheese except for enhanced BF package	Canned	Cold Cereal, WIC-Approved	Substitute peanut butter, as above	4-16 oz cans of beans	or Peanut Butter	8-3.25 oz. cans	Canned recommend ed 4-8 oz. Fresh on request
Dry Storage, but no stable residence (i.e., on foot)	Ready-to-feed in 4 oz. containers	Powdered*	No Cheese except for enhanced BF package	Individual serving containers of WIC-approved juice	Cold Cereal, WIC-Approved	Substitute peanut butter, as above	8-8 oz. cans of beans	or Peanut Butter	8-3.25 oz. cans	Canned recommend ed 4-8 oz. Fresh on request
		*Evaporated milk may be issued with proper instructions for use without refrigeration					Note: Exclusively BF women would receive both dried beans and peanut butter.			

Authorized Foods

Purpose

To ensure that only foods authorized by the Montana WIC Program may be issued with Montana WIC vouchers.

Authority

7 CFR 246.10

Policy

The following table describes the currently authorized foods in the Montana WIC Program.

Guidelines

I. See the attached Table, Authorized Foods for the Montana WIC Program

Authorized Foods for the Montana WIC Program

Food	Description	Quantity Authorized
INFANT FORMULA	**POWDERED**	
	SIMILAC ADVANCE	12.9 oz
	SIMILAC SENSITIVE	12.9 oz
	ISOMIL ADVANCE	12.9 oz
	LIQUID CONCENTRATE	
	SIMILAC ADVANCE	13 fl oz
	SIMILAC SENSITIVE	13 fl oz
	ISOMIL ADVANCE	13 fl oz
	READY-TO-FEED	
	SIMILAC ADVANCE	32 fl oz
	SIMILAC SENSITIVE	32 fl oz
	SIMILAC SENSITIVE R.S.	32 fl oz
	ISOMIL ADVANCE	32 fl oz
	NOTE: Refer to Policy 8-1, Supplemental Food Packages, on issuance of Ready-to-Feed formula.	Other formulas available by prescription only. Refer to Policy 8-6, Authorized Foods Selection.

Food	Description	Quantity Authorized
MILK	**LEAST EXPENSIVE OF VARIETY (ORGANIC OR NON-ORGANIC)**	
PASTEURIZED AND FORTIFIED	**FLUID, FRESH**	
	SKIM	1 gal, ½ gal
	1 %	1 gal, ½ gal
	2 %	1 gal, ½ gal
	WHOLE	1 gal, ½ gal
	SWEET ACIDOPHILUS	1 gal, ½ gal
ORGANIC	Horizon, Lifeline, Naturally Preferred (2%, 1%, Fat Free), Organic Valley, Safeway Organic, Stremicks Heritage, Western Family (all except whole milk in ½ gal)	1 gal, ½ gal 1 gal, ½ gal, 1 qt
LACTOSE-REDUCED OR FREE	Albertson's, Dairy Ease, Dean's, Lactaid, Organic Valley, Safeway, Viva	
	EVAPORATED	
	SKIM	12 oz
	LOWFAT	12 oz
	WHOLE	12 oz
	GOAT'S	
	Meyenberg brand	
	Evaporated	12 oz
	Fluid, fresh	1 qt
	DRY MILK POWDER	
	NONFAT	12 qt, 8 qt, 3 qt
CHEESE	**LEAST EXPENSIVE OF FLAVOR CHOSEN**	
REGULAR, LOW-FAT OR REDUCED FAT	Cheddar, Colby, Colby-Monterey Jack, Monterey Jack, Mozzarella (whole or part skim), Swiss, String Cheese (plain mozzarella or cheddar only – 8, 10, 12 or 16-oz packages only)	16 oz package or less
MAY BE ORGANIC (MUST BE PASTEURIZED)	NO RAW MILK, GOAT'S MILK, FAT-FREE OR NON-FAT CHEESE PRODUCTS, CUBED, SHREDDED, SLICED, FLAVOR ADDED (IE: PEPPER JACK), IMPORTED, SERVICE DELI, IMITATION CHEESE PRODUCTS, CHEESE FOOD, CHEESE SPREAD, OR INDIVIDUALLY WRAPPED SLICES.	

Food	Description	Quantity Authorized
EGGS	**LEAST EXPENSIVE** LARGE, Grade "AA" or "A", White or Brown	1 dozen
INFANT CEREAL IRON FORTIFIED NO FORMULA, FLAVORING OR FRUIT ADDED; NO CANS, JARS, OR PACKS	Barley, Mixed, Oatmeal, Rice GERBER, HEINZ, AND BEECHNUT BRANDS	8 oz, 16 oz
CEREAL SPECIFIED BRANDS ONLY REGULAR FLAVOR UNLESS SPECIFIED NO FRUIT ADDED	**COLD CEREALS** **Corn Flakes:** Albertson's, Flavorite, General Mills, Great Value, IGA, Kellogg's, Kroger, Safeway, or Western Family **Corn Squares:** Albertson's, Flavorite, General Mills, Great Value, IGA, Kellogg's, Kroger, Safeway, or Western Family **Crispy Rice:** Albertson's, Flavorite, General Mills, Great Value, IGA, Kellogg's, Kroger, Safeway, or Western Family **Frosted Mini Wheat Biscuits:** (regular or bite size) Albertson's, Flavorite, Great Value, IGA, Kellogg's (regular), Kroger, Safeway, or Western Family. No "Post", no fruit filled or flavored, and no plain shredded wheat biscuits. **Fiber Flake Cereals:** Enriched Bran Flakes: Albertson's, Flavorite, Great Value, IGA, Post, Western Family, Total Original, Wheaties Original, No Low-carb **Oats and More:** (w/Almonds or Honey) Albertson's, Flavorite, Great Value/Nature's Grains, IGA, Kroger, Post, Safeway, or Western Family **Rice Squares:** Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Safeway, or Western Family	Up to 36 oz total of any one cereal or combination of cereals

Food	Description	Quantity Authorized
	Cereal (continued) **Toasted Oat Rings:** (plain or Multi-Grain) Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Malt-O-Meal, Safeway, or Western Family. No sugar-frosted, honey-nut or fruit added. **Wheat Squares:** Albertson's, Flavorite, General Mills, Great Value, IGA, Kroger, Safeway, or Western Family **HOT CEREALS** **Instant Oatmeal:** (regular, no flavor, individual packets only) Albertson's, Flavorite, Great Value, IGA, Safeway, or Western Family (No Quaker Oats – individual or bulk) **Other Hot Cereals:** Nabisco Cream of Wheat: One Minute (white), Two and One-Half Minute (red) or Ten Minute (yellow) Store Brand Hot Wheat Cereal: Safeway or Western Family	
JUICE 100% JUICE ONLY VITAMIN C FORTIFIED NO SUGAR ADDED NO ADES, JUICE DRINKS, OR BEVERAGES NO FRUIT PUNCH OR JUICE COCKTAILS NO SPARKLING CIDERS, LIGHT OR LOW-CARB NO APPLE, GRAPE, ORANGE OR PINEAPPLE BLENDS NO BOTTLED OR SHELF-STABLE JUICE	**LEAST EXPENSIVE OF FLAVOR CHOSEN** **FROZEN CONCENTRATE** **Specific Flavors – Authorized Brands:** **Apple:** Albertson's, Flavorite, Great Value, IGA, Safeway, Seneca, Tree Top, Western Family, or Old Orchard **Grape:** Albertson's, Great Value, Seneca, Old Orchard, or Welch's **Grapefruit:** Any Brand **Orange:** Any Brand **White Grape:** Albertson's, Old Orchard, or Welch's **Pineapple:** Any Brand with 120% of Daily Vitamin C **CANNED** **LEAST EXPENSIVE OF FLAVOR CHOSEN** **Apple:** Albertson's, Great Value, Seneca, Texsun, Tree Top, or Western Family	11.5-12 oz 46 oz

Food	Description	Quantity Authorized
	Juice (continued) **Grape:** Great Value, Welch's **Grapefruit:** Any Brand **Orange:** Any Brand **Pineapple:** Any Brand w/120% of daily Vitamin C **Tomato:** Any Brand w/120% of daily Vitamin C **Vegetable:** Flavorite, Great Value, IGA, V-8, (Original or Healthy Request), Western Family **White Grape:** Welch's	
LEGUMES- **DRY PEAS/BEANS** **Note: Canned beans may be purchased only if specified on the WIC check.**	**LEAST EXPENSIVE** Any Brand: dried beans, split peas, or lentils No soup mixes or flavorings added **Organic in bulk only**	16 oz packages
PEANUT BUTTER NO JELLY, HONEY, CHOCOLATE OR MASHMELLOW CREME ADDED NO REDUCED FAT PEANUT BUTTER SPREAD	**LEAST EXPENSIVE** Any Brand: unflavored smooth, chunky, honey roasted or natural	16-18 oz jar
TUNA CANNED, WATER PACKED ONLY No diet pack, white, albacore, "vacuum-sealed" packs or flavorings added	**LEAST EXPENSIVE** **any brand; light – solid or chunk**	6 oz can
CARROTS NO BUTTER, SAUCES, SEASONINGS, VEGETABLE MIXES OR BULK	**LEAST EXPENSIVE** Any Brand: Fresh: regular or baby Canned: sliced, diced, regular, or baby Frozen: cut, regular, or baby Organic: regular or baby	16 oz or less package

Substitutions for Authorized Foods

Purpose

Authorized WIC foods are chosen for reasons specific to supplemental nutrition for women, infants and children. Other foods do not meet those reasons. However, due to inclement weather or other extreme conditions, deliveries of foods to stores may cause temporary inventory shortages. When a retail store runs out of a specific WIC food, a substitution is allowed.

WIC foods are provided for a specific participant and may not be shared, traded, sold, nor returned for cash or other products.

Authority

7CFR 246.12

Policy

The only allowable substitution for an authorized WIC food is another WIC food of the same category in an equal or lesser quantity.

Guidelines

I. Rain checks, or credit slips for food purchased with WIC checks, are not allowed. In the case of prolonged extreme circumstances such as severe weather conditions, a retailer may request approval from the State WIC office to issue rain checks.

II. Participants may not exchange WIC foods for non-WIC foods, for other WIC foods, for cash or for credit.

III. WIC participants are not allowed to purchase larger sizes of a WIC food than specified on their WIC checks and pay the price differential.

IV. Retailers may exchange a WIC food for another WIC food of the same category on a one-to-one basis.

V. Infant formula may not be returned to the retailer unless it is found to be spoiled or outdated. Participants who request an exchange of previously purchased formula for another formula must be referred to the WIC clinic.

Authorized Foods Selection

Purpose

To provide standards for the selection of approved foods for Montana WIC food packages.

Authority

7CFR 246.10(b)

Policy

Specific foods will be selected for use in the Montana WIC Program through review by a panel of individuals using evaluation criteria based on federal regulations, availability, packaging, cost, product acceptability, marketing approval and nutritive value.

Procedures

I. A product shall meet the federal regulations governing the WIC food package in order to be considered for approval through the Montana WIC program.

II. The Montana WIC Program is not obligated to authorize every available food that meets federal requirements. Products are selected based on their availability throughout the state, packaging, costs, product acceptability, marketing approach and nutritive value.

III. Approved Foods List Review

A. The list of approved WIC foods is reviewed every two years (even numbered years) by a panel which includes local WIC program staff and state WIC program staff.

B. Input on addition of foods to the Approved Foods List is solicited from program participants, local agency WIC staff and WIC retailers.

C. Suggested changes are accepted in writing from June 1 to July 30 the year of the review.

D. Requests are reviewed by August 30th.

E. The new Montana WIC Approved Foods List goes into effect on January 1 of the following year.

Infant Formula and WIC-eligible Medical Foods

Purpose

To ensure all participants are prescribed the formula or medical nutritional product which meets their medical and nutritional needs and to ensure all infants who receive formula receive the primary contract infant formula unless an alternative is prescribed for a valid medical condition.

Authority

7CFR 246.10(c)(1), (2) and (3) and State Policy

Policy

Infants who receive formula shall be issued the primary contract infant formulas: Similac Advance, Similac Sensitive, Similac Sensitive R.S. and Isomil Advance except when an exempt formula or medical food has been prescribed for a valid medical condition. Primary contract infant formulas, exempt formulas and medical foods may also be issued to participants beyond one year of age for a valid medical reason.

Definitions

I. Primary Contract Infant Formula - all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract. Montana WIC's current infant formula cost containment contract is with Ross.

II. Non-Primary Contract Infant Formula - all infant formulas (except exempt infant formulas) which are not covered by the infant formula cost containment contract.

III. Exempt Infant Formula – all infant formula which meets the requirements for an exempt infant formula under Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a (h) and the regulations at 21 CFR parts 106 and 107. These formulas are intended for use by infants with special medical or dietary needs, including, but not limited to, inborn errors of metabolism and prematurity.

IV. Medical Foods - enteral nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional foods is precluded, restricted or inadequate. Medical foods may be nutritionally complete or incomplete. Not all products that meet the definition of a medical food are WIC eligible.

Procedures

I. Issuance of Primary Contract Infant Formula

A. Similac Advance or Similac Sensitive shall be issued to infants unless:

1. the infant's family follows a strict vegetarian diet and requests Isomil Advance;
2. the infant's family has a strong family preference for soy formula and requests Isomil Advance (including a religious preference);
3. the infant has gastroesophogeal reflux and the infant's family requests Similac Sensitive R.S. ; or
4. the infant's healthcare provider provides a prescription with a documented valid medical need for a soy-based formula, or an exempt infant formula.

B. Primary contract infant formula may be issued to participants beyond one year of age. Procedures listed under Issuance of Formula Other Than the Primary Contract Infant Formula (Section II) shall be followed.

1. The child's healthcare provider must provide a prescription with a documented valid medical need for continuance of formula such as:
   a. diagnosis of milk allergy with request for Isomil Advance;
   b. diagnosis of galactosemia or primary lactase deficiency with request for Isomil Advance;
   c. diagnosis of developmental disability or delay with request for any formula;
   d. need for formula for premature infants to corrected age of one year with request for any formula; or
   e. need for formula for tube feeding with request for any formula.
2. Maximum length of approval per prescription is 6 months.

II. Issuance of Formula Other Than the Primary Contract Infant Formula requires the following:

A. Requirements for Prescription

1. A prescription from one of the following prescriptive authorities is required:
   a. physician (M.D.);
   b. doctor of osteopathy (D.O.);
   c. physician assistant (P.A.); or
   d. nurse practitioner (N.P.) with prescriptive authority
2. Prescriptions must include the following information:
   a. name of the participant;
   b. date written (must be within 30 days of WIC request);
   c. specific name of the formula requested;
   d. appropriate medical diagnosis/justification warranting the formula use;
   e. length of time the formula is medically necessary (number of months requested); and
   f. signature of the requesting prescriptive authority (may not be signed by an R.N. for a physician)
3. Facsimiles are acceptable.

4. Transfer participants from another state with a prescription containing an appropriate justification may be issued the formula for one month until the participant may obtain another prescription from a local health care provider.
5. If the participant's regular local health care provider is in an adjacent state (as in border communities), the Montana WIC Program will accept his or her prescription as long as it contains appropriate justification.
6. If the participant is seeing a medical specialist in another state, the Montana WIC Program will accept his or her prescription as long as it contains appropriate justification

B. Requirements for Assessment and Approval:
1. A registered dietitian shall perform an assessment prior to issuance of the formula which includes a review of:
   a. the medical diagnosis or condition which necessitates the need for the formula;
   b. the participant's growth; and
   c. the participant's dietary intake.
2. Based on the assessment and the length of time requested on the prescription, the registered dietitian shall determine how long to authorize the formula and when a reassessment shall occur. Formulas may not be authorized for longer than the time stated on the prescription. Information on the need for primary contract formula trials and retrials is located under the guidelines for each type of formula.
3. A completed WIC Formula Request Form and current prescription shall be placed in the participant's chart for each authorization. A copy of the approval form and the current prescription shall be sent to the State Office in a timely fashion.
4. Dates of authorization shall be entered into the WIC computer program via the Formula Authorizations screen. (WICPS 115)
5. Food packages shall be entered into the WIC automated system only through the authorized time period.

C. Exempt formula and medical food may be issued to participants beyond one year of age. Procedures listed under Issuance of Formula Other Than the Primary Contract Infant Formula A and B shall be followed.

III. Issuance of Non-Primary Contract Standard Formulas

A. Examples include Enfamil LIPIL, Enfamil Gentlease LIPIL, Enfamil LactoFree LIPIL, Enfamil A.R. LIPIL, Carnation Good Start Supreme, Parents Choice DHA/ARA, Prosobee LIPIL and Carnation Good Start Supreme Soy DHA/ARA.

IV. Issuance of Exempt Formulas

A. Examples include, but are not limited to, Nutramigen LIPIL, Alimentum, Pregestimil, Neocate, NeoSure Advance, EnfaCare LIPIL, Similac PM 60/40

B. Hypoallergenic Formulas
1. Reasons for issuance

Formulas	Reasons for Issuance
Nutramigen LIPIL	Milk and/or soy protein allergy
Alimentum	Milk and/or soy protein allergy
Pregestimil	Malabsorption; Milk and/or soy protein allergy with malabsorption
Neocate	Severe malabsorption; allergy to intact protein and casein hydrolysates. Generally, Nutramigen LIPIL, Alimentum or Pregestimil needs to be tried without success prior to issuing Neocate when prescribed for an allergy.

2. Infants with a milk allergy are not required to be challenged on soy formula prior to issuance of hypoallergenic formula. A soy challenge may be provided with written permission from the health care provider.
3. Maximum length of approval per prescription is 6 months.

C. Low-Iron Formulas will not be provided.

D. Premature Formulas
1. Examples include EnfaCare LIPIL and NeoSure Advance.
2. May be issued for the diagnosis of prematurity (≤ 37 weeks gestation)
3. May be approved up to 9 months chronological age (as per AAP recommendations) with one prescription. With an additional prescription may be approved up to 12 months chronological age.

E. Other Formulas, Medical Foods, and Goat's Milk
1. Reasons for issuance

Formulas	Reasons for Issuance
Similac PM 60/40	Renal, cardiac or other conditions that require lowered mineral intakes
Pediasure, Pediasure w/ Fiber, Kindercal, Kindercal w/ Fiber, Nutren Junior	Tubefeeding, oral motor feeding problems or medical conditions which increase calorie needs (for children over one year old)
Neocate Junior, Peptamen Junior, Vivonex Pediatric	Severe malabsorption or allergy to intact proteins (for children over one year old)
Metabolic Formulas	Metabolic disorders
Goat's Milk	Cow's milk intolerance (for children over one year old)

2. May be approved for up to 6 months per prescription.
3. Contact one of the State Nutritionists with questions concerning issuance for medical reasons other than those stated or for issuance of a formula or medical food not listed.

WIC Checks Stolen or Destroyed in House Fire

Purpose

To provide guidance on dealing with checks which are lost, stolen or destroyed in a house fire.

Authority

State Policy

Policy

Lost or stolen checks may not be reissued. Checks destroyed in a house fire may be reissued when appropriate proof of the house fire has been provided.

I. Lost or Stolen Checks

Lost or stolen checks which are reported as lost or stolen after issuance to a participant will not be replaced. Participants should be advised to treat them like cash.

II. Checks Destroyed in a House Fire

The following steps must be completed before reissuing checks destroyed in a house fire to the participant:

1. Have the participant provide documentation of the fire in which the checks were destroyed:
   a. Fire Marshall Report;
   b. Insurance company claims information verifying the fire and loss; or
   c. Newspaper article or report of the fire.
2. Complete the "Report of Checks Destroyed in a House Fire."
3. Discuss with the participant which checks were uncashed.
4. Confirm with the State Office, the uncashed checks.
5. Explain to the participant that if a double issuance has occurred, she/he may be required to reimburse the WIC Program.
6. Reissue the checks destroyed in the fire.

WIC foods destroyed in a house fire may not be replaced.

II. Attached Form

A. The attached form "Report of Food Checks Destroyed in a House Fire" must be signed and placed in the participant file.

REPORT OF CHECKS DESTROYED IN A HOUSE FIRE

I _____have provided the WIC Program with a
(Participant Name)
fire marshal report, insurance company documents, or newspaper article verifying that I am stating checks have been destroyed in a house fire. This verification and explanation of procedure was provided to me by the WIC Program staff.

Further, I understand that if I have knowingly falsified information in order to receive additional benefits, I am subject to one month disqualification from the WIC Program for the first offense, three months disqualification for the second offense, or possible disqualification from the WIC Program.

_____
Participant Signature/Date

_____
WIC Staff Signature/Date

WIC Check Inappropriate Void/Reissue

Purpose

Participants are limited to the maximum quantities for food items as specified in the 7CFR 246.10 and the State Plan. Over issuance of foods due to voiding and reissuing must not occur. Repayment of an over issuance will be made by the local agency.

Authority

7CFR 246.12 and 246.13

Policy

A monetary penalty will be imposed on local programs that inappropriately void/reissue WIC checks.

Guidelines

I. Inappropriate Void/Reissue

A. WIC checks that have been cashed may not be voided/reissued, unless it is a formula food package. If a non-formula food package needs to be changed you must wait until the following month.

B. Infant formula food packages that have been cashed can be voided/reissued as 'USED' to allow for formula changes. The maximum amount of formula issued may not exceed the Federal maximum allowed quantities.

C. If a formula food package is voided/reissued as 'USED' a completed "Food Instrument Void/Reissue Form" must be submitted to the state office at the time of the void/reissue. A copy of this form is provided on the following page.

II. Penalty For Inappropriate Void/Reissue

A. Per the contract between your Local Agency and the State Office, your agency is responsible for any WIC funds misspent due to negligence of its employees.

B. For any inappropriate voided/reissued WIC checks, the state office will charge your agency for the value of the overissuance.

C. Monetary penalties will be reflected as a reduction of your monthly reimbursement.

Food Instrument Void/Reissue Form

Participant Name: _____ **Participant ID#**: _____

Clinic Name/Number: _____ **Date of Void/Reissue**: _____

Food instruments to be voided:

_____ _____

_____ _____

_____ _____

Food instruments that were reissued:

_____ _____

_____ _____

_____ _____

Number of cans of formula and type of formula returned: _____

Was any cereal or juice returned? Y or N If yes, how much? _____

Reason for void/reissue: _____

_____

_____

_____

_____

INSTRUCTIONS: Complete this form with every void/reissue involving a USED formula food package change. Place one copy in the client's chart and send the original to the State WIC Office, PO BOX 202951, Helena MT 59620.

Clinic Signature_____Date_____

Policy Number: 8-10
Food Benefits
Effective/Revised Date: January 1, 2007

WIC Check Issuance

Purpose

To provide guidance on the number of months' checks to issue for a participant.

Authority

7CFR 246.12 (r)

Policy

Participants shall be issued one, two or three months worth of WIC checks at a time depending upon the risk of the participant and the participant's ability to correctly redeem multiple months of checks.

Procedures

I. WIC Check Issuance

A. The local agency determines how many months' worth of WIC checks a participant receives at a time based on the following factors:

1. The need for monthly nutrition education contacts or visits
   - a. High risk participants require monthly contacts as stated in Policy 5-13 Designated Referrals for High Risk Participants.
   - b. Certain groups of participants require monthly contacts, for example, all infants for their first three months on WIC.
   - c. Certain participants may be seen monthly per individual local agencies policy, such as all Priority 1 pregnant women. Local agency guidelines may not allow less frequent issuance than State WIC policy.
2. The participant's ability to cope with multiple months of WIC checks at a time.
   - a. The participant must be able and willing to cash WIC checks only in the month for which they are issued.
   - b. The participant should be reminded to safeguard the WIC checks for the multiple months. Misplaced or stolen WIC checks will not be replaced.
   - c. If one member of a family is issued WIC checks on a monthly basis, all members of the family should be issued checks monthly. This is to ensure that the individual needing monthly issuance receives checks each month and does not miss months because other family members have already received their WIC checks for the month.

3. Participants in foster care shall be issued WIC checks on a monthly basis.
4. Only one month's worth of checks may be issued when checks are being mailed to the participant.
5. Participants using the "zero income statement" and participants who need to bring in proof of identity or residency following certification shall be issued one month's worth of WIC checks.
6. A proxy for a participant shall be issued one month's worth of WIC checks.

Policy Number: 8-11
WIC Checks
Effective/Revised Date: January 1, 2006

WIC Checks

Purpose

To provide procedures for issuance of WIC checks to participants/parents/guardians and proxies.

Authority

7CFR 246.12 (r)

Policy

Checks are printed when the participant/parent/guardian or proxy is physically present in the clinic, unless the exception for mailing checks is met. All participants will be issued an ID packet for use as verification at the retailer.

Procedures

I. Issuing WIC Checks. Listed below are procedures for local agencies to follow when issuing WIC checks to participants or parent/guardian.

A. Do not pre-print WIC checks. WIC checks are only to be printed when the participant or parent/guardian is present in your clinic. The only exception is when you are mailing checks (see Section III, Mailing Checks).

B. After the WIC checks have been printed, instruct the participant to verify the food package as discussed with the CPA (peanut butter vs. dried beans, etc.), then have the participant sign the check stubs.

C. After the participant has signed the check stubs, tear off the stubs, place the checks in the ID folder and give the ID folder to the participant. Check stubs should be filed in numerical order by date issued. Check stubs shall be kept for a time period as described in Records Management.

D. Checks may be issued for present or future use only. Retroactive benefits are prohibited.

II. Proxies

A. Proxies and individuals designated by the participant/parent/guardian, with the authority to attend nutrition education appointments and to pick up and sign for WIC checks.

B. Proxies may be designated when the participant is medically or physically indisposed, or when unforeseen events prohibit travel to the clinic.

C. A proxy may be allowed to attend any WIC appointments for a participant/parent or guardian.

D. Designation of the proxy must be made prior to the appointment with a written, signed and dated note by the participant/parent/guardian. Written designation of a proxy must be made for each separate appointment. These notes are to be kept in the participant file.

E. Proxies must show identification (and a written note per above) to pick up and sign for WIC checks for participants.

F. The participant/parent/guardian is responsible for the proxy's actions. If the proxy commits fraud/abuse per the state plan, the participant/ parent/guardian will be held responsible and sanctioned accordingly.

G. Before allowing the use of a proxy, the local WIC program shall consider whether there are adequate measures for the provision of nutrition education and health services to the participant when a proxy is used. If necessary, other arrangements may be made so the participant will receive necessary services.

H. Instruct the proxy on the use of WIC checks. Also inform the proxy of their right to report improper practices by the food retailer.

I. WIC checks may be redeemed by the proxy or by the participant/parent/guardian. The signature of the proxy and participant/parent/ guardian must be on the WIC ID packet for signature verification by the food retailer.

III. Mailing WIC Checks

A. WIC checks may be mailed to individual participants for the following reasons:

1. Imminent childbirth, illness in the family or inclement weather. Mail only one month of WIC checks.
2. Computer failure. If during a WIC clinic you experience computer and/or printer failure, continue to hold clinic and determine WIC certifications. WIC checks may be mailed after the hardware failure is fixed. Up to three months of WIC checks can be mailed in this instance.
3. The WIC staff person signs the check stubs for the participant.

B. The following procedures must be followed when mailing WIC checks:

1. WIC checks must be mailed first class.
2. WIC checks must be mailed in "check security" envelopes.
3. WIC checks must be mailed in envelopes which contain the return address of the local agency.
4. Envelopes with WIC checks must have "Do Not Forward, Return to Sender" stamped/written on them.

C. A log must be maintained for all mailed WIC checks indicating:

1. Name and ID number of participant.
2. The actual date of mailing.
3. The signature of the staff person mailing the WIC checks.

D. A returned check log must be maintained, indicating the following:

1. Name and ID number of participant.
2. Serial numbers of the returned checks

3. Date of return
4. Follow-up action

E. In preparing and processing WIC check mailings, local agencies must assure that the checks are handled in a secure manner.

F. If a participant complains that he/she did not receive the WIC checks, the LA must verify that checks were mailed and then follow the lost-stolen procedures in Policy and Procedure #8.8.

G. WIC checks must be mailed with adequate leeway so they are received by participants on or before the first valid date printed on the checks.

H. If an ID folder must be mailed, mail it separately from the WIC checks to prevent fraud. Mailing of WIC checks shall never occur for more than three months in a row, as the participant must return to the clinic after that time to receive health and nutrition education services.

I. Mailing of the WIC checks, including the reason, must be documented in the participant's file for each relevant month.

IV. WIC ID Packet

A. Must be used by all local programs.

B. Instructs participant/parent/guardian on how to use the WIC checks.

C. Includes a place for the authorized participant/parent/guardian/proxy signature to be used for identification purposes.

D. Must be signed by participant/parent/guardian in presence of WIC staff.

E. Must have active WIC participant's names and ID numbers.

F. Has space for the local WIC clinic to add its address and telephone number (required).

G. Has appointment schedules.

H. Protects the WIC checks.

V. Retailer Responsibilities

A. Check that the dates on the WIC checks are valid. Do not accept WIC checks before the "First Day of Use" or after the "Last Day to Use."

B. Retailer's staff total the WIC foods purchased, checking that the foods are specified on the WIC check (see Section on Retailers). Ask the WIC participant about missing foods before entering a dollar amount on the WIC check. The actual purchase price of the foods is then written in by the clerk in the "Actual $ Amount of Sale" box.

C. Once the WIC check is correctly completed, the food retailer has the participant sign the WIC check in the box "Signature of participant or authorized proxy."

D. The retailer has 30 days from the "Last Day to Use" on the WIC check to deposit the check.

Policy Number: 8-12
Food Delivery System
Effective/Revised Date: October 1, 2007

Food Delivery System

Purpose

WIC checks are a standardized negotiable item with restricted use and valid period. Redemption by retailers must be within defined parameters. These practices insure the financial integrity of the WIC food expenditures. The Montana WIC Program is required to reconcile all food instruments issued and identify the disposition of each as to validly redeemed, lost or stolen, expired, duplicate, voided or not matching issuance records.

Authority

7CFR 246.12 and 246.13

Policy

Montana WIC has an established plan for the financial management and oversight of issuance and redemption of WIC checks. The Montana WIC Program contracts with a financial institution independent of Montana government for processing checks.

Guidelines

I. State WIC Agency Responsibilities

A. Providing a uniform WIC check which is similar in appearance to a check. This check is used by all local programs.

B. Maintaining an inventory of WIC checks on hand and order replacement checks as needed.

C. Paying retailers in a timely manner. The retailer is reimbursed when he presents the WIC check to his bank for payment within 30 days from the last date to use. The WIC checks are then presented through the Federal Reserve System to Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services.

D. Establishing a contingent revolving fund for the WIC Program at Financial Services & Management Corporation, Lake Lillian, MN, with whom the State WIC Agency contracts to perform services. Each day the bank presents the State Office with a statement showing the amount of checks paid. The bank is reimbursed for this amount through the use of a telephone transfer system.

II. Local WIC Program Responsibilities

A. Issue WIC checks to eligible participants for authorized foods.

B. Obtain participant/guardian signatures on check stubs and file them in order by date and check number.

C. Maintain a file of End-of-Day Reports which include the WIC check log (a listing of all WIC check issued or voided for the day).

D. Review the End-of-Day WIC check log and account for WIC checks issued and any gaps in sequence.

E. WIC checks voided and/or returned are to be filed with that days WIC check stubs.

Note: If a participant forgets to sign the WIC check stub, the staff member signs the stub, makes a notation on it and on the End-of-Day listing.

F. Keep WIC checks locked in a secure place. Local programs are responsible for stolen or lost WIC checks via the Local WIC Agency Agreement (see Policy 8-44). They are also responsible for reporting stolen WIC checks to the State WIC Agency so the State WIC Agency can handle stop payment procedures.

G. Local WIC agencies are financially responsible for WIC checks mishandled by local program staff.

H. Local agencies are financially responsible for inappropriately issued WIC checks.

III. WIC Check Design and Information

A. The WIC check lists the foods authorized by generic and/or brand name and amounts. The first and last days to use are listed on the WIC check. The check sequence number, participant ID number, the participant name, food package number and clinic number are also printed.

B. A space is provided for the retailer cashing the WIC check to enter his/her assigned stamp. Space is provided for the signature of the participant. The signature is obtained when the participant purchases the allotted food and after the clerk enters the purchase total in the “Actual Dollar Amount of Sale” block. The signature is used by the retailer for verification of identification with the signature on the WIC ID packet.

C. WIC checks contain numbers at the top and bottom of the WIC check (magnetic ink character recognition - MICR). These pre-printed numbers identify the Federal Reserve Bank, the local bank and the account number. After the WIC check is paid, the amount paid is added by the bank.

IV. Reconciliation of WIC Checks

A. A current retailer data base is sent to the bank when changes are made.

B. Price lists are also sent to the bank on a periodic basis as changes are made.

C. The daily transactions are sent to the bank. This information includes the numbers and maximum cashed value for checks issued by the local clinics during the day, checks voided by the local clinics during the day and new retailer payment transactions approved by the State WIC Agency.

D. Upon receipt of this information, assuming the check passes all validations, the bank will pay the check. The bank may reject a check for a variety of reasons:

1. No/Illegible Retailer Stamp
2. Invalid Retailer Number/Inactive Retailer
3. Missing Signature
4. Redeemed Too Early
5. Redeemed Too Late
6. Excessive Dollar Amount
7. Purchase Price Missing/Illegible
8. Stop Payment
9. Altered $ Amount
10. Not on Issued File
11. Voided WIC check *
12. Altered Food Package
13. Already Paid
14. Other

Note: *Voided WIC check are paid by the bank and originals sent to the State WIC office for investigation.

E. Adjustments to checks are made when an error occurs during the bank processing.

F. When the bank completes a payment, rejection or adjustment transaction, a record is written to an output file and it is sent to the State Host machine to update the WIC system with the bank activity on a nightly basis.

If	Then
the check is paid by the bank	the amount paid and date of payment fields are updated
the check is adjusted	the amount adjusted field and bank process date are updated
a check is rejected by the bank	the reason for rejection is updated

G. A monthly close-out is reported on the FNS-798 (Monthly Financial and Program Status Report). The information for any closed out month includes whether or not every issued WIC check has been redeemed, expired, voided, or payment has been stopped.

H. Records in support of the FNS-798 are maintained in the State WIC Office.

V. New Banking Contracts

A. Bank Contract

The Montana WIC Program will start to review and plan for a new banking contract one year before the current contract expires. This allows time to determine what changes need to be made to the contract, have the new contractor selected, and print a new order of WIC checks, ready for distribution before the contract starts.

B. Sealed Bid Process

The contract will be a sealed bid process, opened to all banking institutions. The term of the contract is a minimum of three years, with three one-year extensions, based on the mutual approval of the WIC Program and the contractor

VI. Companies with whom WIC Contracts

A. Automated Food Instrument Printer: Moore Business Forms, 300 Centreville Rd., Warwick, RI 02886.

B. Banking Services: Financial Services & Management Corporation, 451 Lakeview St., Lake Lillian, MN 56253.

C. Ross

D. Temporary Services: Express Personnel Services, PO Box 99468, Oklahoma City, OK 73199.

Policy Number: 8-13
Cost Containment
Effective/Revised Date: January 1, 2006

Cost Containment

Purpose

The Montana WIC Program will endeavor to save USDA food dollars in order to serve more participants through entering into a cost containment agreement for infant formula.

Montana participates in the Western States Contracting Alliance for infant formula cost containment.

Authority

7CFR 246.16 (a)

Policy

The Montana WIC Program will enter into a cost containment agreement for infant formula.

Guidelines

I. Description

A. The Montana WIC Program has entered into a competitive sole-source retail system contract for approved and authorized infant formula. The foods procured will include milk and soy-based infant formulas in concentrate, ready-to-feed, and powdered forms.

B. All manufacturers registered with the Federal Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements have been offered the opportunity to bid on the initiative. In compliance with 7 CFR parts 3017, certification will be included in contractors' agreements that they and any subcontractors have not been debarred or suspended.

C. All manufacturers registered with the Department of Public Health and Human Services (DPHHS) whose products fulfill the Infant Formula Act requirements may sell special formula to Montana WIC participants through participating retailers or by direct purchase whether or not they offer a rebate on WIC infant formula.

II. Calculations

A. The Montana WIC Program, using the automated system, calculates the number of cans of formula, by brand and type, purchased each month. The State WIC Office will compile the information by the 45th day following the month of issuance.

B. Claims will be filed on a monthly basis with reimbursement to DPHHS due in 30 days from receipt of invoice. All claims submitted by DPHHS will be mailed by certified letter, return receipt requested, within forty-five (45) days of the end of each month.

III. Contracts

Any contracts signed with companies to implement this initiative shall stipulate that the products meet the provisions of the Food, Drug and Cosmetic Act as it relates to infant formula.

IV. Time Period

The Montana State WIC Program has a sole-source contract with Ross to provide standard infant formula effective October 1, 2007 through September 30, 2004. This initiative will be for a thirty-six month period, with the option of extensions which shall not exceed a total contract period of five (5) years.

V. Rebate Initiative

A. This rebate initiative will be implemented statewide.

B. Under this initiative part of the cost of infant formula provided by the Montana WIC Program is rebated by eligible providers allowing WIC to serve additional participants.

Policy Number: 9-1
Retail Purchase System
Effective/Revised Date: October 1, 2005

Retail Purchase System

Purpose

Federal regulations authorize a variety of food delivery systems. This is to describe the system chosen by the Montana WIC Program.

Authority

7 CFR 246.12(b)

Policy

It is the policy of the Montana WIC Program that a retail purchase system is used for the delivery of food benefits.

Guidelines

I. Free of Charge

A. Participants shall receive the WIC Program's supplemental foods free of charge.

II. Authorized Retailers

A. Only those food retailers authorized by the Montana WIC Program may redeem food instruments or otherwise provide supplemental foods to participants.

B. A list of Montana's WIC-authorized retailers by city is available at all local agencies.

III. Participants

A. A participant must travel to the retailer to exchange their WIC checks for the authorized food items.

B. A participant may cash their WIC checks at any WIC-authorized retailer in Montana.

WIC Participant Hardship Access Criteria

Purpose

WIC participant hardship access criteria are required by federal regulations. The criteria may be used to determine if WIC participants will experience food access difficulties when disqualifying a WIC retailer within a geographic area. The criteria may also be used to determine if additional retailers are justified within an area

Authority

7 CFR 246.12(l)(1)(ix)

Policy

It is the policy of the Montana WIC Program that WIC participant hardship access criteria be established to ensure WIC participants have access to authorized retailers within their geographic area.

Guidelines

I. Inadequate Participant Access in Rural Areas

A. In rural areas, "Inadequate Participant Access" would be defined as having to travel a distance greater than ten (10) miles, one way, from where the participants cash the majority of their WIC checks.

II. Inadequate Participant Access in Urban Areas

A. In 'urban' areas (Billings, Bozeman, Butte, Great Falls, Helena, Kalispell or Missoula), "Inadequate Participant Access" would be defined as having to travel a distance greater than two (2) miles, one way, from where the participants cash the majority of their WIC checks.

Policy Number: 9-3
Retailer Stocking and Variety
Effective/Revised Date: October 1, 2002

Retailer Stocking and Variety

Purpose

The number of checkstands and the rural or urban location will determine the minimum quantity of WIC foods a retailer must carry. New retailers will be assigned a stocking level based on the number of checkstands and location.

Authority

7 CFR 246.12(g)(3)

Policy

It is the policy of the Montana WIC Program that businesses applying to become a grocer-type WIC retailer must carry and maintain a specific minimum variety and quantity of WIC-approved foods. This stock must be maintained at all times. Businesses applying to be a retailer – pharmacy, must maintain the variety and quantity of WIC foods stated in attachment B of the WIC Agreement. They must also have access to pharmaceutical formulas within 72 hours.

Procedures

I. Rationale

A. Constant availability of WIC foods is an important component of the WIC Program. Participants should be able to purchase all food prescribed on the WIC checks when they shop at participating WIC retailers.

B. In order to assist retailers, minimum variety and quantity stocking requirements were implemented. These requirements delineate WIC's expectations of what should be available to the participants <u>at all times</u>. They help the retailers keep better track of WIC food items. They provide WIC participants the assurance they will be able to use their WIC checks at the authorized retailer.

II. Stocking Levels

A. Stocking levels are determined on a two-fold basis. The first determinant is the number of checkstands a retailer has. The checkstand breakdown is:

1. Level 1: 1 to 2 checkstands
2. Level 2: 3 to 4 checkstands
3. Level 3: 5 to 7 checkstands
4. Level 4: 8 or more checkstands
5. Level 5: Big box stores

B. The exact variety and quantity of foods required for each level can be found beginning in part IX (below).

C. A stocking shortage is considered a violation of the retailer contract.

D. Level 1 retailers should review the "Infant Formula/Cereal Exemptions" policy 9-8.

III. Level 1 retailers should review the "Infant formula/cereal Exemptions" policy 9-8

IV. First Report of Stocking Shortage

A. When a shortage is first reported to the local agency by either the WIC participant(s) or the state office, the local agency retailer coordinator (LARC) should:

1. encourage the participant to fill out a complaint form, "documenting" their complaint;
2. call the retailer to discuss the shortage, the next anticipated delivery date, and resolution;
3. document the conversation in the retailer file, and send a copy to the Montana WIC Program. The State will send a warning letter to the retailer, with a copy to the LARC.

V. Subsequent Report of Stocking Shortage

A. When a subsequent report of a stocking shortage is made, the LARC must:

1. make an unannounced on-site visit to the retailer within 48 hours of the complaint;
2. document the shortage, using the "Montana WIC Program Retailer Visit Report";
3. discuss the issue with appropriate store personnel (i.e., manager or department head), obtaining their signature on the visit report;
4. mail the original form to the Montana WIC Program within 24 hours. The State will send a final warning letter upon receipt of the first subsequent complaint, and subsequently, sanction letter(s) to the retailer. Copies will be sent to the LARC. If the retailer is part of a chain, copies will be sent to the chain's headquarters.

B. The first time a retailer is sanctioned for inadequate stock nine (9) sanction points will be assigned. At any subsequent occasion, the retailer will be disqualified from participating in the WIC Program.

C. Cases of extreme weather in which delivery trucks are unable to travel will be exempt from the mandatory stocking requirements.

VI. Delivery Period

A. 'Delivery Period' refers to the days the wholesaler is scheduled to deliver food stock to the retailer.

VII. Sanction Period

A. 'Sanction Period' will consist of the next two delivery periods from the date of the on-site visit by the LARC.

B. If, at the end of the sanction period, the retailer's stock does not meet the variety and quantity requirements, sanction points will be assigned

VIII. Level 1 MINIMUM Stocking Requirements

Food Item	Quantity
Carrots, 1-lb or less	3 cans (plain) OR 3 packages fresh OR 3 packages frozen (plain)
Cereal 4 approved cold 1 approved hot	2 boxes each
Cheese, packages of 1-lb or less 2 different approved varieties	3 pounds of each variety
Eggs, Grade AA or A, large	3 dozen
Infant Cereal, 2 grains 8-oz boxes, plain only	3 boxes of each grain
Infant Formula Similac Advance	8 12.9-oz cans of powdered
Infant Formula Similac Sensitive AND Similac Isomil Advance	4 12.9-oz cans of powdered of both
Juices 3 different approved types	4 cans in 46-oz canned OR 4 cans in 11.5-12 oz frozen
Legumes, l-lb bags 3 different approved varieties	2 packages of each variety
Milk, Reduced-Fat and Whole	3 gallons of each 6 half-gallons of each
Peanut Butter, 16- to 18-oz jars chunky, creamy, natural	3 jars
Tuna, 6-oz cans, light water-packed only	4 cans

IX. Level 2 MINIMUM Stocking Requirements

Food Item	Quantity
Carrots, 1-lb or less	5 cans (plain) OR 5 packages fresh OR 5 packages frozen (plain)
Cereal 4 approved cold 1 approved hot	4 boxes each
Cheese, 1-lb or less 2 different approved varieties	5 pounds of each variety
Eggs, Grade AA or A, large	5 dozen
Infant Cereal, 2 grains 8-oz boxes, plain only	5 boxes of each grain
Infant Formula Similac Advance	16 12.9-oz cans of powdered
Infant Formula Similac Sensitive AND Similac Isomil Advance	8 12.9-oz cans of powdered of both
Juices 3 different approved types	6 cans in 46-oz canned OR 6 cans in 11.5-12 oz frozen
Legumes, l-lb bags 3 different approved varieties	4 packages of each variety
Milk, Reduced-Fat and Whole	5 gallons of each 9 half-gallons of each
Peanut Butter, 16- to 18-oz jars chunky, creamy, natural	6 jars
Tuna, 6-oz cans, light water-packed only	6 cans

X. Level 3 MINIMUM Stocking Requirements

Food Item	Quantity
Carrots, 1-lb or less	8 cans (plain) AND 8 packages fresh OR 8 packages frozen (plain)
Cereal 4 approved cold 1 approved hot	8 boxes each of 4 approved cold plus 5 boxes of 1 approved hot OR 6 boxes each of 5 approved cold plus 5 boxes of 1 approved hot
Cheese, 1-lb or less 2 different approved varieties	8 pounds each of 2 varieties OR 6 pounds each of 3 varieties
Eggs, Grade AA or A, large	8 dozen
Infant Cereal, 2 grains 8-oz boxes, plain only	8 boxes each of 2 grains OR 6 boxes each of 3 grains
Infant Formula Similac Advance	32 12.9-oz cans of powdered
Infant Formula Similac Sensitive AND Similac Isomil Advance	16 12.9-oz cans of powdered of both
Juices 3 different approved types	8 cans in 46-oz canned OR 8 cans in 11.5-12 oz frozen
Legumes, l-lb bags 3 different approved varieties	6 packages each of 3 varieties OR 4 packages each of 4 varieties
Milk, Reduced-Fat AND Whole	8 gallons of each 12 half-gallons of each
Peanut Butter, 16- to 18-oz jars chunky, creamy, natural	8 jars
Tuna, 6-oz cans, light water-packed only	8 cans

XI. Level 4 MINIMUM Stocking Requirements

Food Item	Quantity
Carrots, 1-lb or less	10 cans (plain) AND 10 packages fresh OR 10 packages frozen (plain)
Cereal 4 approved cold 1 approved hot	10 boxes each of 4 approved cold plus 5 boxes of 1 approved hot OR 8 boxes each of 5 approved cold plus 5 boxes of 1 approved hot
Cheese, 1-lb or less 2 different approved varieties	12 pounds each of 2 varieties OR 8 pounds each of 3 varieties
Eggs, Grade AA or A, large	10 dozen
Infant Cereal, 2 grains 8-oz boxes, plain only	12 boxes each of 2 grains OR 8 boxes each of 3 grains
Infant Formula Similac Advance	36 12.9-oz cans of powdered
Infant Formula Similac Sensitive AND Similac Isomil Advance	18 12.9-oz cans of powdered of both
Juices 3 different approved types	10 cans in 46-oz canned OR 10 cans in 11.5-12 oz frozen
Legumes, l-lb bags 3 different approved varieties	10 packages each of 3 varieties OR 8 packages each of 4 varieties
Milk, Reduced-Fat AND Whole	12 gallons of each 24 half-gallons of each
Peanut Butter, 16- to 18-oz jars chunky, creamy, natural	10 jars
Tuna, 6-oz cans, light water-packed only	10 cans

XII. Level 5 MINIMUM Stocking Requirements

Food Item	Quantity
Carrots, 1-lb or less	12 cans (plain) AND 12 packages fresh OR 12 packages frozen (plain)
Cereal 4 approved cold 1 approved hot	12 boxes each of 4 approved cold plus 5 boxes of 1 approved hot OR 9 boxes each of 5 approved cold plus 5 boxes of 1 approved hot
Cheese, 1-lb or less 2 different approved varieties	12 pounds each of 2 varieties OR 9 pounds each of 3 varieties
Eggs, Grade AA or A, large	12 dozen
Infant Cereal, 2 grains 8-oz boxes, plain only	12 boxes each of 2 grains OR 8 boxes each of 3 grains
Infant Formula Similac Advance	40 12.9-oz cans of powdered
Infant Formula Similac Sensitive AND Similac Isomil Advance	20 12.9-oz cans of powdered of both
Juices 3 different approved types	12 cans in 46-oz canned OR 12 cans in 11.5-12 oz frozen
Legumes, l-lb bags 3 different approved varieties	12 packages each of 3 varieties OR 9 packages each of 4 varieties
Milk, Reduced-Fat AND Whole	12 gallons of each 24 half-gallons of each
Peanut Butter, 16- to 18-oz jars chunky, creamy, natural	12 jars
Tuna, 6-oz cans, light water-packed only	12 cans

Policy Number: 9-4
Food Purchasing/Pricing
Effective/Revised Date: October 1, 2002

Food Purchasing/Pricing

Purpose

The purchase price may not exceed the value of the "Not to Exceed" amount assigned to the WIC check, not printed on check. This requirement provides an incentive for retailers to update their prices in a timely manner. Setting a price limit is a cost-containment measure, which helps to reduce the potential for retailer fraud.

Authority

7 CFR 246.12(g)(3); the Montana Retailer Agreement

Policy

It is the policy of the Montana WIC Program that WIC participants are able to purchase all food items authorized on their WIC checks. Quarterly price surveys are required to determine regional peer group averages, and to adjust the base prices according.

Retailer personnel may not ask the WIC participant to pay for any checks not reimbursed in whole or part, by the Montana WIC Program. WIC checks may not be used to pay for past due accounts

Procedures

I. Authorized Prices

A. Prices authorized for the WIC checks are based on the quarterly price surveys submitted by the authorized WIC retailers.

B. Average prices are calculated by peer group.

C. "The not to exceed amount, at the bank, is now set by each individual store prices, rather than the geographic location of the local agency or by the peer group.

II. Method

A. Prices authorized on the WIC checks are based on the quarterly price surveys submitted by the authorized WIC retailers.

B. Stores are assigned to peer groups, based primarily on the number of check stands and distance to nearest urban area. Big box stores are in their own peer group.

II. WIC Checks Go Over "Not to Exceed" Amount

A. Participants are to take their WIC checks to the authorized retailer. Retailers may accept coupons from the participant to reduce the amount of sale, if the retailer normally accepts cents-off coupons.

B. WIC checks rejected by the WIC bank for "excessive price" must be submitted to the state office with either a copy of the receipt or the electronic journal transaction. State staff will review these documents to determine why the price was excessive. Redemption amount will be adjusted accordingly.

C. The retailer may NOT ask or demand the participant to pay the difference of checks not fully reimbursed by the Montana WIC Program.

III. Corrective Action

The LARC will call the retailer to discuss the reported complaint, and review the procedure for accepting WIC checks. Documentation will be sent to the state. This will be followed by a warning or a sanction letter from the state to the retailer, with a copy to the LARC.

IV. Price Maintenance Action

Retailers are to notify the Montana WIC Program whenever a sudden increase in price affects the calculated maximum value. Prices will be verified by State staff surveying similar-sized retailers within the same region. If necessary, a re-calculation will be done, and a new price entered into the VMS (Vendor Management System) for the specific food item(s).

V. Handling Bank- Rejected Checks

A. WIC Checks may be rejected by the WIC bank for number of reasons.

1. Checks stamped with the message “State Authorization Required” must be sent to the State WIC office for approval before resubmission to the bank. A copy of the transaction or the electronic journal entry must accompany the check. The check will be compared to the transaction for accuracy and approved accordingly. Retailers without this ability will have items compared to the most recent price survey.
2. Checks stamped with the message “call your state office” must call for further instructions.
3. Other checks can be corrected by the retailer and resubmitted to the WIC bank.

Policy Number: 9-5
Formula Purchasing Requirements
Effective/Revised Date: October 1, 2005

Formula Purchasing Requirements

Purpose

The purpose of this policy is to ensure formula safety by requiring retailers to purchase WIC infant formula from appropriately licensed businesses.

Authority

Section 203 (e) (8) of the Child Nutrition and WIC Reauthorization Act of 2004, P.L. 108-265

Policy

It is the policy of the Montana WIC Program to restrict the purchase of infant formula by WIC retailers or retailer-pharmacies to those member entities of a list created and maintained by the Montana WIC Program.

Guidelines

I. Pursuant to federal regulations, the list of businesses on this list will consist of formula manufacturers, licensed food distributors, and authorized WIC retailers within the State of Montana, or those entities licensed to do business in Montana.

II. This list will be shared with all authorized WIC retailers and retailer-pharmacies at least once every federal fiscal year.

Policy Number: 9-6
Store Sales, Specials and Coupons
Effective/Revised Date: October 1, 2005

Store Sales, Specials and Coupons

Purpose

The Montana WIC Program operates a "retail" food delivery system, utilizing grocery stores throughout the state for the purchase of the WIC-authorized foods. The authorized stores are trained in proper WIC transaction policies and procedures, to ensure accurate and smooth transactions.

The Montana WIC Program is a nutrition education program. Part of the nutrition education is learning how to make wise food choices, getting the best and the most for the participant's food dollars. Taking advantages of store sales and special promotions (such as store "club cards"), as well as using coupons factor into the process.

While the WIC Program is federally-funded, it is important to stretch the available food dollars to ensure adequate funding for all eligible WIC participants.

Authority

The Montana WIC Retailer Agreement

Policy

It is the policy of the Montana WIC Program that WIC participants be able to take advantage of store sales, special promotions (such as store "club cards") and coupons when using their WIC checks. This also includes, but is not limited to "Buy One, Get One Free", "Buy One, Get One (at a percentage off)", or similar promotions.

Procedures

I. At check-out

A. The retailer must make sale prices available to WIC participants when they are making a WIC purchase.

B. If a store "club card" is required for a special promotion and the WIC participant has such a card, the retailer must allow the participant to take advantage of the promotion.

C. The WIC participant will give store "club card" to the store cashier at the time the WIC checks are redeemed.

D. If a retailer accepts coupons, they must allow the WIC participant to voluntarily use coupons to reduce the "Actual $ Amount of Sale" for the WIC purchase.

E. The cashier will ensure the prices charged include any store sale or other promotion, or the value of the coupons is deducted from the transaction total.

II. Club Cards or Special Programs

Participants are not required to join any "club card" or other program, but must be allowed to take advantage of the programs if they are members. To not allow such participation or the use of sale prices or promotions is a form of participant discrimination, a sanctionable offense of the WIC Retailer Agreement.

III. Follow-Up Actions

A WIC participant not receiving sales prices is to request the assistance of the store manager at the time of the WIC purchase.

1. If the store manager does not allow the sales prices or special promotion, the participant is to get the names of both the cashier and the manager, and report them to the local WIC agency immediately afterwards.
2. It is recommended that the names of any witnesses be given to the WIC staff, as well as a copy of the cash register receipt.
3. The local WIC agency is to call the store manager to discuss the matter. On-site store training for store staff may be a required resolution to this problem.

Substitutions for Authorized Foods

Purpose

Authorized WIC foods are chosen for reasons specific to supplemental nutrition for women, infants and children. Other foods do not meet those reasons. However, due to inclement weather or other extreme conditions, deliveries of foods to stores may cause temporary inventory shortages. When a retail store runs out of a specific WIC food, a substitution is allowed.

WIC foods are provided for a specific participant and may not be shared, traded, sold, nor returned for cash or other products.

Authority

7CFR 246.12

Policy

The only allowable substitution for an authorized WIC food is another WIC food of the same category in an equal or lesser quantity.

Guidelines

I. Rain checks, or credit slips for food purchased with WIC checks, are not allowed. In the case of prolonged extreme circumstances such as severe weather conditions, a retailer may request approval from the State WIC office to issue rain checks.

II. Participants may not exchange WIC foods for non-WIC foods, for other WIC foods, for cash or for credit.

III. WIC participants are not allowed to purchase larger sizes of a WIC food than specified on their WIC checks and pay the price differential.

IV, Retailers may exchange a WIC food for another WIC food of the same category on a one-to-one basis.

V. Infant formula may not be returned to the retailer unless it is found to be spoiled or outdated. Participants who request an exchange of previously purchased formula for another formula must be referred to the WIC clinic.

VI. WIC foods are sometimes recalled by the manufactures. The defective food items are either to be discarded or returned to the store of purchase. If store policy allows the exchange of a defective item, the item should be exchanged for a different brand of the same food item.

Policy Number: 9-8
Infant Formula/Cereal Exemptions
Effective/Revised Date: October1, 2002

Infant Formula/Cereal Exemptions

Purpose

The Montana WIC Program acknowledges that infant formula is a costly expense. The WIC Retailer Agreement requires the retailer to stock three formulas: one standard milk-based, one low lactose milk based and one standard soy-based in powdered formats. Retailers may lose money on infant cereal and/or infant formula if these items are not sold in a timely basis. In order to encourage retailer participation in smaller communities, an exemption may be granted upon State approval of a written request, per the Retailer Agreement.

The report of a small infant population must be verified in writing by the local WIC agency's retailer coordinator (LARC).

Authority

The Montana WIC Retailer Agreement

Policy

It is the policy of the Montana WIC Program that WIC retailers having an extremely small infant population are allowed to apply for an exemption to the stocking requirement for infant cereal and/or infant formula. The exemption will be for the length of the current contract period. The exemption may be canceled if the infant population increases significantly. Exemptions will NOT be given to initial applicants.

Procedure

I. General Information

A. Retailers applying for and receiving an infant formula/cereal stocking exemption must post a sign directing participants to a contact person.

B. The contact person will then order the required product from their wholesaler. The formula must be available to the participant within 72 hours (three days).

C. The retailer must continue to have the stock available as long as the participant is in need of the formula.

II. Application for exemption

The retailer must submit a written request to the Montana WIC Program, specifying the exact infant food items they wish to have exempted. The only acceptable rationale for a stocking exemption is a small infant population.

1. The State will verify the infant population base with the local agency and decide.
2. The State will notify the retailer and the LARC of their decision in writing.
3. Only upon receipt of written approval from the State Office, may the retailer discontinue stocking the specific items.
4. The exemption will be for the term of the present contract only. A new exemption must be requested, reviewed and granted for each subsequent contract period.

III. Continuing Responsibilities

A. The retailer is required to post a sign in their business identifying the specific person a WIC participant should contact to order the exempted cereal and/or formula.

B. The retailer is required to have the exempted cereal and/or formula in their business within 72 hours (3 business days) of the request. This must be stated on the posted sign.

C. The retailer is required to submit prices for the exempted items on the quarterly price surveys. The prices submitted should be what would be charged if the items were in stock.

IV. Participants

Upon receipt of their FIs, participants must inform the retailer contact person of the amount of formula required so the formula could be ordered and be available for purchase.

Policy Number: 9-9
WIC Retailer Requirements
Effective/Revised Date: October 1, 2005

WIC Retailer Requirements

Purpose

The following describes qualifications necessary for a business to become a WIC-authorized retailer.

Authority

7 CFR 246.12 (i)

Policy

It is the policy of the Montana WIC Program to create and maintain specific standards to be met for a business to become a WIC-authorized retailer.

Guidelines

I. Definition

A. A Montana WIC retailer is a business that contracts with the Montana WIC Program to accept WIC checks and furnish WIC-authorized foods to WIC participants.

B. There are two basic types of WIC retailers:

1. Retail Grocer - carries a required variety of WIC-authorized foods
2. Retailer-Pharmacy - meets the Retail Grocer requirements, AND has access to specific formula.

II. General Requirements

A. The following are qualifications for becoming a Montana WIC retailer:

1. The business must be licensed with the State of Montana or local tribal authority.
2. The business must have Workers' Compensation coverage or similar private coverage.
3. The business must have a permanent location; i.e., no stores on wheels.
4. The business must have passed the most recent inspection by the local sanitarian.
5. The business must be accessible to WIC participants, parents or caretakers of infant and child participants, or proxies and any disabled person.
6. The retailer has no previous conviction of or a civil judgment against them for a business-related felony or first-degree misdemeanor within six (6) years, including any criminal conviction for a program violation by any current employees or owners, officers, directors or partners whose duties include handling WIC checks.
7. The retailer has no history of serious WIC non-compliance during a three (3) year period immediately prior to the date of application. "Serious" WIC non-compliance includes, but is not limited to:

a. disqualification from WIC for two or more years as a result of the action of the retailer, one of its employees, or owners, officers, directors or partners;

b. termination of a previous WIC agreement with an outstanding reimbursement or sanction points assigned; or

c. failure to take requested action thirty (30) days after notification by certified mail, failure to provide requested data or records, failure to allow monitoring of the retailer, or failure to attend the required training.

C. Disqualification from the WIC Program may result in automatic disqualification from the Food Stamp Program.

D. The retailer has no history of serious Food Stamp Program (FSP) non-compliance during a three (3) year period immediately prior to the date of application. "Serious" FSP non-compliance includes:

1. current disqualification from the FSP; or
2. receipt of a civil money penalty in lieu of a disqualification.

E. Disqualification from the Food Stamp Program may result in automatic disqualification from the WIC Program.

1. The WIC Program shall offer an abbreviated administrative review if the store appeals a WIC CMP imposed due to a FSP disqualification.

III. Retailer-Pharmacy

F. Retailer-Pharmacies must have access to, not necessarily have on hand, the following:

1. Alimentum, in 32-oz ready-to-feed
2. Analog XP, in 14-oz powdered
3. Nutramigen, 16-oz powdered, 32-oz ready-to-feed
4. Pediasure, in 8-oz ready-to feed
5. Pediasure with Fiber, in 8-oz ready-to-feed
6. Pregestimil, in 16-oz powdered
7. RCF, in 13-oz concentrate
8. Similac Sensitive R.S. 32-oz concentrate
9. Sustacal with Fiber, in 8-oz ready-to-feed
10. other formula generally available through usual pharmaceutical suppliers.

IV. Retail Grocery Store

A. The following are the minimum variety requirements for a grocery store to become a WIC retailer. These should be compared to the authorized food lists to determine exact brands:

1. Infant Formula: both powdered and concentrated of the three current contracted milk-based and soy-based formula (Similac Advance, Similac Sensitive Advance, and Similac Isomil Advance);
2. Infant Cereal: TWO of the listed grains, plain (no fruit or formula added)**;**
3. Small stores not having the infant population to justify carrying either the infant formula and/or the infant cereal must contact the Montana WIC Program in writing for an exemption. A sign must be posted in the store instructing the WIC participants which store personnel to contact to order the infant formula/cereal.
4. Carrots: one-pound or less packages in canned, fresh, or frozen
5. Cereal: FOUR cold and ONE hot of the listed varieties;
6. Cheese: TWO of the listed varieties
7. Dried Beans/Peas: THREE of the listed varieties in one-pound packages;
8. Juices: THREE different flavors in canned, or frozen, or any combination of the two formats;
9. Milk: WHOLE and ONE REDUCED-FAT in gallon and half-gallon;
10. Peanut Butter: 16-oz to 18-oz jars only, plain (no flavored jelly-added or reduced-fat);
11. Tuna: 6-oz cans, water-packed only, light ONLY.

B. Required Quantities

A specific minimum quantity of authorized WIC foods must be in stock at all times. Stocking level will be determined by the assigned peer group, based on the retailer's;

1. number of check stands,
2. distance from nearest urban area, and
3. big box stores will be in their own peer group.

See Retailer Stocking and Variety Policy 9-3.

Policy Number: 9-10
Confidentiality of Retailer Information
Effective/Revised Date: October 1, 2002

Confidentiality of Retailer Information

Purpose

Information about any retailer with the exception of name, address, authorization status, telephone number, website and email address, WIC identification number and store type is considered confidential. Release of confidential retailer information is limited by the Federal WIC Regulations.

Authority

7 CFR 246.26(e) and (f)

Policy

The release of confidential retailer information is restricted.

Guidelines

I. The release of confidential retailer information to:

A. Persons whom the State Office has determined have a need to know for program purposes because of a direct connection with the administration or enforcement of the WIC Program or the Food Stamp Program, for example:

1. Montana WIC Program Local Agency Retailer Coordinator or their designate;
2. contractors hired by the Montana WIC Program to perform compliance buys or investigations of program abuse;
3. other WIC State Agencies;
4. other WIC State's Local Agencies; and

B. Persons investigating or prosecuting WIC or Food Stamp Program violations under Federal, State or local law.

C. Persons directly connected with the administration or enforcement of any Federal, State law (see notation).

Note: A written agreement must be entered into with any non-Federal agency specifying that information provided may not be used or disclosed except for the direct purpose of administration or enforcement of a Federal or State law.

D. An individual Retailer when subject to an adverse action, including claim information related to the adverse action.

II. Limitations of WIC

A. The Montana WIC Program will apply the same limitations to the use and release of information obtained from the Food Stamp Program regarding Food Stamp Program retailers whether or not the retailer is also a WIC retailer.

Procedures

I. Introduction

A. The release of retailer information beyond retailer name, address, authorization status, telephone number, website and email address, WIC identification number and store type is directed by Guidelines (above). All requests for confidential retailer information must be directed to the State Office.

B. Requests for confidential retailer information will be treated the same for a WIC Retailer or a Food Stamp Program Retailer.

II. Who May Authorize

The Montana Retailer Coordinator, Administrative Services Unit Lead or the Montana WIC Program Manager will determine the appropriateness of a request for confidential retailer information.

III. Requirements

Requests for confidential retailer information from an entity outside of the Montana WIC Program must be in writing.

IV. Timeline

The Retailer Coordinator will respond to the request for confidential information within ten (10) working days with the exception when legal advice or a legal opinion is sought from the DPHHS legal services. In the event the request to legal services delays the response, the Retailer Coordinator will notify the requestor in writing of the delay. No request response will be delayed beyond thirty (30) days.

V. Documentation

Any request for confidential retailer information must be documented in the Retailer's file by dates including any action taken, agreement for release or information released. State Office staff responsible for each action must sign the documentation.

VI. Procedure for a Montana WIC Program Local Agency Request or a Montana WIC Contractor

A. The procedure to follow if the requesting entity is a Montana WIC Program Local Agency or a Montana WIC Contractor is contained in Table 1 below.

Table 1

Step	Action	
1	A written or verbal request for confidential retailer information is received from a Montana Local Agency Retailer Coordinator (LARC), their designate or a Montana WIC Contractor.	
2	The Retailer Coordinator will contact the LARC or Contractor to determine the purposed use of the information requested.	
3	IF the use of the information requested is ...	THEN the Retailer Coordinator will ...
	appropriate,	release it.
	inappropriate,	not release the information and explain to the LARC or Contractor why it can not be released.
4	The Retailer Coordinator documents and signs in the Retailer's file the date of the request, dates of other contacts, persons involved, information requested, purposed use of the information, and action taken.	

B. Procedure for a Food Stamp Program Request

1. The procedure to follow if the requesting entity is the Food Stamp Program is contained in Table 2 below.

Table 2

Step	Action	
1	A written request for confidential retailer information is received from the Food Stamp Program	
2	The Retailer Coordinator will contact the Food Stamp Program to determine the purposed use of the information requested.	
3	IF the use of the information requested is …	THEN the Retailer Coordinator will ...
	appropriate,	release it.
	inappropriate,	not release it and explain in writing to the Food Stamp Program why it can not be released.
4	The Retailer Coordinator documents and signs in the Retailer's file the date of the request, dates of other contacts, persons involved, information requested, purposed use of the information, and action taken. Copies of correspondence regarding the request will be filed in the Retailer's file.	

C. Procedure for Another WIC State or Local Agency Request

1. The procedure to follow if the requesting entity is another WIC State or Local Agency is contained in Table 3 below.

Table 3

Step	Action	
1	A written request for confidential retailer information is received from another WIC State or Local Agency.	
2	The Retailer Coordinator will contact the WIC State or Local Agency to determine the purposed use of the information requested.	
3	IF the use of the information requested is ...	THEN the Retailer Coordinator will ...
	appropriate,	release it.
	inappropriate,	not release the information and send written notification to explain why it can not be released.
4	The Retailer Coordinator documents and signs in the Retailer's file the date of the request, dates of other contacts, persons involved, information requested, purposed use of the information, and action taken. Copies of correspondence regarding the request will be filed in the Retailer's file.	

D. Procedure for a Person Directly

1. Connected to the Administration or Enforcement of the Federal or State Law Request. The procedure to follow if the requesting entity is a person directly connected to the administration or enforcement of Federal or State law is contained in Table 4 below.

Table 4

Step	Action	
1	A written request for confidential retailer information is received from a person directly connected to the administration or enforcement of Federal or State law.	
2	The Retailer Coordinator will contact the person to determine the purposed use of the information requested. If necessary, the legal services for DPHHS will be contacted for advice or a legal opinion.	
3	IF the person is making the request on behalf of a State agency or other law enforcement agency a Federal agency	THEN the Retailer Coordinator will have the entity enter into a written agreement with DPHHS specifying the release of such information may not be used or disclosed except for purposes directly connected to the administration or enforcement of a Federal or State law. continue the process.
4	IF the use of the requested information is ... appropriate, inappropriate,	THEN the Retailer Coordinator will release the information. not release the information and send a written notification explaining why it can not be released.
5	The Retailer Coordinator documents and signs in the Retailer's file the date of the request, dates of other contacts, persons involved, information requested, purposed use of the information, and action taken. Copies of correspondence regarding the request will be filed in the Retailer's file.	

E. Procedure for a Retailer Request

1. The procedure to follow if the requesting entity is the Retailer is contained in Table 5 below.

Table 5

Step	Action	
1	A written request for confidential retailer information is received from a Retailer who has received notice of an adverse action from the Montana WIC Program.	
2	The Retailer Coordinator will contact the Retailer to determine if the information requested is related to the adverse action. If necessary, the legal services for DPHHS will be contacted for advice or a legal opinion.	
3	IF the information requested ...	THEN the Retailer Coordinator will ...
	relates to the adverse action,	release the requested information.
	does not relate to the adverse action,	not release the requested information and send a written notification explaining why it can not be released.
4	The Retailer Coordinator documents and signs in the Retailer's file the date of the request, dates of other contacts, persons involved, information requested, purposed use of the information, and action taken. Copies of correspondence regarding the request will be filed in the Retailer's file.	

Policy Number: 9-11
Store Types Not Authorized by WIC
Effective/Revised Date: October 1, 2005

Store Types Not Authorized by WIC

Purpose

Various businesses have applied for WIC authorization. This is to describe specific businesses NOT authorized to participate in the Montana WIC Program.

Authority

Public Law 108-447, Consolidated Appropriations Act, 2005

Policy

It is the policy of the Montana WIC Program to only authorize stores that will meet the needs of the WIC participants. This limits the types of stores to grocery and grocery with pharmacy.

Guidelines

I. There are other store types that may meet the need of the WIC participants, but are not within the pricing criteria set by the Montana WIC program.

A. Three types include 'WIC Only' stores, 'Over 50 percent' stores, and stand-alone pharmacies.

B. Based on federal regulations, Montana does not authorize 'Over 50 Percent' stores.

II. 'WIC Only' stores are stores that sell only WIC-approved foods to WIC participants. New WIC-only stores are not eligible for WIC participation under federal regulations. Montana did not have any WIC-only stores at the time these regulations went into effect.

III. 'Over 50 percent' stores are stores that make more than 50-percent of their annual sales from WIC purchases. Under federal regulations, these stores do not qualify for WIC participation.

IV. Stand-alone pharmacies are pharmacies that strictly sell pharmaceuticals. Their prices for standard formulas are higher than other authorized WIC retailers. Montana has worked directly with the formula manufacturers to obtain special formulas not readily available in the larger combination grocery-pharmacy retailers.

V. After a review of the FFY 2007 data, it has been determined that Montana has no over 50 percent retailers.

Policy Number: 9-12
Retailer Selection Criteria
Effective/Revised Date: October 1, 2002

Retailer Selection Criteria

Purpose

Selection criteria ensure that retailers are able to meet the needs of their WIC participants/customers. This enables the WIC Program to ensure food dollars are spent efficiently, and to manage the retailer system effectively.

Authority

7 CFR 246.12(g)

Policy

It is the policy of the Montana WIC Program that businesses either applying or re-applying for authorization as WIC retailers must meet specific criteria before being approved. Retailers must maintain these standards throughout their contract period as a WIC retailer.

Guidelines

I. Initial Application Standards

A. Has passed the most recent inspection by the local sanitarian.

B. Within the last six (6) years, neither the business nor any of its owners, officers or managers has been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity.

C. Their food prices are equal to or under the maximum authorized for their assigned peer group.

1. Competitive prices are required by federal regulations.
2. Competitive prices allow a price limit per peer group to exist creating a funding limit, per food package. This helps maximize the available funds to its greatest potential.

D. Their infant formula prices are equal to or under the maximum authorized for their assigned peer group.

E. Stock and provide a variety of foods in each of the following staple food groups on a continual basis:

1. meat, poultry and/or fish
2. bread and cereal
3. fruit and vegetables, and
4. dairy.

F. Has the minimum food stock required by the Montana WIC Program, as specified in policy 9-3.

G. Has provided assurance of compliance with the requirements of 7 CFR Part 3017 regarding non-procurement, debarment/suspension.

II. New Retailers to Montana WIC Program

1. Retailers new to the Montana WIC Program may apply for authorization at any time during the federal fiscal year.

III. Subsequent Application Standards

A. In addition to maintaining the standards for the initial application, a subsequent applicant must also meet the following standards:

1. Within the last contract year, has maintained a minimum WIC participant/customer base:

a. 'Rural' retailers have served at least five (5) WIC participants per month.

b. 'Urban' retailers (those located in Billings, Bozeman, Butte, Great Falls, Helena, Kalispell or Missoula) have served at least ten (10) WIC participants per month.

2. Has cashed a minimum of ten (10) percent of the current dollar value for their stocking level.

3. Has attended the required annual WIC training.

4. Has successfully resolved and responded in writing, to all problems brought to their attention by the WIC Program within a sixty (60) day period.

B. Retailers applying for subsequent authorization must submit an application within the cover letter's stated timelines, or risk losing their WIC authorization.

IV. Change of Ownership

A. The authority to participate in the Montana WIC Program is not transferable. The Montana WIC Program must be notified in writing of any change of ownership. A change of ownership can be, but is not limited to:

1. A partial change of ownership (i.e., one partner buying out another).

2. A complete change of ownership (i.e., an outside interest purchases the business).

3. A change in corporate structure (i.e., going from 'sole proprietor' to 'corporation').

B. Whenever the Federal Employer Identification Number (FEIN) changes, the retailer must re-apply for WIC authorization as an initial applicant. Failure to do so will result in loss of WIC authorization.

C. The Montana WIC Program may not authorize an applicant if it is determined that the business was sold to circumvent a WIC sanction. If such determination is made after authorization is granted, the authorization (WIC Agreement) will be terminated.

V. Change of Location

A. A change of location may affect the WIC authorization. The Montana WIC Program must be notified in writing of any change of location. Authorization will not be affected if:

1. The ownership remains the same.
2. The old location is being closed, and the new location is considered a 'replacement' location.
3. The new location is within two (2) miles of the old location.

B. Failure to notify the Montana WIC Program of a change in location will result in loss of WIC authorization.

Policy Number: 9-13
Retailer Peer Grouping
Effective/Revised Date: October 1, 2005

Retailer Peer Grouping

Purpose

The placement of retailers in "peer groups" will allow a closer monitoring of retailers, while participants are assured of being able to purchase the entire allotment of food on their WIC checks wherever they shop in the State of Montana.

Authority

7 CFR 245.12(g)(3)(i)

Policy

It is the policy of the Montana WIC Program to assign WIC-authorized retailers to a specific "peer group". "Peer groups" are determined by statistical similarities shared by retailers throughout the state.

Guidelines

I. Federal Regulations Mandate by the State

Federal regulations mandate that State agencies establish competitive pricing and price limitations for WIC retailers. Limitations must be established to ensure that retailers are within the same pricing structure as similar retailers throughout the state, and not overcharging the WIC Program. Peer groups are being created to statistically divide Montana retailers into groups that will best fit various criteria.

II. Peer groups in Montana

A. Peer groups in Montana were originally determined by the geographic location of the vendor.

B. A new peer grouping will be created. The three major factors used will be number of check stands, distance to nearest urban area, and chain affiliation.

C. Competitive pricing will be ensured by validating retailer price surveys against their peer group. If a retailer's prices are not consistent with those of their peer group, corrective action by the state will be taken.

D. Redemption errors will be reduced by basing the maximum prices on the specific price survey for each retailer (not the average price for a peer group). This ensures that participants and vendors will not encounter redemption problems if appropriate food items are being purchased. The price variation for a check will be reduced to a very small amount – enough to cover "between survey" price fluctuations.

III. Factors of Peer Group Placement

A. Factors used to determine peer group placement may be modified periodically to achieve a more accurate grouping.

Procedures

I. Retailer Peer Grouping

A. Introduction

1. Federal regulations mandate that all State agencies implement competitive pricing and price limitations to ensure that WIC participants are able to purchase the entire allotment of WIC foods authorized on the WIC checks. To prevent price gouging, peer groups have been created. Peer groups allow statistically similar retailers with similar pricing to be banded together.
2. "Distant to nearest urban area" affects the mileage fee charged to a retailer and passed on to the participants.

II. Review

A. All retailers will be reviewed for peer group accuracy a minimum of two times a year: at contract renewal time and six months later.

B. Any changes of peer group will be documented in the retailer's file.

III. Peer Group Food Prices

A. Peer group food prices will be updated every time a quarterly price survey is accepted by WIC. WIC retailers not submitting price surveys will be assigned sanction points, and may potentially lose their WIC authorization. Since the natural trend for prices is usually up, retailers not submitting price surveys will encounter increased redemption problems because of the very tight price variation allowance.

B. Peer Group prices do not affect the "not to exceed" amount for a check at the bank because the "Not to Exceed" amount will be specific to each vendor and will be calculated based on a vendors specific price survey.

Policy Number: 9-14
Initial Retailer Application
Effective/Revised Date: October 1, 2005

Initial Retailer Application

Purpose

As the WIC population grows and the WIC retailer base changes, new retailers must be authorized to make available the WIC foods in a WIC transaction. An application process must be in place to expedite the handling of new applications.

Authority

State Policy

Policy

It is the policy of the Montana WIC Program to obtain all federally required information to determine if a WIC retailer applicant meets the criteria to participant in the Montana WIC Program.

Guidelines

I. New Retailer Authorization

A. New (i.e., not currently participating) retailers must contact the Montana WIC Program to receive an application packet. Applications for new retailers will be accepted at any time. The application packet will contain a description of the WIC Program, an outline of the check-cashing requirements, an application form, and a price survey. The application form and a price survey must be received and reviewed by the Montana WIC Program before a contract will be issued and authorization granted.

B. An Initial Visit Report must also be received and reviewed before grocery stores may be authorized.

II. Initial Visit

A. An initial visit is the on-site visit made by WIC personnel to a store applying to participate in the Montana WIC Program. The visit verifies that the required WIC food variety and quantity is in stock and provides the initial retailer training in WIC policies and procedures.

B. This visit may be made by either state or local agency staff, and an inventory will be made at the time, and signed by the WIC staff member and a store representative. This initial visit must be made and documented before the grocery store may be authorized as a retailer.

C. If the retailer passes the visit, they will be asked to review the WIC agreement. If they agree with the terms, they are to sign the agreement

D. The Initial Visit Report will be sent to the Montana WIC Program for review and approval. If the report does not indicate the required quantities and varieties of WIC foods are in stock, the Retailer Unit will write to the applicant describing the shortages and request a written response. A subsequent on-site visit must be documented, received, reviewed and approved before contracts can be signed by the applicant.

E. The new retailer will be reassessed six months after authorization to determine if they are an "above-50%" retailer.

III. Retailer Agreement

A. Upon receipt and approval of the application form, price survey, and initial visit report, applicants will be sent, by certified mail, two copies of the DPHHS/WIC agreement already signed by the Retailer Unit. One copy must be signed and returned to the Retailer Unit; the other copy is to be maintained by the applicant for their records.

B. In the case where agreements are signed at the corporate headquarters, a copy of the signed agreement will be sent to the store's manager for their review and records.

IV. Retailer Authorization

A. Upon phone notification of the signed agreement, The Retailer will authorize the retailer in VMS, and send notification to the WIC bank.

Procedures

I. Application

A. The business submits an application to the Montana WIC Program.

B. The State will review the application, ensuring information is completed and correct, and minimum selection criteria is met.

C. The State will request, in writing, the local agency retailer coordinator (LARC) to visit the business. The State will send the necessary forms for the initial visit and training. The letter will state if any additional material/information is needed. Two copies of the WIC agreement, retailer stamp store sign, abuse forms and other materials will also be sent.

D. The LARC will visit the business, completing the forms and obtaining the business representative's signature on the forms.

E. The LARC will instruct the business in WIC policies and procedures, and what to expect in a WIC purchase. If the retailer passes the visit, they will be asked to review, the WIC agreement and sign it if they agree to the terms

F. The LARC will return the forms to the State.

G. The State will review the visit forms, and determine if the business should be authorized as a WIC retailer.

H. Any follow-up will take place next.

II. Follow-up

A. The State will notify the local agency, by telephone and by letter, that the retailer has been authorized to participate in the WIC Program.

B. The local agency will notify their participants that they may shop at this retailer.

C. The State will add this retailer's name and city to the 'Montana WIC Retailer by City' list.

D. The State will send notification to the WIC bank.

E. Six months after authorization, all new retailers will be reassessed to determine if they are an "above 50%" retailer.

III. Local Agency Timeline

A. The LARC will have thirty (30) days from the letter's date to complete the visit and return the documentation to the State.

Policy Number: 9-15
Subsequent Retailer Application
Effective/Revised Date: October 1, 2005

Subsequent Retailer Application

Purpose

As WIC retailer agreements expire, a process must be in place to ensure the continuity of WIC service to participants.

Authority

State policy.

Policy

It is the policy of the Montana WIC Program to ensure retail continuity in service to WIC participants through the creation and application of subsequent retailer application process.

Procedures

I. Review Process

A. Review of retailer files due to expire will start at least 120 days (i.e., four months) prior to expiration. Retailers whose files pass the 'Retailer Compliance Assessment' will be sent a packet to apply for subsequent authorization. Subsequent authorization is NOT automatic, but will be based on the same criteria as first-time applicants.

B. Retailers not passing the 'Retailer Compliance Assessment' will be sent, by certified mail, a letter explaining the concerns of the WIC Program. A written response or corrective action plan will be required. If these concerns cannot be resolved, a subsequent application will not be issued.

II. Retailer Compliance Assessment

A. An annual retailer compliance assessment will be done to determine if an authorized retailer with an expiring contract should be considered for renewal of WIC authorization. The following are components of the retailer assessment:

1. Review the retailer's check-redemption history
2. Review the file for complaints, timeliness of price surveys, violations and/or sanctions
3. Review of the retailer monitoring reports
4. Review of the retailer on-site visit reports
5. Review retailer information available through the STARS system
6. Review of any questionable Food Stamp information with Montana Food Stamp Officer-in-Charge
7. Review of the retailer's attendance at annual trainings
8. Review to ensure the retailer maintained the minimal customer base
9. Review to ensure the retailer maintained the minimal WIC sales base

B. If the retailer passes the review, an application packet will be sent.

C. If the retailer does not pass the review, a letter will be sent describing the problems and requesting a corrective action plan.

III. Subsequent Application Process

A. Upon receipt of the completed application form, the Retailer Unit will compare the information to that on file. Any changes will be documented and verified. If all information is deemed acceptable, two signed copies of the DPHHS/WIC contract will be issued to the retailer. One copy is to be signed and returned to the Retailer Unit. The second copy is for the retailer's records. In cases where contracts are signed and maintained at the corporate headquarters, a copy of the signed contract will be sent to the store's manager.

B. If items reported on the application form are not acceptable, a letter will be sent to the retailer describing the problems and requesting a written response or corrective action plan. Contracts will not be issued until all matters are clarified to the satisfaction of the Retailer Unit.

IV. Right of Refusal

A. A retailer is not obligated to apply for subsequent WIC authorization. A retailer may withdraw from the WIC Program by written notification, stating the date termination is desired. The WIC stamp must be returned to the Montana WIC Program at that time.

B. The Montana WIC Program will send a letter of acknowledgment to the retailer when the retailer stamp is received.

V. Authorization Renewal

Upon receipt of the signed contract, the Retailer Unit will enter the new expiration date into VMS.

Timeline for Response to Retailer Application Requests

Purpose

To respond to applications in a timely manner.

Authority

State Policy

Policy

It is the policy of the Montana WIC Program to process retailer applications in an efficient and timely manner.

Procedures

I. Introduction

A. In order to respond to a retailer's request for authorization to become a WIC Retailer, a timeline has been established. The timeline allows for a reasonable response time to requests for information by both the retailer and the State Office.

B. It is estimated the complete process using the maximum amount of response time for each step, will require ninety (90) days. Failure to respond in a timely manner by the retailer does not reduce the amount of time required by the State Office to respond. Also, failure by the State Office to meet the response deadlines, does not justify a request for an administrative review.

II. Documentation

A. As steps are completed, documentation of correspondence received and sent, phone conversations, and e-mails will be maintained. All written mail correspondence will be sent with return receipt requested. The documentation will include

1. date,
2. content,
3. persons involved,
4. items (or copies of items if not standard, for example: application form),
5. mail receipts and
6. signature of State WIC staff.

III. Timeline

A. An application request by a retailer will begin the timeline. The timeline is found in Attachment A.

Attachment A:

Step	Responsible Person	Action	Timeline	
1	Retailer or Local Agency	A written or verbal request is received by the State Office (SO) for a retailer application.	Start	
2	Retailer Coordinator (RC)	Mail application to retailer.	3 working days	
3	Retailer	Return of completed application containing all requested information.	10 working days	
4	RC	**IF COMPLETE:** Verify information as required **IF INCOMPLETE:** Contact retailer for additional information and verify available information as required.	10 working days Timeline halted until complete information received from retailer	
5	RC	Contact Local Agency to perform an on-site visit to review retailer applicant. Mail appropriate materials for visit.	Upon receipt of complete application.	
6	Local Agency Retailer Coordinator (LARC)	On-site review of retailer applicant. **IF:** 1 or 2 clinic days per month **IF:** 3 or more clinic days per month	 30 days 20 days	
7	LARC	Submit completed on-site visit forms to SO.	Immediately after completion of on-site visit.	
8	RC	**IF information received and verified indicates.** an acceptable retailer ∆an unacceptable retailer	**THEN** The contract is mailed for signature with a cover letter A letter explaining the reason for denial is sent.	10 working days of receipt of completed application and on-site visit report.
9	Retailer	Contract signed by retailer and returned.	5 working days	
10	RC	Contract signed by retailer coordinator. A copy of the contract, retailer stamp and a copy of the Montana WIC Retailer Manual are sent to the retailer. The local agency retailer coordinator is contacted to schedule initial retailer training.	5 working days	
11	LARC	Initial retailer training is completed and supporting documentation is sent to the state office. **IF**1 or 2 clinic days per month 3 or more clinic days per month	 30 days 20 days	

Policy Number: 9-17
Retailer Check Redemption Timeline
Effective/Revised Date: October 1, 2007

Retailer Check Redemption Timeline

Purpose

Retailers submit WIC checks to their banking institution for redemption. They need, expect and should receive payment in a timely manner.

Authority

7 CFR 246.(f)(2)(iv)

Policy

It is the policy of the Montana WIC Program to ensure WIC checks submitted for payment by retailers be redeemed no later than 60 days after the "First Day to Use".

Guidelines

Most Montana WIC checks are issued for a 30-day period. All WIC checks have an additional 30 days after the "Last Day to Use" for the retailer to redeem their checks. This is a total of 60 days after the "First Day to Use" for a retailer to process and receive payment for their WIC checks.

Note: In the event that a check is returned from the bank for error, the vendor has an additional 30 days to resubmit the check after state approval.

Policy Number: 9-18
Retailer Compliance System
Effective/Revised Date: October 1, 2005

Retailer Compliance System

Purpose

The Montana WIC Program's compliance system is designed to verify and document any WIC Program non-compliance committed by WIC retailers. Appropriate education, sanction points, suspension and/or disqualification will be imposed pursuant to the results.

Types of investigations include monitoring visits, educational purchases, compliance purchases and inventory audits.

Federal regulations require that compliance purchases/investigations be conducted at five (5) percent of all authorized Montana WIC retailers annually. Actual WIC checks will be used in both educational and compliance purchases.

Authority

7 CFR 246.12 (j)

Policy

It is the policy of the Montana WIC Program to perform compliance visits to ensure retailers are following the rules and regulations of the Program.

Guidelines

I. Monitoring Visits

A. A monitoring visit is defined as an on-site visit conducted by WIC staff to verify the retailer continues to have the required variety and quantity of WIC products and is following WIC procedures. A monitoring visit will be conducted at least once during a retailer's contract period.

B. A monitoring visit may include either an educational buy or observation of a WIC purchase AND a review of the WIC checks accepted that day by the retailer.

C. A monitoring visit will include discussion with retailer staff as to WIC procedures, problems and areas of concern.

D. The WIC staff member will complete a monitoring review form. The completed form will be discussed with the retailer's management. Both parties will sign the form before the WIC staff leaves the retailers' store.

II. Educational Purchases

A. An educational purchase is defined as an overt purchase made with WIC checks by WIC staff. The purchase is made with the knowledge of the retailer's management, though not necessarily that of the retailer staff. The purpose of the educational purchase is to train retailer staff in the appropriate WIC transaction procedures. This purchase may help determine problem areas in retailer procedures. This training tool will NOT result in sanction points.

B. The educational purchase may be part of an on-site training/demonstration held by WIC staff, at the request of retailer staff and/or management. Instructions on proper procedures can be given during the purchase demonstration. Questions concerning debatable food items will be answered, or referred to the Montana WIC Program for clarification.

C. The educational purchase may be part of a regularly scheduled monitoring visit. Erroneous practices will be discussed with either the staff or the management after the purchase has been completed.

D. WIC checks used during this purchase will NOT be processed through the banking system. The purchase will be 'voided' at the checkstand. Food products will be returned to the shelves. The WIC checks will be 'voided' and returned to the WIC staff.

III. Compliance Purchases

A. A compliance purchase is defined at a covert purchase made with WIC checks by WIC staff or designated representative(s). The purchase is made without the knowledge of the retailer's management or staff. An investigative agent (posing as a WIC participant or proxy) will attempt to obtain evidence the retailer allows WIC Program violations or fraud to be committed at that specific retailer location. The investigative agent may conduct one or more compliance purchases at a selected retailer. Retailers may be selected for cause or at random. After completion of the purchase(s) and leaving the retailers store, a report will be filed with the Montana WIC Program.

B. The Montana WIC Program shall decide if a purchase investigation will be performed and whether an educational purchase may precede a compliance purchase. The decision will be based on the type of violation, statistical and financial significance of the violation and criteria for investigations.

IV. Inventory Audits

A. An inventory audit is defined as the comparison of reported WIC purchases against the retailer's inventory records for a specific period.

B. The WIC Retailer Agreement, in *Section VI: Accounting, Auditing, Record Retention, Cost Principles, and Access to Records*, requires retailers to maintain records related to inventory and purchases for a minimum three-year period.

C. A WIC staff member or designated representative(s) will visit the retailer's offices. A request to view the inventory records will be made at that time.

D. Inventory audits will not be announced in advance.

V. Follow-Up Procedures

A. The retailer will be notified, by certified mail, of the investigation, violations found and the subsequent consequences. If such notification would compromise an investigation of a violation that requires a pattern of violations, notice of a first violation will not be given. Failure to respond to this notification may result, in itself, in retailer suspension or disqualification.

B. The retailer can appeal any sanction or disqualification. Retailers must request a Fair Hearing from the Montana WIC Program. Retailers have thirty (30) days from the effective date of the adverse action to appeal the Montana WIC Program's decision.

C. The Montana WIC Program will notify the Regional FNS Office of any WIC retailer suspended or disqualified. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified. The suspension or disqualification of a retailer due to a compliance investigation may be publicly advertised if it is determined this will be beneficial to the overall attitude toward the Montana WIC Program.

D. Disqualification from the Montana WIC Program may result in disqualification from the Food Stamp Program.

E. If you wish to talk to someone from the Montana WIC Program about the compliance purchase, inventory audit or an administrative review, contact the Montana WIC Program at 1-800-433-4298. Retailers are encouraged to resolve disputes without an administrative review.

Policy Number: 9-19
Routine Retailer Monitoring Visits
Effective/Revised Date: October 1, 2002

Routine Retailer Monitoring Visits

Purpose

Monitoring visits allow the WIC Program to examine actual stocking variety and quantity, to review WIC checks already accepted that day, and to possibly watch WIC purchase(s) in progress. This information allows the WIC Program to detect possible fraud and/or abuse, discuss with the retailer staff any problems/solutions, and the opportunity to clarify any misunderstandings or misconceptions. Monitoring visits will not be pre-scheduled with retailer staff

Authority

7 CFR 246.12(j)

Policy

It is the policy of the Montana WIC Program that at least five (5) percent of authorized retailers will receive a routine monitoring visit each federal fiscal year. The Montana WIC Program may request the local WIC retailer coordinator to conduct such visits.

Guidelines

I. Criteria used to select retailers for monitoring visits include, but are not limited to:

A. retailers whose contracts will expire within the next 12 months;

B. retailers in a service area being monitored by the Montana WIC Program;

C. retailers classified as “high risk” but not having a form of compliance investigation;

D. retailers having verbal complaints from WIC participants;

E. retailers experiencing check-cashing problems.

Procedures

I. Retailer Monitoring

A. Monitoring visits allow the Montana WIC Program to review a retailer “in action”. The monitor is able to:

1. verify the store signs are posted;
2. verify food prices are clearly posted either on the shelves or on the individual food items;
3. examine actual stocking variety and quantity;
4. review WIC checks already accepted by the retailer;
5. watch WIC purchases in progress;
6. discuss any problems the retailer has experienced;
7. clarify any misunderstandings or misconceptions;
8. offer suggestions to improve the processing and handling of WIC checks;

9. use the above to determine if a potential for fraud or abuse exists.

B. Types of Monitoring

1. Monitoring visits can be classified as either 'routine' or 'compliance investigation'.
2. A 'routine monitoring' visit may be either an:
   a. initial visit; a
   b. contractual visit; or an
   c. educational or training visit.
3. A 'compliance investigation' is performed pursuant to reports or complaints of fraud or abuse, statistical reports indicating the retailer may be at high risk for fraud or abuse, or due to the retailer's failure to comply with requested improvements. A compliance investigation may be either an:
   a. inventory audit; or a
   b. compliance purchase.

C. Monitoring Staff

1. Monitoring staff are employees of the WIC Program who will conduct the monitoring visit. The monitoring staff for a routine visit will be an employee of either the WIC State office or WIC Local Agency office. The monitoring staff for a compliance investigation will be an employee of the WIC State office staff or their contracted designee.

II. Initial Visit

A. An initial visit is the visit made by WIC personnel to a store applying to participate in the Montana WIC Program. The initial visit is utilized to, ~~first,~~ verify the required WIC food variety and quantity is in stock. The visit is also the initial retailer training in WIC policies and procedures.

B. Application

1. The business submits an application to the Montana WIC Program.
2. The State will review the application, ensuring information is completed and correct, and minimum selection criteria is met.
3. The State will request, in writing, the local retailer coordinator to visit the business. The State will send the necessary forms for the initial visit and training. The letter will state if any additional material/information is needed. Two copies of a WIC agreement. will also be sent, if the retailer passes the initial visit, the retailer will be asked to review the agreement, If they agree with the terms they will sign the agreement
4. The local agency retailer coordinator (LARC) will visit the business, completing the forms and obtaining the business representative's signature on the forms.
5. The LARC will instruct the business in WIC policies and procedures, and what to expect in a WIC purchase.
6. The retailer coordinator will return the forms to the State.

7. The State will review the visit forms, and determine if the business should be authorized as a WIC retailer.

C. Follow-up

1. The State will notify the local agency, by telephone and by letter, that the retailer has been authorized to participate in the WIC Program.
2. The local agency will notify their participants that they may shop at this retailer.
3. The State will add this retailer's name and city to the 'Montana WIC Retailer by City' list.

D. Local Agency Timeline

1. The retailer coordinator will have thirty (30) days from the letter's date to complete the visit and return the documentation to the State.

III. Contractual Visit

A. A contractual visit is a monitoring visit performed in accordance with federal regulations. A contractual visit will be conducted for each contracted retailer at least once during each contract period.

B. Criteria

1. Criteria used to select retailers for contractual visits include, but are not limited to:
   a. retailers whose contracts will expire within the next 12 months;
   b. retailers in a service area being monitored by the Montana WIC Program;
   c. retailers classified as "high risk" but not receiving a form of compliance investigation;
   d. retailers having verbal complaints from WIC participants;
   e. retailers experiencing check-cashing problems.

C. Procedure

1. The WIC monitor staff will enter the premises of the retailer, noting date and time of visit on the "Montana WIC Program Visit" form. The locations of the "We Accept WIC Checks" signs and use of shelf-talkers/channel strips are to be noted, as well as the general condition of the business, and the ease in locating WIC items.
2. The WIC monitor staff will walk through the store, noting the actual variety and quantities of WIC foods, and the expiration dates of cereal, milk and infant formula.
3. The WIC monitor staff will go to the retailer manager, introduce her/himself, explain the purpose of the visit, and request to see any WIC checks accepted that day.
4. The WIC monitor staff will review the WIC checks to verify the dates are current, the dollar amounts of sale were entered correctly, and the checks have been signed by the participant. When possible, the WIC monitor will compare the

checks to business/computer records to verify correct items and quantities were purchased.

5. The WIC monitor staff will meet again with the manager to discuss the visit findings. The manager will be requested to sign the visit form.
6. The WIC monitor staff will note the time of departure on the form.
7. The WIC monitor staff will make a copy of the form for their records.
8. The original form will be sent to the Montana WIC Program for review.

D. Follow-Up Action

1. The State will review the monitoring report to ensure the retailer's authorization criteria continues to be met.
2. The State will write a letter to the retailer, with copy to the LARC, describing any problems and recommended solutions.
3. The retailer will have a thirty (30) day period to submit a written response.
4. The response will be evaluated as to meeting or not meeting the State's concerns. The State will either thank the retailer for their response, or write again, addressing further concerns.
5. Sanction points will be assigned if merited.
6. If the retailer is a member of a chain, copies of all correspondence will be sent to the chain's headquarters.

E. Local Agency Timeline

1. The local agency will have sixty (60) days from the date of the cover letter to complete the contractual visit and return the documentation to the State WIC Program.

IV. Educational/Training Visit

A. An educational/training visit is defined as an overt purchase made with WIC checks by WIC staff. The purchase is made with the knowledge of the retailer's management, though not necessarily that of the retailer staff.

B. Criteria

1. Educational/training visits are scheduled based on data compiled at the State office indicating inappropriate check cashing procedures, or would be scheduled at the request of the retailer for training purposes. The educational/ training visit may be part of a regularly scheduled monitoring visit.
2. The purpose of the educational/training visit is to educate/train retailer staff in the appropriate WIC transaction procedures. This purchase may help determine problem areas in retailer procedures. This training tool will NOT result in sanction points.

C. Procedure

1. WIC staff will enter the premises of the retailer, noting date and time of the visit on the "Montana WIC Program Visit" form. Contact the retail manager and explain the purpose of the visit. Explain the following to the retail manager: *An educational visit will be done to determine any training cashiers require to complete a WIC transaction.*
2. WIC staff will select items (may be non-authorized WIC foods, larger sizes of authorized foods or non-food items) and proceed to the checkstands
3. Do not mix personal items with WIC items during this educational purchase.
4. Have a variety of eligible and non-eligible items. Try purchasing:
    a. Low iron formula;
    b. Fruit drink instead of juice;
    c. Non-authorized cereal (Fruit Loops);
    d. Infant cereal with fruit;
    e. Block of cheese larger than a pound or sliced cheese;
    f. 2% milk when the check states whole.
5. Mention to the cashier that a WIC check will be used before the transaction begins.
6. The WIC staff member should follow any instructions the store personnel may give with regard to the transaction.
7. Do not question or dispute any instructions given by the cashier.

D. Procedure

1. Answer questions asked by the cashier with an "I'm not sure" response. Do not give a "sob story" to the clerk. This type of reply is considered coercion and can lead to entrapment.
2. After passing through the check stands and before beginning your conversation with the store manager, ask the manager to return to the cashier, retrieve the check and void the transaction. After the check is brought back, attach the corresponding sales receipt and write void across the check.
3. Discuss the results of the visit with the retail manager.
4. Suggest the cashier(s) be allowed to listen.
5. Complete the visit form, including the signature of the retail manager.
6. Leave a copy of the visit form with the retail manager.
7. If the visit resulted in numerous errors:

8. Discuss the need for store personnel training. Suggest they review the Montana DPHHS training video." Retail Grocer's Training Tapes for Proper WIC Check-Out Procedures", (check if they have a copy) and offer on-site training by WIC staff.
9. Explain that numerous errors during an educational visit may lead to a "compliance purchase".
10. Return the items used in the educational visit back to the shelves before you leave the store.

E. Follow-up

Erroneous practices will be discussed with either the staff or the management after the purchase has been completed. The WIC checks used during this visit will NOT be processed through the banking system. The purchase will be 'voided' at the check stand. Food products will be returned to the shelves. The WIC checks will be returned to the WIC staff.

F. LARC Future Training

The LARC will be informed of the results of the educational/training visit for use in responding to future training questions.

Policy Number: 9-20
Contractual Visit
Effective/Revised Date: October 1, 2005

Contractual Visit

Purpose

Federal regulations define various types of monitoring visits. "Contractual Visit" refers to on-site visits performed within a contract period.

Authority

7 CFR 246.12 (j); Retailer Agreement

Policy

It is the policy of the Montana WIC Program for either state or local agency staff to perform a contractual visit at least once during each contract period.

Guidelines

I. Definition

A contractual visit is a monitoring visit performed in accordance with federal regulations. A contractual visit will be conducted for each contracted retailer at least once during each contract period.

II. Criteria

Criteria used to select retailers for contractual visits include, but are not limited to:

1. retailers whose contracts will expire within the next 12 months;
2. retailers in a service area being monitored by the Montana WIC Program;
3. retailers classified as "high risk" but not receiving a form of compliance investigation;
4. retailers having verbal complaints from WIC participants;
5. retailers experiencing check-cashing problems.
6.

Procedures

I. Retailer Monitoring

The WIC monitor staff will enter the premises of the retailer, noting date and time of visit on the "Montana WIC Program Visit" form. The locations of the "We Accept WIC Checks" signs and use of shelf-talkers/channel strips are to be noted, as well as the general condition of the business, and the ease in locating WIC items.

II. Retailer Walk Through

The WIC monitor staff will walk through the store, noting the actual variety and quantities of WIC foods, and the expiration dates of cereal, milk and infant formula.

III. Meeting with Retailer Manager

The WIC monitor staff will go to the retailer manager, introduce her/himself, explain the purpose of the visit, and request to see any WIC checks accepted that day.

IV. WIC Check Verification

The WIC monitor staff will review the WIC checks to verify the dates are current, the dollar amounts of sale were entered correctly, and the checks have been signed by the participant. When possible, the WIC monitor will compare the checks to business/computer records to verify correct items and quantities were purchased.

V. Second Meeting with Retailer Manager

A. The WIC monitor staff will meet again with the manager to discuss the visit findings. The manager will be requested to sign the visit form.

B. The WIC monitor staff will note the time of departure on the form.

C. The WIC monitor staff will make a copy of the form for their records.

D. The original form will be sent to the Montana WIC Program for review.

VI. Follow-Up Action

A. The State will review the monitoring report to ensure the retailer's authorization criteria continues to be met.

B. The State will write a letter to the retailer, with copy to the LARC, describing any problems and recommended solutions.

C. The retailer will have a thirty (30) day period to submit a written response.

D. The response will be evaluated as to meeting or not meeting the State's concerns. The State will either thank the retailer for their response, or write again, addressing further concerns.

E. Sanction points will be assigned if merited.

F. If the retailer is a member of a chain, copies of all correspondence will be sent to the chain's headquarters.

VII. Local Agency Timeline

A. The local agency will have sixty (60) days from the date of the cover letter to complete the contractual visit and return the documentation to the State WIC Program.

Policy Number: 9-21
High Risk Evaluation Criteria
Effective/Revised Date: October 1, 2002

High Risk Evaluation Criteria

Purpose

Criteria are needed to evaluate how the WIC Program is actually handled at the retail sites, and to ensure that checks are processed according to established WIC procedures. Criteria will show where abuse or fraud may take place.

Authority

7 CFR 246.12 (j)

Policy

It is the policy of the Montana WIC Program that standardized criteria are used as guidelines to evaluate WIC retailers on a quarterly basis. Such criteria will be applied equally to all retailers. Retailers identified by one or more items will be evaluated to determine if on-site training, a monitoring visit or a compliance investigation is warranted.

Guidelines

I. High-risk criteria will include, but not be limited to:

A. Small amount of variance in check prices by retailer;

B. High means in check prices by retailer;

C. Large WIC business volume by retailer;

D. Large percentage of checks cashed by retailer in excess of 100% of the regional average price;

E. Large percentage of the WIC service area's total WIC redemptions;

F. Large number of participants redeeming checks outside their WIC service area by retailer;

G. Large number of high-risk participants redeeming checks with retailer;

H. Two (2) or more similar documented complaints from WIC participants within a thirty (30) day period.

II. Follow-Up Action

A. High-risk retailers will be ranked to determine which stores receive a compliance investigation or a monitoring visit. A compliance investigation will consist of either a compliance buy or an inventory audit.

Policy Number: 9-22
Compliance Investigations
Effective/Revised Date: October 1, 2002

Compliance Investigations

Purpose

Program compliance is mandatory to operate an efficient and effective program. Abusive retailers must be removed from the program to ensure the WIC Program is utilized, to the greatest extent possible, by participants throughout the state.

Compliance investigations will be performed by State personnel or their contracted designee.

Authority

7 CFR 246.12 (j)(4)

Policy

It is the policy of the Montana WIC Program that compliance investigations be used to evaluate high-risk WIC retailers, as defined in Policy 9-21. A minimum of five (5) percent of all authorized WIC retailers will receive a compliance investigation annually. These retailers will be identified as having high risk criteria. If less than 5% of retailers are categorized as high risk, the balance will be randomly selected.

Guidelines

I. Compliance investigations

A. Compliance investigations shall be accomplished by conducting either an:

1. Inventory audit - an overt on-site comparison of the retailer's inventory to WIC purchases within a specified time period. Retailers are required by their WIC agreements to maintain their inventory records for a minimum period of three (3) years; or a
2. Compliance purchase - a covert WIC purchase. Compliance purchases will be performed in a series to verify Program abuse by the retailer.

II. Sanctions

A. Sanctions will be issued for any violations found in a compliance investigation. Sanction notification will be sent via certified mail, unless such notification would compromise an investigation of a violation that requires a pattern of occurrences.

B. Sanctions for violations requiring only one instance of a violation that would result in disqualification will not be given advance notice. Sanctions for other violations will be implemented immediately unless an Administrative Review is requested by the retailer.

C. Montana defines a "pattern of violations" as two instances of the same violation being committed by store personnel. This could be a single person or multiple persons committing the same violation.

Procedures

I. Inventory Audit

A. Definition

1. An inventory audit is defined as the comparison of reported WIC purchases against the retailer's inventory records for a specific period.
2. Inventory audits will not be announced in advance. The local agency will not be informed of inventory audits conducted in their area.

B. Criteria

1. The WIC Retailer Agreement, in Section VI: *Accounting, Auditing, Record Retention, Cost Principles and Access to Records*, required retailers to maintain inventory records and other records related to purchases for a minimum three-year period.

C. Procedure

1. A WIC staff member or a designated representative will visit the retailer to determine the total amount of stock available. This includes what is on the shelves as well as in the storage area. This must occur on the first day of the inventory period.
2. On the last day of the inventory period, a WIC staff member or a designated representative will visit the retailer to calculate the total amount of stock available.
3. A WIC staff member or a designated representative will visit the retailer's offices. A request to view the invoice receipts will be made at that time. A calculation based on the beginning stock, the ending stock, and the amount of stock purchased according to the Invoice receipts will be compared to redemption records to verify the amount of stock presumed sold in WIC purchases.

D. Follow-up Action

1. The retailer will be notified, by certified mail, of the investigation, violations found and the subsequent consequences. A copy will be sent to the LARC.
2. The retailer can appeal any sanction or disqualification. Retailers must request a Fair Hearing from the Montana WIC Program. Retailers have thirty (30) days from the effective date of the adverse action within to appeal the Montana WIC Program's decision.
3. The Montana WIC Program will notify the Regional FNS Office of any WIC retailer suspended or disqualified. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified.
4. Disqualification from the Montana WIC Program may result in disqualification from the Food Stamp Program.

II. Compliance Purchase

A. A compliance purchase is defined as a covert purchase made with WIC checks by WIC staff or their contracted designee. The purchase is made without the knowledge of the retailer's management or staff. A compliance investigator (posing as a WIC participant or proxy) will attempt to obtain evidence showing the retailer allows WIC Program violations or fraud to be committed at that specific retailer location.

B. Criteria

1. Retailers may be selected for cause, or at random. The Montana WIC Program shall decide whether any type of purchase investigation will be performed prior to authorizing such investigations, and whether an educational purchase may precede a compliance purchase.
2. The decision will be based on the type of violation, statistical and financial significance of the violation and criteria for investigations.

C. Procedure

1. The compliance investigator will review the retailer's file and become familiar with any problems with the retailer.
2. Training and education will be provided by the State Agency to the investigator prior to the compliance purchase. The training will include:
   a. not to invoke sympathy or try in any way to convince or coerce the cashier to allow any possible non-authorized foods to be purchased;
   b. the fact they may be embarrassed and if the situation does become embarrassing or hostile, leave the store immediately;
   c. exactly what to purchase, and the procedures for cashing a WIC check;
   d. the investigator assigned to the case will complete as much of the WIC Investigation Report Form as possible prior to the visit to the retailer;
   e. the investigator will be issued a WIC ID packet by the State Agency along with WIC checks. These checks will be computer generated and copies of the checks will be attached to the WIC Investigation Report Form.
3. The investigator will drive to the retailer's place of business. The investigator observes and documents the time he/she enters the store. The investigator will:
   a. record the number of checkout stands
   b. select the items he/she has been instructed to purchase. (At the second compliance visit, if possible, a different cashier from the first compliance visit should be used for checkout). The investigator will tell the cashier before the items are rung up that he/she is a WIC participant and will be using WIC checks. If the investigator is told he/she cannot purchase any unauthorized food items, she should return them and pick up the items listed on the WIC checks or requested by the retailer.

c. the investigator will take the receipt and the items purchased, leave the store and complete the appropriate documentation.

d. following the purchase, the investigator will complete the WIC Compliance Buy Report form. The receipt and any change from the transaction will be given to the State Agency. The food items purchased will be submitted to the State Agency along with photographs of the food items (unless otherwise directed).

e. at the last compliance purchase for the retailer, the investigator will photograph the store front upon final departure.

4. All food items obtained during a compliance purchase will be photographed by the compliance investigator and then donated to a non-profit agency. A receipt, which is filed with the final report, will be obtained from the non-profit agency acknowledging the donation.

D. Number of Compliance Purchases

1. A positive transaction is one in which the compliance investigator is allowed to purchase unauthorized food items, non-food items, exchange cash, commit fraud, or any violation of the Montana WIC Retailer Agreement. A negative transaction is one in which no violations occur.

2. Two positive transactions will result in the case being closed. Sanctions will be imposed.

3. Two negative transactions will result in the case being closed. Sanctions will not be imposed.

4. There will always be at least two compliance purchases made at a particular retailer unless the State Agency decides otherwise.

5. If there is one negative and one positive transaction, an additional compliance purchase will have to be made in order to determine if there have been two negative or two positive transactions.

E. Follow-up Action

1. The State Agency will retrieve the checks used in the compliance purchase after redemption to be used as evidence. A case file will be completed on the investigation by the State Agency. This will include:

a. any reports or complaints that were used to select the retailer for a compliance purchase; the investigation report; any receipts from the transaction, and the checks used for the compliance purchase; any document of prior warnings or retailer visits; the letter sent to the retailer notifying the retailer of the compliance purchases and whether or not any sanctions were imposed; any correspondence from the retailer regarding the case, including documentation of phone contact; any materials relating to a fair hearing if one is requested, including the decision of the hearing office.

F. Adverse Actions

1. The retailer will be notified, by certified mail, of the investigation, violations found and the subsequent consequences.
2. The retailer can appeal any sanction or disqualification. Retailers must request a Fair Hearing from the Montana WIC Program. Retailers have thirty (30) days from the effective date of the adverse action within to appeal the Montana WIC Program's decision.

The Montana WIC Program will notify the Regional FNS Office of any WIC retailer suspended or disqualified. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified. Disqualification from the Montana WIC Program may result in disqualification from the Food Stamp Program.

Policy Number: 9-23
Compliance Purchase
Effective/Revised Date: October 1, 2005

Compliance Purchase

Purpose

Compliance purchase is a covert activity, where a WIC Program representative attempts to erroneously purchase food items not listed on the WIC check. This indicates the training level of retailer staff, as well as their desire to be in compliance with the WIC Program.

Authority

7 CFR 246.12 (j)

Policy

It is the policy of the Montana WIC Program to perform compliance purchases to determine if which errors are allowed by the WIC retailer.

Guidelines

I. Definition

A compliance purchase is defined as a covert purchase made with WIC checks by WIC staff or their contracted designee. The purchase is made without the knowledge of the retailer's management or staff. A compliance investigator (posing as a WIC participant or proxy) will attempt to obtain evidence showing the retailer allows WIC Program violations or fraud to be committed at that specific retailer location.

II. Criteria

A. Retailers may be selected for cause, or at random. The Montana WIC Program shall decide whether any type of purchase investigation will be performed prior to authorizing such investigations, and whether an educational purchase may precede a compliance purchase.

B. The decision will be based on the type of violation, statistical and financial significance of the violation and criteria for investigations.

Procedures

I. Compliance Investigator

The compliance investigator will review the retailer's file and become familiar with any problems with the retailer.

II. Training and education

Training and education will be provided by the State Agency to the investigator prior to the compliance purchase. The training will include:

A. not to invoke sympathy or try in any way to convince or coerce the cashier to allow any possible non-authorized foods to be purchased;

B. the fact they may be embarrassed and if the situation does become embarrassing or hostile, leave the store immediately;

C. exactly what to purchase, and the procedures for cashing a WIC check;

D. the investigator assigned to the case will complete as much of the WIC Investigation Report Form as possible prior to the visit to the retailer;

E. the investigator will be issued a WIC ID packet by the State Agency along with WIC checks. These checks will be computer generated and copies of the checks will be attached to the WIC Investigation Report Form.

F. the investigator will drive to the retailer's place of business. The investigator observes and documents the time he/she enters the store. The investigator will:

1. record the number of checkout stands,
2. select the items he/she has been instructed to purchase. (At the second compliance visit, if possible, a different cashier from the first compliance visit should be used for checkout.)
3. the investigator will tell the cashier before the items are rung up that he/she is a WIC participant and will be using WIC checks. If the investigator is told he/she cannot purchase any unauthorized food items, she should return them and pick up the items listed on the WIC checks or requested by the retailer.
4. the investigator will take the receipt and the items purchased, leave the store and complete the appropriate documentation.
5. following the purchase, the investigator will complete the WIC Investigation Report Form. The receipt and any change from the transaction will be given to the State Agency. The food items purchased will be submitted to the State Agency along with photographs of the food items (unless otherwise directed).
6. at the last compliance purchase for the retailer, the investigator will photograph the store front upon final departure.

G. All food items obtained during a compliance purchase will be photographed by the compliance investigator and then donated to a non-profit agency. A receipt, which is filed with the final report, will be obtained from the non-profit agency acknowledging the donation.

III. Number of Compliance Purchases

A. A positive transaction is one in which the compliance investigator is allowed to purchase unauthorized food items, non-food items, exchange cash, commit fraud, or any violation of the Montana WIC Retailer Agreement. A negative transaction in one in which no violation occur.

B. Two positive transactions will result in the case being closed. Sanctions will be imposed.

C. Two negative transactions will result in the case being closed. Sanctions will not be imposed.

D. There will always be at least two compliance purchases made at a particular retailer unless the State Agency decides otherwise.

E. If there is one negative and one positive transaction, an additional compliance purchase will have to be made in order to determine if there have been two negative or two positive transactions.

IV. Follow-up Action

The State Agency will retrieve the checks used in the compliance purchase after redemption to be used as evidence. A case file will be completed on the investigation by the State Agency. This will include any reports or complaints that were used to select the retailer for a compliance purchase; the investigation report; any receipts from the transaction, and the checks used for the compliance purchase; any document of prior warnings or retailer visits; the letter sent to the retailer notifying the retailer of the compliance purchases and whether or not any sanctions were imposed; any correspondence from the retailer regarding the case, including documentation of phone contact; any materials relating to a fair hearing if one is requested, including the decision of the hearing office.

V. Adverse Actions

A. The retailer will be notified, by certified mail, of the investigation, violations found and the subsequent consequences.

B. The retailer can appeal any sanction or disqualification. Retailers must request a Fair Hearing from the Montana WIC Program. Retailers have thirty (30) days from the effective date of the adverse action within to appeal the Montana WIC Program's decision.

C. The Montana WIC Program will notify the Regional FNS Office of any WIC retailer suspended or disqualified. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified.

D. Disqualification from the Montana WIC Program may result in disqualification from the Food Stamp Program.

Policy Number: 9-24
Inventory Audit
Effective/Revised Date: October 1, 2005

Inventory Audit

Purpose

Inventory audits are an efficient comparison of item reported purchased versus actual purchase orders for a specific time period.

Authority

7 CFR 246.12 (j)

Policy

It is the policy of the Montana WIC Program that inventory audits be performed at small local retailers or other retailers where a compliance buy would be obvious to the retailer staff.

Guidelines

I. Definition

A. An inventory audit is defined as the comparison of reported WIC purchases against the retailer's inventory records for a specific period.

II. Criteria

A. The WIC Retailer Agreement, in Section VI: *Accounting, Auditing, Record Retention, Cost Principles and Access to Records*, required retailers to maintain inventory records and other records related to purchases for a minimum three-year period.

III. Procedure

A. A WIC staff member or a designated representative will visit the retailer on the first day of the audit period. They will calculate all WIC formulas on the shelves and in storage.

B. A WIC staff member or a designated representative will visit the retailer on the last day of the inventory period. They will calculate all WIC formulas on the shelves and in storage.

C. Within two months a WIC staff member or a designated representative will visit the retailer and they will calculate all WIC formulas on the shelves and in storage.

IV. Follow-up Action

A. The retailer will be notified, by certified mail, of the investigation, violations found and the subsequent consequences. A copy will be sent to the LARC.

B. The retailer can appeal any sanction or disqualification. Retailers must request a Fair Hearing from the Montana WIC Program. Retailers have thirty (30) days from the effective date of the adverse action to appeal the Montana WIC Program's decision.

C. The Montana WIC Program will notify the Regional FNS Office of any WIC retailer suspended or disqualified. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified.

D. Disqualification from the Montana WIC Program may result in disqualification from the Food Stamp Program.

Policy Number: 9-25
Administrative Review – Retailer
Effective/Revised Date: October 1, 2005

Full Administrative Review

Purpose

An administrative review is the procedure requested by a retailer to determine if they have the right to contest a decision made by the State WIC Program.

Authority

7 CFR 246.18(b), (c), (d), (e) and (f)

Policy

It is the policy of the Montana WIC Program to allow a retailer an administrative review to contest a punitive decision rendered by the Montana WIC Program.

Procedures

I. Introduction

A. A retailer may request an administrative review due to receipt of an adverse action. An administrative review will be provided subject to Policy 9-25 and 9-26.

B. At the time an adverse action is invoked, a written notice will be sent to the retailer. The notice will contain the effective date, the procedure to follow to obtain an administrative review (the notice must specify which type of review may be requested) and the timeframe for the request. If the adverse action is related to disqualification, the notice will contain the following statement: "This disqualification from Montana WIC may result in disqualification as a retailer in the Food Stamp Program. Such disqualification is not subject to administrative or judicial review under the Food Stamp Program."

C. A disqualification as a result of a conviction of trafficking will be effective immediately.

II. General Conditions

A. The retailer has sixty (60) days from the date of receipt of the written notice of adverse action to request an administrative review. The request for an administrative review may be made through the Local Agency Retailer Coordinator or the Montana WIC State Office. The request may be written or verbal.

B. The Montana WIC Program will determine the type of administrative review allowed according to Policy 9-25 and 9-26.

C. If a retailer is allowed to continue operation as a Montana WIC Retailer during the process of an administrative review, the terms of the Montana WIC Retailer Agreement are still in force and the retailer must comply with the terms.

D. If the decision of the administrative review upholds the adverse action, this will be the final action taken by the Montana WIC Program. Any adverse action related to the administrative review which has not already taken effect, must do so on the date the retailer receives the notification of the decision.

E. The retailer may appeal the administrative review decision in District Court in the First Judicial District of the State of Montana, in and for the County of Lewis and Clark within thirty (30) days of receiving the written decision.

III. Procedure for a Full Administrative Review

A. The Montana WIC Program will set the date for a full administrative review within three weeks of the receipt of the request.

B. The retailer will be notified in writing within a minimum of ten days in advance of time and place of the full administrative review.

C. A full administrative review for a retailer will be held in the county in Montana in which the business operation in question is physically located.

D. The full administrative review will be conducted by a fair and impartial official according to 7 CFR 246.18 and applicable portions of Title 2, Chapter 4 Montana Code Annotated, whose decision will rest solely on the evidence presented at the hearing and the state's approved policies and procedures governing the Montana WIC Program.

E. The retailer will have the opportunity to:

1. review the case file prior to the full administrative review;
2. representation by legal counsel;
3. cross-examine adverse witnesses (protection of the identity of investigators may result in the examination being conducted "in camera" or with the witness behind a protective screen);
4. present his/her/its case; and
5. reschedule the full administrative review date once upon request.

F. The retailer will be notified of the decision of the full administrative review within ninety (90) days of the receipt of the retailer's request for an administrative review. The notification must include the basis for the decision. Failure on the state's part to meet the decision notification timeframe is not grounds for overturning the adverse action.

Policy Number: 9-26
Administrative Review Retailer
Effective/Revised Date: October 1, 2002

Abbreviated Administrative Review

Purpose

An abbreviated administrative review shall be provided to a retailer upon request through which an appeal may be made for specific adverse actions described in the policy statement. The retailer has sixty (60) days from the date of receipt of the written notice to request an administrative review.

Authority

7 CFR 246.18(a)(1)(I), 246.18(a)(1)(ii) and (246.18(a)(1)(iii)

Policy

It is the policy of the Montana WIC Program to provide upon request an administrative review to a retailer who has received adverse actions.

I. Abbreviated Administrative Review

A. The Montana WIC Program will provide, upon request, an abbreviated administrative review to a retailer who has received the following adverse actions:

B. denial of authorization based on:

1. business integrity;

   a current Food Stamp Program disqualification or civil money penalty for hardship;

2. Montana's retailer selection criteria if the basis of the denial is a:

   a. WIC retailer sanction; or

   b. Food Stamp Program withdrawal of authorization or disqualification;

C. Montana's retailer limiting criteria (except for competitive price or minimum variety and quantity criteria); or

D. submission of the application outside the timeframes established for accepting and processing applications;

E. termination of the agreement because of change in ownership, location, or cessation of operations;

F. disqualification based on:

1. a trafficking conviction;

2. imposition of a Food Stamp Program civil money penalty for hardship; or

3. a mandatory sanction imposed by another WIC state agency; or

G. civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC state agency.

H. A civil money penalty imposed in lieu of disqualification based on a disqualification imposed by FSP.

II. Denial of Administrative Review

A. The Montana WIC Program will not grant an abbreviated administrative review if requested by the retailer and the basis of the request is:

B. the validity or appropriateness of

1. Montana's retailer limiting criteria;
2. Montana's retailer selection criteria; or
3. Montana's participant access criteria and the participant access determination;
4. peer group criteria.

C. the determination by the Montana WIC Program as to whether the retailer had an effective policy and program in place to prevent trafficking and the retailer was not aware of, did not approve of and was not involved in the commission of the violation;

D. expiration of the agreement;

E. disqualification from the Montana WIC Program as a result of disqualification from the Food Stamp Program; or

F. disputed food instrument payments or retailer claims (other than the opportunity to justify or correct a retailer overcharge or other error).

Policy Number: 9-27
Notification of Retailer of Changes
Effective/Revised Date: October 1, 2002

Notifying Retailers of Changes

Purpose

In order to maintain a smooth transition to new policies or practices related to the retailer portion of the WIC Program, the retailers contracted with the Montana WIC Program must be informed of changes prior to implementation so they have a time period in which to make the necessary changes or choose to terminate the contract.

Authority

7 CFR 246.12(h)(7)

Policy

It is the policy of the Montana WIC Program to notify the Retailer at least thirty (30) days in advance of implementation or effective date of changes to the contract, policies or procedures which govern the retailer component of the WIC Program.

Guidelines

I. Notification may be in writing from the State Office or in an interactive training offer either by the State Office or the Retailer Coordinator at the local agency.

   A. In the case of interactive training, the thirty (30) day advance notification of changes must be met by the date of the first scheduled training.

   B. Any second offering of the same training to inform retailers of changes may be less than thirty (30) days prior to the implementation or effective date of the changes.

Policy Number: 9-28
Retailer Education/Training
Effective/Revised Date: October 1, 2005

Retailer Education/Training

Purpose

This section is to describe retailer training content to ensure retailers meet all criteria of the Montana WIC Program.

Authority

7 CFR 246.12 (h) (3)

Policy

It is the policy of the Montana WIC Program to offer some type of retailer training annual, to ensure retailers are knowledgeable about changes in the Montana WIC Program, and that those changes are being enforced.

Guidelines

I. Description of Retailer Education or Training

A. Retailer education and training is directed at reducing errors, preventing abuse and improving program services. Retailer training is also designed to be consistent statewide. Retailer training may be conducted for the following reasons:

1. Retailer is newly authorized;
2. Retailer requests education/training;
3. Required annual education/training, which must be an interactive session at least once every three years;
4. Required education/training as directed by the Montana WIC Program;
5. Retailer is one of pool of authorized Montana WIC retailers selected for routine monitoring;
6. Retailer has accumulated five sanctioning points for any reason;
7. Any non-compliance with the Montana DPHHS/WIC Retailer Agreement; or
8. Retailer is identified as probable high-risk.

B. Education/training may take place on-site or off-site. It must be interactive (face-to-face) to enable questions from the retailer. Education/training will be conducted by the LARC at the direction of the Montana WIC Program. On occasion, education/training will be conducted by the Retailer Coordinator from the Montana WIC Program.

II. Content

A. Annual training will include at the following topics:

1. Purpose of the WIC Program;
2. Supplemental foods authorized by the Montana WIC Program;
3. Minimum varieties and quantities required to be stocked by retailers;
4. Procedures for transacting Montana WIC checks;
5. Montana WIC Program retailer sanction system;
6. Method by which retailers may register a complaint;
7. The claims procedure;
8. Any changes since the last education/training effecting retailers.

B. In addition, LARCs will be encouraged to review retailer files and contact the Montana WIC Program for topics of interest to retailers in the service area.

III. Attendance at/ Participation in Required Education or Training

A. Failure to attend interactive required education/training will result in the non-renewal of the Montana DPHHS/WIC Retailer Agreement.

B. Annual training is required. At a minimum, the Montana WIC Program must offer interactive education/training once every three (3) years. In alternate years, the Montana WIC Program will determine the method of delivery of annual training. The quarterly “Montana WIC Retailer Newsletter” may serve as a form of annual training.

C. Other education/training may be deemed required. This education/training may be as a result of sanctions and/or a pattern of errors.

Policy Number: 9-29
Use of Retailer or Participant Collections
Effective/Revised Date: October 1, 2005

Use of Retailer or Participant Collections

Purpose

Compliance investigations are required by federal regulations. No additional funding is granted for compliance investigations. The use of vendor and participant collections ensure a specific amount of funds for compliance investigations.

Authority

Federal WIC regulations as published in 7 CFR 245.14(e)(1).

Policy

It is the policy of the Montana WIC Program to use any funds collected from retailers or participants as Administrative funds for compliance investigations and/or education.

Guidelines

I. Federal regulations allow the use of vendor and participant collections for any allowable NSA cost. The funds must be used in the fiscal year that:

A. the initial obligation was made

B. the claim arose

C. the funds are collected, or

D. after the funds are collected.

Policy Number: 10-1
Civil Rights
Effective/Revised Date: March 15, 2007

Civil Rights

Purpose
To ensure that no part of the administration or service of the WIC Program in the State of Montana shall exclude from participation in, deny benefits of or subject to discrimination any person on the grounds of race, color, national origin, age, disability or sex.

In addition, Montana law requires no discrimination on the basis of religion, creed, political ideas or marital status.

Authority
7 CFR Parts 15, 15a, and 15b, FCS instructions and MCA 49-2-303

Policy
The local agency (LA) shall be in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 7 CFR Parts 1, 15a, and 15b, FCS instructions and MCA 49-2-303.

Each LA shall make provisions to screen applicants with disabilities and provide all WIC services to all participants with disabilities. Program or nutrition education (NE) information is to be provided to persons with disabilities in the format they request in as timely a manner as possible, to include providing qualified interpreters for persons who are hearing impaired.

Guidelines

I. Public Notification

A. Once a year the WIC State Office and all LAs are required to publicize the availability of benefits and eligibility criteria to the general public with special emphasis on Pregnant Women, Migrants and the Homeless. Agencies and private groups serving minority populations are included in the outreach and referral network. State and LA program responsibilities in this area are described in this section of the State Plan.

B. During and just prior to the migrant season, special outreach efforts are made to inform migrants of the availability of the Program. Outreach and referral activities are monitored by the State WIC Agency staff during the on-site monitoring visit and in the review of the annual outreach and referral plan.

C. All LA's must display the poster "And Justice for All" in a place where it can be easily seen by participants and potential participants. Office hours, the Non-smoking poster and Fair Hearing Procedures must also be posted where they can be easily seen. Participants are informed of their rights and responsibilities on the Certification Form and Eligibility Statement, WIC ID Packet and Rights and Responsibility Form.

D. The Fair Hearing Procedures and Discrimination Complaint are provided to participants when they are determined ineligible for the program. These are described in the State Plan, Chapter 4. Ineligible persons are provided with WIC regulations and pertinent policy statements upon request.

E. When new sites or programs open or change hours of operation, the LAs involved are required to inform the public and State WIC agency of those changes.

II. Bilingual Staff and Materials

A. The LA shall ensure that required WIC services are provided to non-English or limited English speaking persons in the appropriate language orally and/or in writing. This includes arranging for an interpreter.

At the time the appointment is made and there is an indication that interpreter services may be needed, LA staff shall ask if interpreter services will be needed and arrange for an interpreter.

B. The LA shall ensure that there are bilingual staff members or interpreters available to serve non-English speaking and/or limited-English speaking persons.

In no circumstances shall the LA staff ask or require another applicant or participant to interpret for a participant.

In no circumstances shall the LA staff allow a child, defined for purposes of this policy as a person under age 16, to interpret for a participant.

Participants may choose to bring a friend or family member, age 16 or older, to interpret for them; however, under no circumstances shall a participant be required to do so.

C. The LA shall ensure that all applicable rights and responsibilities are read to non-English and limited-English speaking WIC participants or parents/guardians of applicants/participants in the appropriate language.

D. All outreach materials shall contain a civil rights statement to the effect that: *This is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, age, sex or disability, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.*

III. Provision of Services for Participants with Disabilities

A. Each LA that has clinic sites not accessible to persons/applicants/participants with disabilities, a written local policy shall be developed that describes how services shall be provided to the disabled. These alternative service provisions may include but are not limited to: service at other clinic sites, in other accessible locations within the same clinic, etc. In choosing among available methods, the LA shall

give priority to those methods that offer programs and activities to qualified disabled persons in the most integrated setting appropriate to obtain the full benefits of the program.

B. Some examples of physical or mental impairment are such conditions as: orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; drug addiction and alcoholism. As such, the local policy shall be flexible enough to cover all types of disabilities and to allow reasonable accommodations. Examples of reasonable accommodations include: provision of interpreters for the deaf, readers or Braille for individuals who are visually impaired, and other special learning equipment. These are all allowable costs and any questions shall be directed to the SA.

C. The intent of the Americans with Disabilities Act is for people with disabilities to receive information in the form they prefer. The LA shall provide nutrition education or other program information in the format preferred by the person making the request.

- Examples of formats preferred by persons with disabilities include large print, audio tapes, captioned videos, Braille text, etc. This information shall be provided quickly, particularly because of the crucial need within a short timeframe for providing nutrition education to the pregnant person. There are some exceptions:

  1. Same information in Alternate Form: For example, a person who is hearing impaired may request that a nutrition education lesson on videotape be electronically captioned. If the same information content is available in another form, such as in a pamphlet, it may fulfill the request if the disabled person freely agrees to accept it.

  2. Undue Hardship: If it may be demonstrated that providing information in a particular format would impose an undue hardship, it need not be provided in that form. Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation. Therefore, the Montana Department of Health, as a governmental entity of the State of Montana, is obliged in almost all circumstances to honor requests for accessible materials. Inconvenience or moderate difficulty or expense is not sufficient reason for failing to provide nutrition education or other information in the form desired by the disabled person requesting it.

D. Contact the SA for approval to deny a request based on undue hardship.

IV. If alternative materials are requested by a disabled applicant or participant:

A. It is preferable that such requests be fulfilled at the LA level. If this cannot be accomplished at the local level, or would unduly delay fulfillment of the request, the LA shall contact the SA for assistance.

B. The LA shall contact the SA for assistance within one business day of a request for a specialized accommodation of the requirements for a participant with disabilities. If the LA identifies the same need or request from several participants, the SA shall be notified that more than one participant has such a need in order to facilitate production of specialized materials.

C. An individual with disabilities has the right to choose to participate by use of the regular WIC methods for delivery of nutrition education and program information even when special materials are available.

D. While both the SA and LA shall anticipate that such requests will arise, they shall respond to requests only as they arise. There is no need to produce nutrition education materials or other information in all possible formats in advance simply because the possibility exists there may be requests in the future.

E. Requests shall be handled in the simplest and most economical manner acceptable to the person making the request. For example, photocopying an existing brochure at a magnified scale to produce a large print document is a reasonable response. Recording the contents of a written lesson onto an audio cassette is also proper, if acceptable. Hiring an interpreter to sign the soundtrack of a video lesson to a hearing-impaired person is another example.

V. Qualified interpreters for persons with hearing impairments shall be provided by the LA when requested by a person who is hearing impaired. Do not require the participant to provide his/her own interpreter; however, a participant may voluntarily choose to bring a friend or family member to interpret if the client prefers to do so. All interpreters shall comply with the regulations on confidentiality.

The Qwest “711” telephone relay service uses a third-party operator who transmits messages back and forth between an individual who uses a TDD (a telecommunications device for the deaf) and another person who uses a regular telephone. A TDD uses typewriter-like equipment to produce and transmit typed text that may be received on another TDD machine. This service will be provided to applicants/participants during the certification services, nutrition services or any other type of services needed by hearing impaired individuals.

To access this service in Montana dial:
Customer Service #: 1-866-897-8860 V/TTY
Access #'s"
1-866-253-4090 (V)
1-800-253-4091 (T)
1-877-826-7161 (VCO)
1-877-253-4613 (STS)
1-800-435-8590 (Spanish)

VI. Non-discrimination Policies and Procedures

WIC's non-discrimination policy is printed on the WIC Certification Form and Eligibility Statement, WIC ID Packet, WIC Brochures, press releases and any other materials regarding WIC eligibility.

VII. Local WIC Program Reviews

A. State WIC Agency staff reviews all local programs and at least 25% of the satellites biennially. The monitoring checklist includes questions on civil rights.

B. During the on-site visit the State staff checks the ineligible file for possible discrimination. The State staff makes recommendations to local programs based on monitoring findings.

C. LA's are required to respond to the recommendations with their corrective action plans which have been developed with input of State WIC Agency staff. A follow-up on their action is accomplished through additional conversations, correspondence or visits as necessary. Copies of these reports are in the files at the State and LA's.

D. All findings of non-compliance or probable non-compliance related to Title VI will be forwarded to the Regional Administrator, MPRO.

VIII. Pre-award Reviews of Potential Local Programs

As part of the application review process, State WIC Agency staff will review applications according to the criteria outlined in FCS Instruction 113-2, IX, A, 2.

IX. Retailer Reviews

Every retailer agreement will be reviewed annually. All retailer agreements contain a non-discrimination statement.

Procedures

I. Data Collection

LA's are responsible for the collection of racial/ethnic statistical information. The procedures used by the LA's are described below.

A. Participants will be asked to self-identify their racial group at the time of application, but only after the staff has explained, and they understand, that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the Program.

B. Visual identification shall be used by LA staff to determine a participant's racial/ethnic category if it is not identified by the participant. For reporting purposes, a participant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging.

C. This data is available only to authorized personnel in an aggregated format as a safeguard to prevent its use for discriminatory purposes.

D. The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting and civil rights compliance reporting are defined as follows:

1. Ethnicity
    a. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
    b. Non-Hispanic or Latino. A person who does not meet the definition of Hispanic or Latino.
2. Race
    a. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachments.
    b. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
    c. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such a "Haitian" ,"Negro" or "African American" can be used in addition to "Black."
    d. Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
    e. White: A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

II. <u>Complaints</u>

A. The LA shall immediately refer by phone and follow by written correspondence to the SA any complaint from an individual who feels or believes that his/her civil rights have been violated by an action which results in the individual's denial of participation, harassment, suspension or termination from the program or any complaint in regard to any action taken by the LA which the individual believes is discriminatory and a violation of his/her civil rights (race, color, national origin, sex, age or disability). The SA shall immediately refer in writing any such complaints, received either from the LA or directly from an individual, to the National Office of Civil Rights.

Contact: USDA, Director
Office of Adjudication and Compliance
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Or call 866-632-9992 (toll free)
or (202)-260-1026
or (202)-401-0216 (TDD)

B. Any complaint regarding religion, creed, political ideas, or marital status will be reported within 180 days to the Montana Human Rights Commission, P.O. Box 1728, Helena, MT 59624.

C. When the LA or SA receives a complaint from any individual alleging discrimination, the complainant shall be notified that all such complaints shall be reported immediately to USDA for investigation. The individual shall also be provided with the following addresses and phone numbers should they choose to report the complaint on their own.

Contact: USDA, Director
Office of Adjudication and Compliance
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Or call 866-632-9992 (toll free)
or (202)-260-1026
or (202)-401-0216 (TDD)

D. Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action.

E. Complaints may be presented either in written or oral form (**The "Civil Rights Complaint" form must be used for all reported complaints).** If they are presented orally and the complainant declines to submit the allegations in written form, the person receiving the call shall write up the elements of the complaint by attempting to obtain as much of the following information as possible:

- Name, address, and telephone number or other means of contacting the complainant,
- The specific location and name of the State Agency or Local Agency delivering the service or benefit,
- The nature of the incident or action that led the complainant to feel discrimination was a factor,
- The basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability or sex.
- The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and
- The date(s) during which the alleged discriminatory actions occurred of, if continuing, the duration of such actions.

F. Complaints against a LA received by the SA shall not be reported to the LA per USDA instruction in order for USDA to determine whether or not an investigation is necessary.

G. The SA by their own initiative through on-site reviews shall ascertain whether any action by the LA is of a discriminatory nature which would constitute a violation of the requirements of Title VI of the Civil Rights Act of 1964 and other authorities as outlined in the policy statement above and refer such information to USDA for investigation.

H. Anonymous complaints shall be accepted and handled as any other complaint.

I. Throughout this process, every effort shall be made to maintain the confidentiality of the individual making the civil rights complaint. The identity of every complainant shall be kept confidential, except to the extent necessary to carry out the purposes of an investigation, hearing or judicial proceeding.

J. Once a complaint is received the information will be placed into the Civil Rights log book for tracking purposes. Each local agency will maintain a log book.

Guidelines

A. Some examples of discrimination include:
- Exclusion of eligible persons from participation in the program on the basis of race, color, national origin, age, sex, or disability;
- Inequitable allocation of food to eligible persons on the basis of race, color, national origin, age, sex, or disability.
- Issuance of food instruments or delivery of foods in a place, time, or manner that results in, or has the effect of, denying or limiting the benefits on the basis of race, color, national origin, age, sex, or disability;
- Selection of LAs for participation in the program which has the effect of, or results in, limiting the availability of the program benefits or services on the basis of race, color, national origin, age, sex, or disability;
- Failure to apply the same eligibility criteria to all potential eligibles seeking participation in the program;
- Certification of potential eligibles as eligible to receive program benefits solely on the basis of race, color, national origin, age, sex, or disability; and
- Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, age, sex, or disability.

III. Civil Rights Training.

The State WIC Agency will update LA program staff by mail or at the annual Spring Public Health Conference. The update shall include all aspects of program operations, particularly:

1. Collecting and using data.
2. Effective public notification systems.
3. Complaint procedures.
4. Review techniques.
5. Resolution of non-compliance, including development of an action plan.

Definitions

Adjunctive Eligibility – automatic WIC income eligibility for recipients of Food Stamps, TANF or Medicaid and certain family members.

American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Applicant – a pregnant, breastfeeding or postpartum woman; infant; or child who is applying to receive WIC Program benefits – includes individuals who are subsequently applying after the expiration of a certification period.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Assessment – the process of determining a person's nutritional eligibility for WIC based on information obtained from anthropometric measurements, biochemical laboratory tests, dietary and health history.

Black or African American – a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".

Breastfeeding - cost category used for budgeting all costs expended for promotion and support of breastfeeding. Examples include salary/benefits of WIC staff that plan or conduct educational and other services to promote or support breastfeeding and to encourage the continuation of breastfeeding.

Also included is the cost to develop/procure, print and distribute educational materials related to breastfeeding promotion and support, clinic space devoted to breastfeeding educational and training activities including space set aside for nursing.

Breastfeeding Coordinator – a staff person who is designated to be responsible for the coordination of breastfeeding activities.

Breastfeeding Woman – a woman, up to one year postpartum, who is breastfeeding or expressing milk at least once a day.

Caseload – the number of persons certified eligible and receiving benefits in the WIC Program at a given point in time.

Categorical Eligibility – meeting the definitions of pregnant women, breastfeeding women, postpartum women, infants or children.

Certification Expiration Date – the last day of the certification period and the last day the participant may receive food instruments.

Checks – a voucher, food instrument, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods.

Children – persons who have had their first birthday, through their fifth birthday.

Client – any WIC Program participant.

Client Information – information provided by an applicant or participant and that based on direct observation.

Client/Participant Services – cost category used for budgeting all costs expended to deliver food and other participant services and benefits.

Examples include WIC staff salaries/benefits to conduct diet and health assessments required in the certification process, to issue food instruments and explain their use, to participate in activities which promote a broader range of health and social services for participants and to conduct and participate in surveys/studies which evaluate the impact of WIC on its participants.

Also included is the cost of medical supplies and equipment necessary to conduct diet and health screenings required in the certification process.

Clinic – the point of service, or site where WIC participants receive services. The facility must meet the following criteria:

- have sanitary facilities with hot and cold running water available;
- be accessible under the requirements of the Americans with Disabilities Act and the State Plan;
- have a physical environment which is safe and sanitary;
- have appropriate and approved anthropometry equipment available; and
- have equipment and/or furniture as needed available to appropriately administer the full range of WIC services.

Code of Federal Regulations (CFR) – United States Code that is a consolidation and codification by subject matter of the general and permanent laws of the United States prepared and published by the Office of the Law Revision Counsel.

Competent Professional Authority (CPA) – an individual on the WIC staff authorized to determine nutritional eligibility for participation, develop a participant's nutrition care plan and prescribe supplemental foods.

Confidential Applicant and Participant Information – is any information about an applicant or participant whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other Federal, State or local law.

Cost Category – a means of identifying costs associated with delivering services.

Current Income – income received by the household during the month prior to application or the previous year's income, which ever is the best indication of current household financial status.

DPHHS - Department of Public Health and Human Services – USDA's administrative designee for WIC in the state of Montana.

Discrimination – any distinction on one person or a group of persons from others, intentionally, by neglect, or by the effect of actions or lack of actions based on race, color, national origin, age, sex, or disability.

Dual Certification – simultaneous participation in the WIC program at more than one WIC clinic.

Economic Unit – all persons, related and/or unrelated, living together in the same dwelling, with the exception of foster children and individuals who qualify as a separate economic unit.

Emancipated Minor – a person under the age of 18 who is living without supervision, control and/or economic support from other persons.

If a minor receives any support for which he/she does not pay (such as shelter or meals) she/he is not to be considered a separate economic unit.

If a minor pays all expenses for her/his own support, it is possible the minor may be considered a separate household.

It is entirely possible for two separate economic units to reside under the same roof, although the determination of such is usually not a clear cut process.

Employee – person whose salary is paid in whole or in party by funds provided by the WIC Program.

Encumbrance – a designated amount of money set aside for a specific purpose.

Enhanced Breastfeeding – breastfeeding without the receipt of any formula from the WIC Program.

Entrapment – influencing or coercion on the part of an agent of another person to commit an illegal act that he would not have normally committed in the absence of such influence or coercion.

Exempt Infant Formula – an infant formula which meets the requirements for an exempt infant formula under Sections 412(h) of the Federal Food, Drug and Cosmetic Act (21 USC 350a (h)) and the regulation at 21 CFR parts 106 and 107. These formulas are intended for use by an infant with special medical or dietary needs, including, but not limited to, inborn errors of metabolism or low birth weight.

Fair Hearing – procedure through which an individual may appeal a State or local decision which results in the denial of Program participation, suspension or termination from the WIC Program.

Family – a group of related or non-related individuals who are living together as one economic unit and whose production of income and consumption of goods and services are shared.

Residents of a homeless facility or an institution shall not be considered as members of a single family. Students who are temporarily away at school should be counted as members of the family.

Feeding Relationship – the philosophy of nutrition and feeding developed by Ellyn Satter which is incorporated into nutrition education of Montana WIC.

Fiscal Year – the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year. This is the period on which WIC funding is received from the USDA and upon which Local WIC Program contracts are based.

Food Instrument – a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods.

Food Packages – groupings of supplemental foods prescribed to participants monthly.

Foster Parents – individuals who are assigned temporary custody of a participant by a recognized state or tribal authority.

General Administration – administrative cost category used for budgeting all costs (direct or indirect) generally considered to be overhead or management costs. General management costs include those costs associated with program monitoring, prevention of fraud, general oversight and food instrument accountability.

Examples include WIC administrative salaries/benefits and other costs necessary to conduct outreach, food instrument reconciliation, monitoring and payment, retailer monitoring, administrative record keeping and to prepare and maintain fiscal and program management reports.

Other examples include general management clerical support, the cost of payroll and personnel systems, accounting and bookkeeping, audits and other financial services and legal services.

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino”.

Homeless Facility – any of the following facilities which may provide meal service:
- a supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter or a shelter for victims of domestic violence);
- a facility which provides a temporary residence for individuals intended to be institutionalized; and
- a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Homeless Individual – a man, woman, infant or child lacking a fixed and regular nighttime residence, staying in a temporary shelter, temporarily living with others in their residence (not to exceed 365 days) or staying in a place not designed as a regular sleeping accommodation.

Income – the gross cash income before deductions for income taxes, employees' social security taxes, insurance premiums, bonds, etc., including the following:

- monetary compensation for services, including wages, salary, commissions, or fees;
- net benefits;
- dividends or interest on savings or bonds;
- income from estates, trusts or net rental income;
- public assistance or welfare payments;
- unemployment compensation;
- workmen's compensation benefits;
- government civilian employee or military retirement or pensions or veteran's payments;
- private pensions or annuities;
- alimony or child support payments;
- regular contributions from persons not living in the household; and
- net royalties and other cash income including, but not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts and other resources which are readily available to the family.

Ineligible – an individual who does not qualify for WIC at either an initial or a subsequent certification because there is no documented condition of nutritional need, or the person's household income exceeds standards, or the person does not live in the local agency's service area, or the child is five years or older, or the woman does not meet maternal requirements.

Infant – a person under one year of age (up to the date of their first birthday).

Infant Formula – a food which meets the definition of an infant formula in section 201(z) of the Federal Food, Drug and Cosmetic Act (21 USC 321(z)) and that meets the requirements for an infant formula under Section 412 of the Federal Food, Drug and Cosmetic Act (21 USC 350a) and the regulation at 21 CFR parts 106 and 107).

Initial Contact – the first time a person contacts a WIC clinic to request program benefits, whether inquiring in person or by telephone.

Licensed Nutritionist – a Registered Dietitian licensed to practice according to the Dietetics Nutrition Practice Act of the State of Montana and according to the policies and procedures of the Board of Medical Examiners.

Local WIC Program – the organizational body which provides WIC benefits within a defined service area.

Medical Foods – nutritional products which are included in a medical treatment protocol, serve as a therapeutic agent for life and health maintenance, and/or are required to treat an identified medical condition.

Migrant Farmworker – an individual or member of a family whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary residence.

Native Hawaiian or other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Non-Primary Contract Infant Formula – all infant formulas which are not covered by the infant formula cost containment contract with the Montana WIC Program.

Nutrition Education – individual and group sessions which provide information and educational materials designed to improve health status, and achieve positive changes in dietary and physical activity habits and emphasize relationships between nutrition, physical activity and health, all in keeping with the individual's personal and cultural preferences.

Nutrition education is an administrative cost category used for budgeting all costs directly related to general nutrition education. Examples include salaries/benefits, travel and training costs for WIC staff who plan or conduct nutrition education, costs to develop/procure, print and distribute nutrition education materials, cost of equipment required to conduct nutrition education training, interpreter and translator services to facilitate training and costs associated with evaluating and monitoring nutrition education.

Nutritionist – a person who has satisfactorily completed a baccalaureate, master's or doctoral degree in the field of dietetics, food and nutrition or public health nutrition conferred by an accredited college or university. "Nutritionist" is a protected title in Montana.

Object Class Budget Items – line items such as salaries, fringe benefits, postage, etc.

Out-lying Clinic – a facility apart from the place identified by the contractee as the main clinic site to provide WIC services, located within the same county or reservation and not within a five mile radius of the main clinic.

Outreach – informing potentially eligible persons of the benefits and availability of the WIC Program.

Parent/Legal Guardian – an individual who, through blood or adoption, has legal custody of the participant.

Participants – pregnant, breastfeeding, and postpartum women, infants and children who are certified to receive WIC benefits.

Postpartum Women – women up to six months after termination of pregnancy, including live birth, stillbirth, abortion and miscarriage.

Poverty Income Guidelines – the poverty income guidelines prescribed by the Federal U.S. Department of Health and Human Services (USDPHHS) adjusted annually and effective on or before July 1, of each year.

Pregnant Women – women determined to currently have one or more embryos or fetuses in utero.

Primary Contract Infant Formula – all infant formulas (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract. Montana WIC's current infant formula cost containment contract is with Mead Johnson.

Priority System – criteria applied to persons on waiting lists to ensure those at highest nutrition risk are chosen first to fill vacancies.

Proxy – an individual, designated by the participant/parent/guardian, with the authority to attend nutrition education appointments and to pick up food instruments.

Rebate – the amount remitted to the State WIC Program by the formula manufacturer for the number of cans of primary contract infant formula redeemed on food instruments during the contract period.

Recipient – an individual or parent, guardian or caretaker of an individual who is certified to participate in the WIC Program and to receive WIC services and benefits.

Registered Dietitian – a person who has passed a registration examination and is registered by the Commission on Dietetic Registration. In a WIC Program a registered dietitian is responsible for providing nutrition assessment and education to high-risk participants who are determined at certification or follow-up visits to require more in-depth nutrition intervention.

Residency – location or address where applicant/participant routinely lives or spends the night

Retail Purchase System – a system in which the participant obtains WIC foods through an authorized food retailer, i.e. grocer or pharmacy.

Retailer – local grocer or pharmacy who, through a signed agreement with the State WIC Program, provides WIC foods in exchange for WIC food instruments. Each individual retailer must be contracted separately.

Satellite Clinic – a facility apart from the place identified by the contractee as the main clinic site to provide WIC services, specifically another county or outside reservation boundaries.

A satellite clinic requires a sub-contract be executed between the governing bodies of the main and satellite clinics.

Staffing Ratio – the ratio of WIC staff to number of participants served.

Standard Food Package – a standard set of food specific to a category of WIC participants.

State Plan – a plan of WIC Program operation and administration which describes the manner in which the State WIC Agency intends to implement and operate all aspects of Program administration within its jurisdiction in accordance with USDA regulations.

State WIC Agency – the Montana Department of Public Health and Human Services (DPHHS) in its role as USDA's administrative designee for the WIC Program.

Supplemental Foods – those foods containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding and postpartum women, infants and children and foods which promote the health of the population served by the WIC Program as indicated by relevant nutrition science, public health concerns, and cultural eating patterns, as prescribed by the Secretary.

TANF – Temporary Assistance to Needy Families, a program which provides temporary financial assistance to families with children who are deprived of support because of the absence or disability of one or both parents.

USDA – United States Department of Agriculture, the federal agency which funds the WIC Program.

User Procedure Manual – a manual with instructions and procedures to operate the WIC automated systems.

VOC Card – Verification of Certification Card attesting to the eligibility of a participant. These are issued to participants who are transferring from one state to another state.

Waiting List – list of applicants waiting to be accepted in the WIC Program when vacancies occur. A waiting list would be established with prior approval from the State WIC Agency when maximum caseload is reached.

White - a person having origins in any of the original peoples of Europe, Middle East, North Africa.

WIC – a federally funded program established under the Child Nutrition Act of 1966, amended, to provide nutrition education, referrals to health care and other resources and supplemental foods for low-income pregnant, postpartum and breastfeeding women, infants and children up to five years of age.

WIC Director – an individual who is responsible for overseeing the administrative aspects of the WIC Program. Typical responsibilities include fiscal management, program planning, staff supervision and serving as a contract liaison.

WIC ID Packet – a folder used to document participation in WIC. The ID packet provides a place for the participant/guardian's signature, proxy signature and safekeeping of food instruments until they are redeemed and contains an appointment schedule, food instrument cashing procedures and information on the participant's responsibilities and WIC benefits.

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