



## Alaska WIC Policy & Procedure Manual 300 Nutrition and Breastfeeding Services

### Policy: 326 Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines

Effective Date: 06/30/2012

#### PURPOSE:

To provide guidelines for the Alaska WIC Program on ordering, distributing, and tracking breast pumps and other breastfeeding aids for breastfeeding women.

#### POLICY: 326 Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines

##### Policy for Providing Breastfeeding Aids

The intent of breastfeeding promotion in the Alaska WIC Program is to promote optimal infant health by increasing the incidence and prevalence of breastfeeding. This is accomplished through providing WIC participants with breastfeeding information, encouragement and support. Providing breastfeeding aids is one way to support a subset of breastfeeding mothers and babies in special circumstances and is thus, an allowable expenditure for promoting and supporting breastfeeding.

##### Allowed Breastfeeding Aids include:

- Hospital-grade double electric breast pump
- Single use personal electric breast pump
- Pedal breast pumps
- Manual breast pump
- Double pumping accessory kit
- Other State provided breastfeeding aids

Breastfeeding aids purchased with WIC funds must be provided free of charge to breastfeeding women participating in the Alaska WIC Program. Breast pumps may be provided to participants after an assessment of the breastfeeding relationship to ensure that a breast pump is the preferred intervention.

Breastfeeding aids must not be provided to any pregnant or breastfeeding women solely as an inducement to consider or to continue breastfeeding. Some research suggests that providing pumps and other breastfeeding aids to all breastfeeding women, regardless of need, may have the unintended effect of discouraging breastfeeding. The practice may give breastfeeding women the impression that special supplies and/or equipment are needed to successfully breastfeed, and thus reinforce a lack of confidence.

Breastfeeding aids which come in contact with mother's milk are provided to a lactating



participant for her use only and must not be used by anyone else. To avoid the possibility of contamination, these devices must not be received back by the WIC agency and redistributed for use by another individual.

### Reasons for Providing Breast Pumps

Hospital-grade double electric breast pumps must be loaned, not given, to lactating participants. Reasons for providing breast pumps to a participant include:

- Mothers who are having difficulty in establishing or maintaining an adequate milk supply due to maternal and infant illness.
- Temporary mother/infant separation (such as hospitalization or a return to work or school).
- Mothers who have temporary breastfeeding problems, such as engorgement.
- Mothers of premature infants who are unable to suck adequately.
- Mothers of multiple births.
- For any other reason that the nutrition counselor feels a pump will enhance the breastfeeding experience or will help the mother continue successful breastfeeding. Prior approval by the Local Agency WIC Coordinator is required.

### Breast Pump and Device Distribution

WIC staff must not issue a single-user electric breast pump and a hospital-grade electric breast pump to a participant at the same time. The hospital-grade electric breast pump must be returned to the clinic before a single-user electric breast pump will be issued. A hospital-grade electric breast pump may be issued to a participant who has previously received a single-user electric breast pump.

Clinic staff need to document the distribution of single-user electric breast pumps given to participants on Breast Pump tab in SPIRIT, educate the client on use, assembly, cleaning of the pump; and, inform client that the pump is for their use only and is not to be loaned, sold or given away. Clients are to be encouraged to save the single user electric pump for possible future pregnancies since they will only be issued one single user electric pump while on the Alaska WIC Program.

### Nipple Shield

Nipple Shields may be provided to participants who need them. Appropriate uses may include:

- Mother/baby unable to achieve or maintain latch, even with hands-on help from trained professionals.
- Preterm infant (to enhance milk transfer).
- Sore nipples (along with assistance to solve the root cause).

There are two job aids available for nipple shield issuance: Job Aid 014: Guidance for WIC Staff on Issuing Nipple Shields and Job Aid 015: Nipple Shields Guidance for WIC Participants



### Supplemental Nursing System (SNS)

Thorough education and follow-up are necessary for any participant who receives a supplemental nursing system (SNS). The infant's physician must be notified that the device has been prescribed.

Reasons for the use of a Supplemental Nursing System include:

- infant with sucking problems
- infants who have latch-on-problems
- mothers with low milk supply
- infants who are reluctant to nurse
- premature infants
- infants with low weight gain
- infants with cleft palate
- adopted infants
- other problems (prior approval by the Local Agency WIC Coordinator is required)

### Breast Pump Education

Before a participant is loaned or given a breast pump or breastfeeding aid, instruction on the appropriate assembly, proper use and, and care must be provided by trained staff.

Reference the Job Aid 011: "Checklist for using breast pumps" to make sure thorough education has been provided to the participant.

### Required Breast Pump Forms

Prior to issuing a breast pump to a participant, the Breast Pump Loan Agreement form and signed by the participant and the WIC representative. The original must be saved in SPIRIT and a copy provided to the participant. Electric breast pumps are loaned free of charge, without a monetary deposit. The Breast Pump Loan Agreement form is Job Aid 010 for this policy.

In addition, the Checklist for Using Breast Pumps form must be completed, signed by the WIC representative, and saved in the participant's SPIRIT file or in a separate breast pump log.

### Record Keeping and Security for Breastfeeding Aids

Documentation of the prescription of any breastfeeding aid must be included in the WIC participant's SPIRIT notes. The documentation must include the type of breastfeeding aid provided, the reason the breastfeeding aid was provided, a brief summary of the content of the instruction provided, and the name of the qualified staff person who provided the instruction.

Documentation for giving a personal electric breast pump should occur in the "Breast Pump" tab in SPIRIT. This tab can also be used to document loaning of other breast pumps and breastfeeding equipment.



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Local Agencies must keep a log to record issuance of all breast pumps. The log for electric breast pumps must include contact information, with name, address and telephone number of the borrower.

Hospital-grade electric breast pumps are WIC equipment. The State WIC office will issue property tags for these pumps. The Local Agency is required to track these pumps on their Inventory List.

Careful attention must be given to the security of all breastfeeding aids by storing them in a locked cabinet or locked room at the clinic.

### Follow-up Breastfeeding Aids

At least one follow-up contact by a trained person is recommended within 24-48 hours for WIC participants who receive breastfeeding aids. This contact is to assure that the breastfeeding aid is operating correctly and that the participant is using it properly. Documentation of this contact should be made in the WIC participant's SPIRIT file.

### Staff Training

Any WIC Staff giving out a Breastfeeding Aid needs to have been appropriately trained by a WIC Designated Breastfeeding Expert (DBE) prior to issuing a device and educating a participant. Breast pumps can be issued by peer counselors who have been trained by their DBE to do so. Other devices, such as the nipple shield and SNS, are outside the scope of a peer counselor.

### Policy Breastfeeding Aids for Off-Site Participants

Off-site participants should be notified that breastfeeding aids are available to assist them in successfully breastfeeding. When issuing a breast pump to an off-site participant, contact with the participant should be made by telephone (if possible). Appropriate instructional materials must accompany the breastfeeding aid. Local Agency staff should work with any available on-site health care providers or other health care personnel to provide necessary education and follow-up.

### Loan and Retrieval of Electronic Breast Pumps with Pregnant Women

Women currently enrolled in WIC, who have recently delivered an infant(s) and have a need for an electric pump prior to their recertification appointment as a breastfeeding woman should be issued an electric breast pump. These women or a designee may come to the WIC office to fill out the Alaska WIC Breastfeeding Promotion Program Breast Pump Loan and Release Agreement form, receive instruction on proper use, care and return of the electric breast pump. All contact information should be updated on the loan form for purposes of tracking the electric breast pump. A recertification appointment or reminder should be given to the WIC participant at that time.

Women or designees are encouraged to return the pump to the office it was issued. In instances where electric breast pumps have been issued by one clinic and returned to another



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clinic, it is the receiving clinic's responsibility to send the electric pump back to the originating office.

When possible, insure electric breast pumps sent out for delivery to WIC participants. The State WIC Office can provide you with the value of the pump.

### REFERENCE:

7CFR Ch. II (1-1-12 Edition)

- Subpart E- State Agency Provisions- Program Costs
  - 246.14(d)(1)(ii)

7CFR Ch. II (1-1-12 Edition)

- Subpart D- Participant Benefits- Nutrition Education
  - 246.11(a)(1)

### CROSS REFERENCE:

609 WIC & Social Security Numbers

Job Aid 010 Breast Pump Loan Agreement

Job Aid 011 Checklist for Using Breast Pumps

Job Aid 015: Nipple Shields Guidance for WIC Participants

Job Aid 014: Guidance for WIC Staff on Issuing Nipple Shields

### DEFINITIONS:

**Breastfeeding** means the practice of feeding human milk/breastmilk to an infant on average of at least once a day.

**Breastfeeding Coordinator:** A designated staff member who provides leadership to the local WIC agency regarding breastfeeding promotion, education, and support.

**Breastfeeding Peer Counselor:** A paraprofessional support person who provides basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

**Breastfeeding women:** means a woman up to one year postpartum who is providing breastmilk to her infant/s.

**Breast Pump:** A device to help remove milk from the breasts.

**WIC Designated Breastfeeding Expert (DBE):** An individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside their scope of practice. Individuals with this designation can be WIC staff including Breastfeeding Coordinators, Peer Counselor Coordinators, International Board Certified



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Lactation Consultants (IBCLCs), Certified Lactation Counselors or Certified Lactation Educators, nutritionists, and nurses or community health care providers such as physicians or nurses. The IBCLC is the preferred WIC DBE (2013 WIC NSS).

### POLICY HISTORY:

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08/2024	Reviewed

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## Section: 500 Organization and Management

### Policy: 500 Local Agency Staffing Requirements

Effective Date: 06/01/2018

#### PURPOSE:

- To ensure the provision of quality professional and authority-based services to WIC participants by outlining the qualifications and responsibilities required for key WIC staff positions.
- This policy specifies the necessary credentials for Local Agency Coordinators and Competent Professional Authorities (CPAs) and provides guidelines for managing staffing vacancies to maintain continuous service delivery.
- Additionally, it mandates that Local Agencies must employ a Registered Dietitian as a permanent staff member to uphold the program's standards and participant access to services.

#### POLICY: 500 Local Agency Staffing Requirements

##### Local Agency Staffing Requirements:

The Local Agency Staffing Requirements policy outlines the qualifications needed for staff who coordinate WIC program services, perform participant certifications, and provide nutrition education. This ensures that WIC participants receive high-quality, professional services.

##### *Key Staff Roles*

**WIC Coordinators, Assistant Coordinators, CPAs, and Office Assistants:** These key staff members must be physically present at the Local Agency or satellite clinic. Their presence ensures smooth clinic operations, proper staff supervision, and face-to-face interaction with participants. On-site staff can also fill in during vacations or unexpected absences. Any deviations from this policy need prior approval from the State WIC office.

##### *Staffing Requirements*

**Assistant WIC Coordinator:** If the program size warrants this role, the Assistant Coordinator must meet the same qualifications as the WIC Coordinator.

**Registered Dietitian (RD) or Licensed Nutritionist:** Each Local Agency must have an RD or licensed nutritionist on staff, proportional to the program's caseload. This person can be either a dedicated staff member or the WIC Coordinator. Agencies will be out of compliance if this position is filled by a contract RD or an RD exam-eligible candidate.

##### *Temporary Staffing Solutions*

- If there is a vacancy for the RD/Nutritionist position, agencies can temporarily hire a contract RD. Recruitment for a permanent replacement must start as soon as a resignation letter is received.



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- Contracting with an RD is a short-term solution and must be approved by the State. The contract should specify the weekly hours, scope of work, and budget.
- Temporary RD contracts are allowed for up to one quarter of the fiscal year. If an extension is needed, a written request must be submitted to the State WIC office 15 days before the end of the quarter.

### *Recruitment and Compliance*

- Local Agencies must regularly update the State on their recruitment efforts, including the media and agencies used for recruitment.
- Contact the State WIC office immediately if an agency's RD resigns for further guidance.

### *Required Positions*

- Local Agencies must staff the following positions, adhering to State agency standards:
- Local Agency Coordinator
- Competent Professional Authority (CPA)

By following these guidelines, Local Agencies will ensure they meet staffing requirements and provide excellent service to WIC participants.

### Local Agency Coordinator Staffing Requirement:

Each Local Agency must designate a person responsible for coordinating, managing, and operating the WIC Program. This role, known as the Local Agency Coordinator, requires specific qualifications and experience to ensure effective program oversight.

### *Qualifications for Local Agency WIC Coordinator*

The WIC Coordinator must meet the following qualifications:

- **Education:**
  - A bachelor's degree from an accredited college in public health, health administration, nursing, nutrition, epidemiology, health sciences, health education, family and consumer science with an emphasis in nutrition, community health, biological sciences, or a closely related field.
- **Experience:**
  - Two years of professional experience in administering or providing specialized health care or public health services. Relevant roles include Registered Nurse, Public Health Nurse, Nurse Consultant, Health Program Specialist or Manager, Health and Social Services Planner, Nutritionist, Health Practitioner, Advanced Nurse Practitioner, or Physician's Assistant.

### *Alternative Qualification Path*

- **Substitution:**
  - A bachelor's degree from an accredited college plus five years of current WIC administrative or managerial experience can substitute for the above



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qualifications, with prior approval from the State of Alaska WIC Program staff.

### *Additional Requirements:*

- **Professional Degree:** The WIC Coordinator position must align with the State of Alaska definitions for professional degree requirements similar to those for a Public Health Specialist I. A Registered Dietitian is also acceptable.
- **Master's Degree:** A master's degree in one of the required fields can substitute for two years of the required work experience.

### Required Training for New WIC Coordinators:

- New WIC Coordinators must complete the required SPIRIT online training within 15 calendar days of hire.
- If the new Coordinator has prior experience with the SPIRIT MIS, they should review the SPIRIT training materials to understand Alaska's specific business practices within 15 calendar days of hire.

### Approval Process for Non-Standard Candidates:

If a candidate does not meet the minimum requirements but is considered viable by the Local Agency:

1. Send the job description and candidate's resume to the State WIC office.
2. Schedule a meeting with the State WIC office to discuss the candidate's qualifications.
3. Obtain State WIC office approval before hiring the candidate.
4. Upon hire, the candidate must pass the Alaska WIC CPA Tests. If the test is not passed, the candidate must complete CPA modules and pass the test before the end of the probationary period.
5. The probationary period for such hires will be at least three months.

### *Waiver Process:*

- A waiver for the qualifications can be considered by the Local Agency in collaboration with the State WIC office. Final approval rests with the State WIC office.
- By adhering to these guidelines, Local Agencies ensure that their WIC Coordinators are well-qualified to manage and operate the WIC Program effectively.

### Local Agency Coordinator Vacancy:

#### Short-Term Vacancy ( $\leq 1$ month)

Once notification of a Coordinator vacancy occurs, the Local Agency contingency plan should be implemented to cover the position. For short-term vacancies of  $\leq$  a month acceptable coverage can be through existing staff or qualified contractors.

#### Long-Term Vacancy ( $\geq 1$ month)

Any Local Agency with a WIC Coordinator vacancy must have weekly meetings with state Program staff to review the recruitment progress and guidance on program operations until a



qualified WIC Coordinator is hired. Call the State office as soon as a vacancy is identified to discuss implementation of the Local Agency contingency plan and recruitment process.

### Competent Professional Authority (CPA):

Local Agencies must employ only qualified individuals as Competent Professional Authorities (CPAs) to deliver WIC Nutrition Services. A CPA is authorized to determine nutritional risk, provide nutrition education based on assessment, and prescribe supplemental foods.

### *Eligible CPAs:*

The State WIC Office can authorize the following individuals to serve as CPAs:

- Physicians
- Nutritionists with a bachelor's or master's degree in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, or home economics with an emphasis in nutrition
- Registered dietitians
- Registered nurses
- Physician's assistants certified by the National Committee on Certification of Physician's Assistants or the State medical certifying authority
- Alaska WIC certified CPAs who have passed the Alaska WIC Competent Professional Authority certification examination

### *Required CPA Competencies and Knowledge*

CPAs must have expertise in the following areas:

- Principles of life-cycle nutrition
- Nutrition assessment processes
- Techniques for collecting anthropometric and hematological data
- Effective communication skills
- Multicultural awareness
- Critical thinking abilities

### Local Agency Registered Dietitian Staffing Requirement:

Every WIC grantee must have a Registered Dietitian (RD) or Nutritionist as part of their permanent staff. This position does not need to be full-time but must have managerial and supervisory authority over WIC nutrition services.

### *Responsibilities of the RD/Nutritionist*

The RD/Nutritionist is responsible for:

- Training WIC staff
- Developing and implementing the nutrition education plan
- Selecting nutrition education materials
- Implementing new and revised nutrition risk criteria
- Applying WIC policy changes at the state and federal levels



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- Promoting and supporting breastfeeding
- Approving ENPR (Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form for Therapeutic Formulas and Medical Foods)
- Developing high-risk nutrition care plans and overseeing their implementation by the CPA (Competent Professional Authority)

### Staffing Requirements

- Local WIC agencies must have an RD or licensed nutritionist on staff, proportional to the program's caseload. This person may be a staff member or the WIC Coordinator.
- Agencies will be out of compliance if this position is filled by a contract RD or an RD exam-eligible candidate

### Handling Staff Vacancies

- If there is a vacancy, agencies may temporarily hire a contract RD until a permanent replacement is found.
- Recruitment should start as soon as a resignation letter is received.
- Using a contract RD should be a short-term solution. The contract must be approved by the State and include the number of weekly hours, scope of work, and budget.
- Agencies must provide periodic updates to the State on recruitment efforts, including media used and agencies contacted.

### Temporary Contracts

- A contract RD can be hired for up to one quarter of the fiscal year. If an extension is needed beyond this period, a written request must be submitted to the State WIC office 15 days before the end of the quarter.
- Notify the State WIC office immediately when the current RD gives resignation notice for further guidance.

### REFERENCE:

Federal Regulations: 7CFR Ch. II

Subpart B- State and Local Agency Eligibility- Agreements with Local Agencies  
246.6(b)(2)

Federal Regulations: 7CFR Ch. II

Subpart C- Participant Eligibility-Certification of Participants- Certification of Participants  
246.7(e)

### CROSS REFERENCE:

501 Local Agency Clinic Hours and Staffing Availability



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## DEFINITIONS:

**Competent Professional Authority (CPA):** An individual of the local WIC program authorized to assess program eligibility, determine nutritional risk, provide nutrition education and counseling, and prescribe supplemental foods.

**Paraprofessional CPA:** A person employed to assist or expand the efforts of professional CPAs. A health professional will supervise the paraprofessional’s direct contact with WIC participants and their conducting of education programs.

**Professional CPA:** A person with a bachelor’s or master’s degree in a health profession, such as nutrition, nursing or health education. Includes physicians, physician assistants, registered nurses, dietitians, or public health educators.

**WIC Nutritionist:** A nutrition professional working in WIC who meets one or more of the following qualifications: a Master’s Degree in nutrition; a Registered Dietitian (RD) with the Academy of Nutrition and Dietetics, or eligible for RD registration; an Alaska Licensed Dietitian.

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### Section: 500 Organization and Management

#### Policy: 501 Local Agency Clinic Hours and Staffing Availability

Effective Date: 06/01/2018

##### PURPOSE:

- To outline requirements for Local Agency clinic hours and staffing availability.
- To describe the State WIC Office requirement for Local Agencies to plan for future unforeseen circumstances affecting Local Agency staff.

##### POLICY: 501 Local Agency Clinic Hours and Staffing Availability

###### Clinic Hours and Staffing Availability:

Permanent and satellite clinics make up the composition of Local Agency WIC service sites for WIC participants. Permanent WIC clinics constitute a static clinic site, serving applicants/participants during standard times and days of the week. Satellite clinics are clinic sites that support the operation of the WIC Local Agency but are not considered primary clinics in the agency. The satellite clinics can be rotating in location, days and times available for WIC business. Satellite clinics are sites visited during village travel, service provision to special populations such as the Infant Learning Program or a church serving mainly migrant populations.

To ensure potential applicants and WIC participants have access to services, WIC local agencies serving greater than 500 participants/month are required to be open five days per week, eight hours/day. Satellite clinics can have reduced hours depending on caseload. Local Agencies' permanent and satellite clinics are encouraged to offer extended or weekend hours, if feasible, to accommodate the needs of working families or through appointments outside standard working hours, as needed.

Local Agency/clinics are encouraged to be available (i.e. through staggered schedules) during lunch hours to accommodate employed applicants/participants.

Key staff; WIC Coordinators, WIC Assistant Coordinators, CPAs and office assistant staff are expected to be on site at their designated office to facilitate WIC processes and clinic flow. On-site staffing is necessary to cover staff gaps during scheduled vacations and unexpected employee illnesses in addition to the day-to-day WIC duties. Any exception to this policy requires State WIC office approval before implementation.

Any Local Agency with more than one clinic site is responsible for updating those staff with policy changes, management findings and other information pertinent to the management and operation of the WIC program.



### Local Agency Staff Contingency Plans

Contingency plans must include back-up plans on how an agency will be managed and operated in the event that staff are out of the office for greater than five business days.

The plan must include contact information, who will answer the phones, receive/distribute applications, schedule appointments, complete certifications, issue benefits, provide nutrition education and or high-risk referrals and counseling, complete and submit financial and quarterly reports, etc.

The plan must also address days and hours of operation; and, alternate contact (with name and telephone number) if days and hours of operation are reduced due to staff absences.

The State WIC Office must be notified prior to a known absence of 10 business days or more.

Updates to contingency plans must be forwarded to the state for review and approval.

### REFERENCE:

State Staffing Requirements:

Federal Regulations: 7CFR Ch. II

- Subpart A- General- Definitions
  - 246.2
- Federal Regulations: 7CFR Ch. IISubpart A- General- Administration
  - 246.3(e) to (f)

Local Agency Staffing Requirements:

Federal Regulations: 7CFR Ch. II

- Subpart B- State and Local Agency Eligibility- Agreements with Local Agencies
  - 246.6(b)(2)

Federal Regulations: 7CFR Ch. II

- Subpart C- Participant Eligibility-Certification of Participants- Certification of Participants
  - 246.7(e)

### CROSS REFERENCE:

500 Local Agency Staffing Requirements

608 Reimbursement to Local Agencies

### DEFINITIONS:

**Clinic** means a facility where applicants are certified.



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**Contingency Plan:** a course of action designed to help an organization respond effectively to a significant future incident, event or situation that may or may not happen.

**Local Agency means:**

- (a) A public or private, nonprofit health or human service agency which provides health services, either directly or through contract, in accordance with [§ 246.5](#);
- (b) an IHS service unit;
- (c) an Indian tribe, band or group recognized by the Department of the Interior which operates a health clinic or is provided health services by an IHS service unit; or
- (d) an intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a health clinic or is provided health services by an IHS service unit.

**State Agency (SA):** The health department or comparable agency of each State; an Indian tribe, band, or group recognized by the Department of the Interior; an intertribal council or group which is an authorized representative of Indian tribes, bands, or groups recognized by the Department of the Interior and which has an ongoing relationship with such tribes, bands, or groups for other purposes and has contracted with them to administer the Program; or the appropriate area office of the Alaska Department of Health.

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## Section: 900 Certification, Eligibility & Coordination of Services

### Policy: 942B Guidelines for Anthropometric and Hematology Data Collection Without Physical Presence

Effective Date: 07/08/2024

#### PURPOSE:

To provide direction on the waived requirement for individuals who apply for the WIC Program to be physically present at certification and recertifications as stated in the USDA policy memo, “Additional WIC Flexibilities to Support Outreach, Innovation, and Modernization Efforts through ARPA Nationwide Waivers – Supporting Remote WIC Operations,” released 2/1/2023.

#### BACKGROUND:

As part of the USDA policy memo, “Additional WIC Flexibilities to Support Outreach, Innovation, and Modernization Efforts through ARPA Nationwide Waivers – Supporting Remote WIC Operations,” released 2/1/2023, approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in 7 CFR 246.7 (e)(1)) no later than 60 days. However, a nutrition risk assessment, which may be based on information available through online communication and/or referral data, must be completed at certification by the Competent Professional Authority (CPA).

To the extent possible, State and/or local agencies must make concerted efforts to obtain referral data for anthropometric and blood iron level measurements in advance of or at the time of the appointment.

The USDA Food and Nutrition Services does not expect State agencies to terminate certifications for participants who fail to provide anthropometric data in the 60-day time frame, provided that the CPA has identified a nutritional risk for eligibility.

### POLICY: 942B Guidelines for Anthropometric and Hematology Data Collection Without Physical Presence

1. WIC local agencies must attempt to obtain blood iron level and anthropometric data from referral sources for individuals who are seeking remote services *in advance of or at the time of the certification appointment*, which includes:
  - a. Local agencies are encouraged to engage in data sharing with the appropriate agreements and consent(s) between various programs and entities to collect the height/weight/hemoglobin from healthcare providers and rural clinics; and the use of relevant technologies such as Electronic Health Records.
  - b. WIC applicants/participants are permitted to provide the height/weight/hemoglobin results to the WIC local agency as long as the



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documentation clearly indicates that the data was collected by a healthcare provider.

- i. Anthropometric data that was measured up to 60 days prior to the date of certification as described in regulation at 7 CFR 246.7 (e)(1)(ii)(A).
- c. Measurements taken by the applicant themselves or by the parent/caregiver, or self-reported from memory are not allowable. Verbal reports of measurements or hemoglobin (Hgb) are not allowable.
- d. Staff must make and document two attempts to collect measurements and hemoglobin. The first attempt should be made during the certification process. The second attempt must be made within 60 days of certification if the first attempt was unsuccessful.

### PROCEDURE:

1. For remote certifications, use the SPIRIT Demographics tab to choose “no” for physically present; and choose “ARPA physical presence waiver” in the “reason not present” drop-down box. Refer to Policy 902B: Physical Presence Waiver.
  - a. If height and/or weight measurements taken within 60 days of certification are available, then enter them in SPIRIT’s height and weight Tab.
  - b. If a hemoglobin measurement taken within 90 days of certification is available, then enter it in SPIRIT’s Blood Tab.
2. If height or weight measurements are not available at certification, leave this section blank and go to the Blood Tab.
3. Blood Tab:
  - a. Enter date of attempt to collect measurements in the box “Measurement Date.”
  - b. Click “Reason Blood Work Was Not Collected” and select “First attempt made.”
  - c. If you have attempted a second time within 60 days to collect the measurements without success, then repeat this process and choose “Second attempt made”.

The screenshot displays the 'Height/Weight and Blood Work' window in the SPIRIT software. The 'Blood' tab is active, showing a table with columns for Measurement Date, Age at Measurement, Hemoglobin (gm/dl), Hematocrit (%), Lead (ug/dl), E.P. (ug/dl), and Delayed Blo. An 'Add Blood Measurement' dialog box is open, featuring a 'Measurement Date' dropdown menu set to 12/30/2024, a 'Reason Blood Work Was Not Collected' dropdown menu set to 'First Attempt Made', and input fields for Age at Measurement, Hemoglobin (gm/dl), Hematocrit (%), Lead (ug/dl), and E.P. (ug/dl). The 'Measurement Date' and 'Reason Blood Work Was Not Collected' fields are circled in red. The dialog box includes 'OK' and 'Cancel' buttons at the bottom.



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- d. Every WIC agency will run the SPIRIT Reports' "HT WT Blood Second Attempt Needed" at least once monthly to determine which participants need to be contacted for a second attempt.
4. The WIC local agencies are permitted to issue up to three months of food benefits to participants when using the option to defer collection of anthropometric and hemoglobin data.
    - a. Limiting benefit issuance is not a requirement or condition of the ARPA Physical Presence waiver.
    - b. The WIC local agencies will not terminate certifications for participants who fail to provide anthropometric or hematological data in the 60-day timeframe, provided that the CPA has identified a nutritional risk for eligibility at the time of certification. If pending data is received within the 60-day timeframe then the CPA will review the results with the participant, as:
      - i. The CPA will update risk codes as applicable.
      - ii. The CPA will tailor food package as applicable.
      - iii. If the participant's status changes to High Risk, the CPA will follow the policy 946 for High Risk participants, which includes follow up with a Registered Dietitian during the certification period.
      - iv. The data reviewed with the participant will be documented in SPIRIT's Nutrition Education Tab as a secondary nutrition education (SNE) contact if verbal nutrition education is provided.
      - v. If the CPA makes two unsuccessful attempts to contact the participant then the SNE will be documented in SPIRIT as No Show.

Health Information Nutrition Education Referrals Income History

Nutrition Education Contacts/Peer Counselor Referrals/Materials Given for Household Member

Add Individual Nutrition Education Contact

Contact Date 12/30/2024

Type Secondary Contact (at Benefit Pick-up)

Topic Response

Topic(s)  Client Refused  No Show

Topic(s) Discussed

BENEFITS OF WIC FOODS  
BEVERAGES  
CALCIUM  
CHILD NUTRITION  
CHILD NUTRITION/FEEDING 1YR  
CHILD NUTRITION/FEEDING 2YR  
CHILD NUTRITION/FEEDING 3YR  
CHILD NUTRITION/FEEDING 4YR  
CONSTIPATION  
COOKING TIPS/RECIPES, MENU PLANNING  
COOKING WITH KIDS  
DENTAL HEALTH  
DEV/SENS/MOTOR DISABIL FEED PROB UP TO 1YR CERT  
eWIC EDUCATION  
FAMILY MEALTIME  
FIT KIDS HAPPY KIDS

OK Cancel

- vi. No Show participants will not be terminated.
- vii. All benefits available in the WIC MIS will be issued.



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5. Compliance with this policy must be checked as part of the twice-yearly chart review conducted by WIC Coordinators and submitted to State of Alaska WIC.

### REFERENCE:

USDA policy memo, “Additional WIC Flexibilities to Support Outreach, Innovation, and Modernization Efforts through ARPA Nationwide Waivers – Supporting Remote WIC Operations,” released 2/1/2023

7 CFR 246.7 (e)

7 CFR 246.7 (e)(1)(ii)(A)

### CROSS REFERENCE:

Policy 940: Complete Nutrition Assessment

Policy 941: Anthropometrics

Policy 942A: Hemoglobin and Hematocrit Screening

Policy 945: Nutritional Risk Data Collection

Policy 946: High Risk Participants

Job Aid 041: Index of Allowed Nutrition Risk Criteria

### DEFINITIONS:

**Biochemical** - Pertaining to blood chemistry.

**Certification** means the implementation of criteria and procedures to assess and document each applicant's eligibility for the Program. The process of identifying eligibility for WIC by using specific procedures and standards.

**Competent Professional Authority (CPA):** An individual of the local WIC program authorized to assess program eligibility, determine nutritional risk, provide nutrition education and counseling, and prescribe supplemental foods.

**Food Benefits:** The foods a participant receives through WIC for a selected month. Depending on the participant category, food benefits provide specific amounts of WIC authorized foods, formulas, and/or a fixed-dollar amount for participants to obtain WIC authorized fruits and vegetables (referred to as a “Cash Value Benefit” or “CVB”).



**High-risk participant:** Those participants who are assigned a high-risk level based on identified health risks that meet the state's high-risk criteria.

**Local agency** means:

- (a) A public or private, nonprofit health or human service agency which provides health services, either directly or through contract, in accordance with [§ 246.5](#);
- (b) an IHS service unit;
- (c) an Indian tribe, band or group recognized by the Department of the Interior which operates a health clinic or is provided health services by an IHS service unit; or
- (d) an intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a health clinic or is provided health services by an IHS service unit.

**Nutritional education** - Individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits and that emphasize the relationship between nutrition, physical activity, and health all in keeping with the personal and cultural preferences of the individual.

**Nutritional risk** means:

- (a) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements;
- (b) Other documented nutritionally related medical conditions;
- (c) Dietary deficiencies that impair or endanger health;
- (d) Conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or
- (e) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including homelessness and migrancy.

**Remote certification:** Remote certification refers to the process of certifying participants who are not physically present in the WIC agency office. Remote certifications may be conducted by local agency staff via phone, HIPAA-compliant telemedicine, and/or video chats.



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**Secondary Nutrition Education:** Participant-centered nutrition education that is provided between a certification contact and a mid-certification contact. It is expected to occur twice in a year long certification period.

**SPIRIT:** Successful Partners in Reaching Innovative Technology. The management information system used by the State of Alaska WIC to certify participants and issue WIC food benefits.

### POLICY HISTORY:

Date	Draft, released, training, revised, reviewed
7/17/2023	New policy, pending FNS approval
7/8/2024	Approved by FNS
1/2025	Revised – SPIRIT fields and report title

**Draft:** Policy is under development or revision by SA and open for comment. Policy has not been accepted as final by USDA and appears with a “draft” watermark. Policies released in draft status may be amended and do not supersede existing policy until released. Generally, they provide guidance about expected policy change.

**Released:** Significant policy change has been finalized and implemented. SA provides training to LA’s upon release of any policy. Policy has been accepted as final by USDA and is no longer open for comment. A “draft” watermark does not appear. The date located at the top of the policy is the date of the most recent release. Policies are to be implemented on release date and will become compliance findings 6 months from the release date.

**Training:** SA provided significant (at least fifteen minutes) of training on the policy at a required training and or meeting.

**Revised:** Minor clarifications, edits or formatting changes have occurred without need for release or training.

**Reviewed:** The writer looked at this policy to make sure it was still accurate. Formatting changes may have occurred.



## Section: 900 Certification, Eligibility & Coordination of Services

Policy: 970 – Processing Standards

Effective Date: 01/21/2013

### PURPOSE:

To inform Local Agencies of the timelines and standards for processing WIC applications, performing certifications and recertifications, and to provide guidelines for recording the receipt of an applicant's completed WIC application and notifying them of their eligibility status within specified timeframes.

### POLICY: 970 – Processing Standards

#### Application Processing Standards & Certification Periods

When processing WIC applications and performing certifications and recertifications, Local Agencies must follow standards to ensure that:

- WIC applications are processed in a timely manner
- Procedures are in place to ensure benefits are issued appropriately
- Certification periods are correct
- Applicants and participants are informed of their future certification due dates
- Denial or termination of benefits are communicated to the applicant or participant
- Applicants and participants are aware of their rights, obligations and fair hearing procedures

#### Applicant Notification Standards for Processing Applications

The date of application is the date that the applicant contacts or visits the Local Agency to make an oral or written request for program benefits; or when an application from a client without access to a WIC clinic is received by the Local Agency. In SPIRIT this is called the “Date” on the “Initial Contact” screen. The date of application is also called the “Initial Contact Date” on the “Initial Contacts Report” which tracks processing standards in SPIRIT.



To ensure that accurate records are kept of the date of application for benefits, the Local Agency must record the applicant's name, address, phone, and the date. Applications received by mail, fax or email must be date-stamped on the day they are received. The Local Agency must act on applications within the timeframes described below.

*Screen Shot - Initial Contact Dialog Box 1*

In SPIRIT the “First Appointment Offered Date” must reflect the date the applicant’s appointment is scheduled. This includes mailed in applications. Every participant must have a “First Appointment Offered Date” entered in SPIRIT as they are starting the certification or recertification process.

For applications received by mail, fax or email, the “Initial Date” corresponds with the date the application arrives at the Local Agency. If these applications are incomplete but provide enough data to certify the participant and provide the participant 30 days’ worth of benefits then the “First Appointment Offered Date” must be the date the application arrived at the WIC office and was date stamped.

If the application arrives at the Local Agency and is date stamped but does not provide sufficient documentation to complete the certification or recertification process, put the application in a pending file, mark the application “pending”, enter a note into the SPIRIT “Initial Contact” screen that the application is on hold pending required items. Once those items are available, use the date they arrive at the WIC office as the “First Appointment Offered Date”. Documentation in the “Manage Notes” section in SPIRIT under “General Notes” should document the on-going communications to the client to retrieve the needed information.

High Nutritional Risk Applicant Notification

Pregnant women eligible as Priority I participants, infants under six months of age eligible as



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Priority I participants, homeless applicants, and migrant workers and their family members who plan to leave the jurisdiction of the Local Agency, must be notified of their eligibility or ineligibility within 10 calendar days of the date of the first application for program benefits. Ten calendar days include weekends and holidays.

If a Local Agency is unable to meet the 10 calendar day processing standard for these applicants, the Local Agency must make a written request to the State WIC Office for an extension to 15 calendar days. As soon as a Local Agency recognizes that the certification timeframes cannot be met, they must immediately contact the State WIC office to request the extension. The written request to the State WIC Office must include a justification of the need for an extension.

SPIRIT will require one individual nutrition education contact to issue benefits to a High-Risk participant.

### Non-High Risk Applicant Notification

All non-high-risk applicants must be notified of their eligibility or ineligibility within 20 calendar days of the date of the first application for program benefits.

### Issuance Standards

Local Agencies must issue WIC benefits to the participant at the same time as the notification of certification. Benefits must be issued for at least 30 days.

### Written Procedures: Appointments, Issuance and Nutrition Education

Local Agencies must have written procedures on late and missed certification appointments, benefit issuance, and nutrition education. For late or missed certification appointments, the written procedures should specify how late is too late to be processed, how soon rescheduling will occur, and how a no-show will be followed up (i.e. telephone call, email, text or letter).

In SPIRIT, staff can view a “Confirm Appointment” when the “Confirm” button is selected on the “View Appointments for Date” window. SPIRIT displays the participant contact information.

### Missed Appointments

For missed nutrition education sessions, the written procedures should specify how benefit issuance will be handled if the appointment is missed, how soon rescheduling should occur, and how a no-show will be followed up.

### REFERENCE:

State WIC Office based on:

Federal Regulations: 7CFR Ch. II

- Subpart C- Participant Eligibility- Certification of Participants
  - 246.7 (f)(2)(i)



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- 246.7 (f)(2)(ii)
- 246.7 (f)(2)(iii)(A)
- 246.7 (f)(2)(iii)(B)
- 246.7 (f)(2)(iv)
- Subpart D- Participant Benefits- Nutrition Education
  - 246.11 (e)(4)

### DEFINITIONS:

**Certification** : means the implementation of criteria and procedures to assess and document each applicant's eligibility for the Program. The process of identifying eligibility for WIC by using specific procedures and standards.

**Civil rights:** Personal rights guaranteed and protected by the U.S. Constitution and federal laws enacted by Congress, such as the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990. Civil rights include protection from unlawful discrimination.

**Competent Professional Authority (CPA):** An individual of the local WIC program authorized to assess program eligibility, determine nutritional risk, provide nutrition education and counseling, and prescribe supplemental foods.

**Denial (of local WIC agency application):** The act of denying a Local Agency application for WIC program participation as an authorized WIC Local Agency.

**Food Benefits:** The foods a participant receives through WIC for a selected month. Depending on the participant category, food benefits provide specific amounts of WIC authorized foods, formulas, and/or a fixed-dollar amount for participants to obtain WIC authorized fruits and vegetables (referred to as a “Cash Value Benefit” or “CVB”).

**High-risk participant:** Those participants who are assigned a high-risk level based on identified health risks that meet the state’s high-risk criteria.

**Local Agency** means:

- (a) A public or private, nonprofit health or human service agency which provides health services, either directly or through contract, in accordance with [§ 246.5](#);
- (b) an IHS service unit;
- (c) an Indian tribe, band or group recognized by the Department of the Interior which operates a health clinic or is provided health services by an IHS service unit; or
- (d) an intertribal council or group that is an authorized representative of Indian tribes, bands or groups recognized by the Department of the Interior, which operates a health clinic or is provided health services by an IHS service unit.



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**Nutritional risk** means:

- (a) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements;
- (b) Other documented nutritionally related medical conditions;
- (c) Dietary deficiencies that impair or endanger health;
- (d) Conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or
- (e) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including homelessness and migrancy.

**Nutrition Education** means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.

**Participants** means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving benefits for supplemental foods under the Program, and the breastfed infants of participant breastfeeding women.

Single issuance: When a participant is issued Food Benefits for one month (also referred to as “one-month issuance”).

**SPIRIT:** Successful Partners in Reaching Innovative Technology. The management information system used by the State of Alaska WIC to certify participants and issue WIC food benefits.

**Subsequent certification (recertification):** Any certification after the initial certification.

### POLICY HISTORY:

Date	Draft, released, training, revised, reviewed
08/2024	Reviewed

**Draft:** Policy is under development or revision by SA and open for comment. Policy has not been accepted as final by USDA and appears with a “draft” watermark. Policies released in draft status may be amended and do not supersede existing policy until released. Generally, they provide guidance about expected policy change.

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**Training:** SA provided significant (at least fifteen minutes) of training on the policy at a required training and or meeting.

**Revised:** Minor clarifications, edits or formatting changes have occurred without need for release or training.

**Reviewed:** The writer looked at this policy to make sure it was still accurate. Formatting changes may have occurred.