
SECTION: Certification**SUBJECT: Eligibility Determination and Documentation under the ARPA Waivers**

Connecticut WIC has opted into the nationwide waivers for Physical Presence and Remote Benefit Issuance using the authority granted to USDA by the American Rescue Plan Act (ARPA): *WIC Flexibilities to Support Outreach, Innovation, and Modernization Efforts through ARPA Nationwide Waivers – Supporting Remote WIC Operations*. Connecticut recognizes that opting into these waivers does not preclude state agencies from their federally mandated requirements for collecting eligibility data. Connecticut WIC will not be utilizing the 60 day deferral option for anthropometrics.

The Connecticut WIC Program is taking the following steps to ensure that participants are being offered in person visits, and have current, required data documented appropriately in the participant record.

To ensure consistency among local agencies the State agency expects local agencies to:

- Schedule all certification appointments in-person.
- Schedule recertification appointments as in-person visits as the first option to ensure that if measurements aren't available from the provider or Electronic Medical Record (EMR), the participant can have anthropometric measurements and bloodwork screening conducted at the WIC clinic. (Reduces need for rescheduling)
- Share with participants the ability to provide EMR data to WIC for recertification visits.
- If participants are concerned about taking their newborn to a certification appointment, offer a remote visit, and then schedule a follow-up for 6-8 weeks in the clinic. This allows staff to have a visual assessment of the dyad, provide breastfeeding support, and collect weight, and bloodwork data for participants. (Breastfeeding or postpartum)
In the CT-WIC Cert Action screen, "Infants under 8 weeks of age" can be selected from the Reason not Present dropdown at the infant's certification appointment. At the 6 – 8 week (infant's age, not weeks into the certification) follow-up visit, physical presence must be documented in the Cert Action screen to issue benefits past 8 weeks of age.
- Offer anthropometric and bloodwork "clinics" (Pronto non-invasive hemoglobin screening device is used in CT) where participants can go to the local agency for this service (anthropometric measurements and hemoglobin).
- Offer options for all other appointment types. For example, staff can say to participants, "For your next visit, you can come in person, have a virtual visit, phone appointment or WIC Smart module (if relevant)."

Participants will continue to have the option of choosing remote appointments for second contacts. Local agencies must also continue to work with providers to obtain health information as they did effectively prior to the pandemic. Fillable certification forms that can be completed

by the provider and then sent electronically to the local agency are available on the State agency’s website and can be used to facilitate this process.

Expectations for Data Collection, Documentation and Quality Assurance

Local agencies are expected to implement strategies to obtain participant data required for compliance with federal program regulations for certification and recertification appointments.

For the Connecticut WIC Program to remain in compliance with Federal regulations, appropriate quality assurance is required. During quarterly chart reviews, local agency management must ensure that the “By Whom” and “How Verified” fields are appropriately documented in CT-WIC on the Lab Screen.

“By Whom” Field Values on the Anthropometric Grid	Documentation Expectations
WIC CPA WIC NA	Documentation of measurement conducted at the WIC clinic. Appointment Type: In-person visit.
MD/PA	Valid WIC Certification Form (with signature of provider – MD/PA) on file in CT-WIC.
Nurse MA Crib Card Head Start EMR* Other	Documentation in Nutrition Education Notes about how the data was obtained (i.e., verbal over phone with provider office), or scanned.
“How Verified” Values on the Bloodwork Grid	Documentation Expectations
Form/Fax	A scanned image of the valid WIC Certification Form (with signature of provider) must be on file in CT-WIC when the form is emailed/faxed by the provider or the participant and if the participant provides the form in person.
Phone EMR	Documentation in Nutrition Education Notes about how hemoglobin/hematocrit and/or lead results were obtained (i.e., verbal over the phone with provider office or through the electronic medical record/patient portal).

Verbal reports of weights by participants should not be recorded as “WIC CPA” in the “By Whom” field. Per WIC Policy 200-10 Anthropometric Data “*verbal anthropometric measurements or bloodwork are not acceptable from a WIC participant since this information is used to assign risks and determine eligibility*”.

*The options of “MD/PA, Nurse, MA, Crib Card, Head Start, and EM Record” should not be used in the “By Whom” field when WIC Certification Forms are completed and scanned with only the signature of the WIC CPA.

Additionally, Anthropometric and Bloodwork Exemption reasons should not be selected routinely. During quarterly chart audit reviews, local agency management staff must ensure that any exemptions are appropriately documented in the CT-WIC Lab (Anthropometric and Bloodwork grids) and Nutrition Education screens. Rationale for use of the Anthropometric and/or Bloodwork Exemptions are listed below:

“? Reasons” Values on the Anthropometric Grid	Rationale
Documentation Expectations for All Anthropometrics Exemptions	
Document in the CT-WIC Lab (Anthropometrics grid) and Nutrition Education screens.	
Child Not Present to Verify	A WIC Certification form signed by the health care provider was provided by the participant or the provider, but the measurements are questionable (i.e., a decrease or significant increase in height or a significant increase/decrease in weight since the last WIC visit) and the child is not present in the WIC office to verify the measurements. Follow-up should include an attempt to obtain measurements at the next WIC appointment.
Disability	A documented disability which prevents the WIC staff from being able to collect anthropometric measurements. Follow-up should include an attempt to obtain measurements from the health care provider.
Refused to Take Off Coat/Heavy Clothing, etc... or Uncooperative	This exemption is for participants who are weighed at the WIC office but refuse to take off a coat/heavy clothing/shoes or are uncooperative. Follow-up should include an attempt to obtain measurements from the health care provider.
“Exemption Reasons” on the Bloodwork Grid	Rationale
Documentation Expectations for ALL Bloodwork Exemptions	
Document in the CT-WIC Lab (Bloodwork Grid) and Nutrition Education screens.	

Autism/Sensory	A health care provider must document ongoing medical care. Every effort should be made to obtain the most recent bloodwork results from the health care provider.
CPA Determined Bloodwork Skipped**	Should not be selected as a matter of routine. If this is used, documentation as to why this was selected is required. Every effort should be made to obtain the most recent bloodwork results from the health care provider.
Delayed Bloodwork – Postpartum Woman Only	Due to various circumstances, postpartum bloodwork is delayed. Follow-up must occur to ensure that bloodwork is obtained during the postpartum period. Pronto may be used to obtain hemoglobin after other attempts have been exhausted.
Medical Condition Prevents Safe Collection of Blood	For participants with a medical condition preventing the safe collection of blood. A health care provider must document ongoing medical care.
Thalassemia, Sickle Cell	Every effort should be made to obtain the most recent bloodwork results from the health care provider. A recent blood test must be documented. While an annual test is required, the 6 month re-test is not required in this case. A diagnosis of Beta-Thalassemia or Sickle Cell must be documented in the participant’s file.

More information on Bloodwork Exemptions can also be found in WIC Policy 200-08 and 200-10 as referenced above.

Local agencies should begin planning to implement virtual or video visits for fiscal year 2024. We understand that many host agencies have the capability or access to these platforms.

Obtaining participant data is core to the WIC Program’s ability to function and counsel participants, and approval of the ARPA waivers is conditional on the State agency’s implementation of policies to ensure that accurate data is collected by its local agency contractors. The State agency has opted into the ARPA Physical Presence and Remote Benefit Issuance waivers to provide our participants more flexibility.

Remote Appointments

Physical Presence

In the event that a participant is scheduled for a recertification appointment via phone or virtual method, ‘ARPA Waiver’ must be selected from the Reason not Present dropdown on the CT-WIC Cert Action screen.

When ‘ARPA Waiver’ is selected, current anthropometrics (within 60 days of the recertification Cert Start date) must be documented by a health care provider and entered on the CT-WIC Lab screen.

Documentation of Eligibility: Proof of Identity, Residency and Income for Remote appointments

If enrollment in Medicaid/HUSKY A, C, D has been verified, this can be used to document proof of residency, income and identity.

For participants who are not enrolled/receiving Medicaid/HUSKY A, C or D, review the list of acceptable documentation for identity, income and residency and have the participant send that information to the WIC office.

Acceptable methods of receiving participant information include pictures or copies of documents emailed or texted to a local agency email or phone. This information must be handled securely and in accordance with our Confidentiality policy (WIC 100-16).

Rights and Responsibilities

Read the Rights and Responsibilities form (R &R) to the participant, in their language or through the use of an interpreter.

Once the participant has had the Rights and Responsibilities form read to them, ask for verbal confirmation that they agree to the information.

If the participant agrees to the Rights and Responsibilities, staff must sign or print “ARPA waiver” in the participant’s CT-WIC record.

Ask the participant if they have access, by phone or on a computer, to the Connecticut WIC website, if so direct them (or text the link) to the website to read the Rights and Responsibilities form in the “How to Apply” section. The Rights and Responsibilities form is available in English and Spanish. <https://portal.ct.gov/DPH/WIC/How-To-Apply>

If the participant does not have access to the Connecticut WIC website, offer the option of emailing the R &R form, and as a last resort, the R & R form should be mailed to participants who cannot access the WIC website or receive the R & R form by email.

Participant Authorization Form

The Participant Authorization form is how we obtain the participant’s consent to contact their healthcare provider. It is important that staff are diligent in complying with this federal requirement. It is important that staff have the ability to communicate with healthcare providers.

It is mandatory for staff to complete the Participant Authorization form as they did prior to the pandemic during in person services and complete the following steps:

- Complete the Participant Authorization form on behalf of the participant (including the name(s), healthcare provider/providers).
- Obtain verbal consent from the participant.
- Print “ARPA Waiver” where the participant’s signature is required, date it.
- Scan/upload into CT-WIC.

In cases where staff are unable to scan/upload the Participant Authorization form (due to issues with the scan/upload feature while working from home), staff must:

- Complete the first 3 steps above
- Enter an Alert in CT-WIC that the information was obtained and
- Save completed electronic or paper form in a confidential file.

Whenever it is feasible for the participant to complete and email the completed Participant Authorization form, staff should request that they do so. It is permissible for the participant to type their name in place of a signature. In addition, staff may put an alert in CT-WIC indicating the Participant Authorization form must be completed the next time the participant is in the WIC office.

Family Benefits List

At the completion of WIC appointments and benefits have been issued, the Family Benefits List (FBL) must be provided to all participants at the completion of WIC appointments. Staff must review the FBL with the participant/authorized person and staff must sign/print the word “ARPA Waiver” in the signature block for the FBL in the CT-WIC Signature screen. The FBL must then be texted, emailed or mailed to the participant or referred to WICShopper My Benefits tab.

eWIC cards

For new certification appointments, staff should encourage participants to pick up their eWIC card. When the participant is unable to pick up the card, mail the eWIC card along with other pertinent WIC orientation information. For security purposes, send the activation information separately from the eWIC card.

The following is guidance from FNS when mailing the eWIC card:

- Do not use window envelopes.
- Do not identify the name of the WIC clinic or use the words “WIC Program” on the envelope. You may consider using your host agency’s envelopes.

Confidentiality

Discard any confidential documents that you received that the WIC Program normally would not scan/retain in the participant’s CT-WIC record, i.e., paystubs, driver’s license, social security card. Documents should be destroyed in accordance with the local agency process for destruction of confidential documents. Refer to previous guidance regarding securing confidential information while teleworking.

See WIC 100-18 Connecticut Disaster Guidance for additional information on **Teleworking with Confidential Information, Protected Health Information (PHI), and Personally Identifiable Information (PII) and Separation of Duties.**