Montana WIC

Nutrition Program for Women, Infants and Children

2016 State Plan

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

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Montana WIC

Montana WIC Program Mission Statement

The Montana WIC program provides nutrition education, breastfeeding support, healthy food and referrals for women, infants and children to ensure that families in Montana are empowered to a healthy start in life.

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Title: Overview

Purpose

To inform the public and local programs of WIC Program components and operations and provide a mechanism for their input into program administration.

Authority

Section 17 [42 U.S.C. 1786], Child Nutrition Act of 1966. WIC regulations are published by the Federal Register in the Code of Federal Regulations, 7 C.F.R. Part 246 with an effective date of September 28, 2011.

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."

I. WIC Program 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 approximately 19000 participants per month receive WIC benefits through 27 local WIC Programs (including seven tribal programs). See the listing of Montana State WIC Program Local Clinics and Service Area Maps.

II. WIC Program Description

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

1. Nutrition assessment, education and counseling to improve eating behaviors and reduce or eliminate nutrition problems.
2. Access to preventive health programs and referral to private and/or public health providers.
3. Selected foods to supplement diets lacking 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 participants. Responsibilities for delivery of services are divided into three levels:

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

Policy Number 1.2
WIC Program Benefits
Effective Date: October 1, 2015

Title: WIC Program Benefits

Purpose

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

Authority

7CFR 246.1 - 246.11, ARM 16.26.101-402, Public Law 95-627, Child Nutrition Act of 1996

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.

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. Services and Support

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

B. WIC affords access to preventive health programs and referral and follow-up to private and/or 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 selected foods in standardized food packages to supplement diets lacking in nutrients needed during critical times of growth and development. Supplemental foods provided will be tailored to the applicant/participants needs and nutrition risks.

III. Eligibility

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

1. Categorical: Must be pregnant, breastfeeding, or 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 annually.

4. Nutritional: Applicant must be determined to have a nutritional risk.

IV. Nutrition and Breastfeeding Education

A. Participants will be offered a minimum of four nutrition education contacts per 12-month certification period and two contacts per 6-month certification period, approximately each quarter. Nutritional education contacts will incorporate appropriate and up-to-date information.

B. WIC supports and promotes breastfeeding as the optimal way to feed an infant. Breastfeeding education will be provided to all pregnant and breastfeeding women and additional resources, such as breast pumps, will be provided on a case by case basis.

Policy Number 1.3
Coordination of Services
Effective Date: October 1, 2015

Title: Coordination of 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.

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. Health and Social Services including, but not limited to:

Clinics, including Well-Child and others	Dental Services
DPHHS Immunization Program	Drug and Alcohol Abuse, Treatment and Education Programs
Family Planning (Planned Parenthood)	Health and Medical Organizations
Local Food Banks	Schools with School Age Child Care programs (SACC)
Hospitals	Job Service Centers
Mental Health Services	Child & Family Protective Services
Home Visiting	Religious and Community Organizations
Social Service Programs, including Temporary Assistance to Needy Families (TANF), SNAP, HMK+ and Medicaid	Tribal Organizations and Agencies contacting off-reservation or landless Native Americans

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 biennial monitoring process.

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

A. Whenever possible, State WIC Agency personnel should visit with these persons during the biennial monitoring of local WIC clinics.

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, upon request, with the Child and Family Services Division responsible for child protective services including foster care placement by providing information about the program and how to apply.

IV. Substance Abuse Programs

A. The State WIC Agency will contact, on an annual basis, all drug-alcohol intervention programs sponsored by State government agencies 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)

A. Participate in the Cardiovascular Disease/Obesity Prevention Task Force.

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

VI. Eat Right Montana (ERM)

A. Participate in ERM activities.

B. Participate in the Statewide Breastfeeding Coalition (subcommittee of ERM) to coordinate (collaborate) on activities for promotion and support of Breastfeeding in Montana.

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Policy Number 2.1
Program Goals and Objectives
Effective Date: October 1, 2015

Title: Program Goals and Objectives

Purpose

This section provides an action plan with defined goals and objectives for the annual operation and administration of the WIC Program in accordance with Federal Regulations.

Authority

CFR 246.4(a) (1)

Policy

The State WIC Office 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 WIC Office will set goals and objectives for improving Program operations.

2015 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. **Vendor and Farmer Management**
   a. Coordinate implementation of EBT with SNAP/TANF — Ongoing
   b. Pilot EBT/Vendor Training — Ongoing
   c. Complete development of UPC Database for EBT project — Ongoing
   d. Implement quality improvement measures based on results of vendor surveys taken — Complete

2. **Nutrition Services/Breastfeeding**
   a. Monitor 14 local agencies for compliance with nutrition and breastfeeding state and federal policy requirements. — Complete
   b. Promote technology for nutrition education delivery — On-going
   c. Provide opportunities for local agency staff to earn WIC continuing education credits in nutrition and breastfeeding — Complete

3. **Information Systems (IS)**
   a. Continue to promote implementation of EBT statewide — On-going
   b. Test and rollout new system enhancements as appropriate — On-going
   c. Work with SPIRIT partners on MIS enhancements and improvements — On-going
   d. Provide quality improvement measurement framework for State office staff and local agencies — On-going

4. **Organization and Management**
   a. Participate in Division Health Stat Project (6 month reviews) — Complete

b. Provide local agency WIC training two times each fiscal year and coordinate with other programs as appropriate — Complete
c. Participate in one day team building/professional development activity — Complete

5. **Nutrition Services and Administration (NSA) Expenditures**
   a. Prepare new WIC participant training materials with updates — On-going
   b. Establish priority and funding coordination — Complete

6. **Food Funds Management**
   a. Monitor monthly food dollar expenditures — On-going

7. **Caseload Management**
   a. Monitor monthly participation numbers statewide — On-going
   b. Develop quality improvement measures based on WIC/Medicaid study results — On-going

8. **Certification, Eligibility and Coordination of Services**
   a. Maintain current memorandums of understanding — On-going
   b. Implement all new certification/eligibility standards set at the federal level — Complete

9. **Food Delivery/Food Instrument Accountability and Control**
   a. Maintain food instrument accountability and integrity process — On-going
   b. Pilot and implement EBT — On-going

10. **Monitoring and Audits**
    a. Complete all scheduled local agency monitoring — Complete
    b. Respond to any state or federal audit requests — Complete
    c. Implement revised local agency monitoring process based on pilot review — Complete

11. **Civil Rights**
    a. Complete annual training requirement — Complete

<u>2016 Program Goals and Objectives</u>

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. **Vendor and Farmer Management**
   a. Coordinate implementation of EBT with SNAP/TANF — September 2016
   b. Pilot EBT/Vendor Training — September 2016
   c. Complete development of UPC Database for EBT project — September 2016

2. **Nutrition Services/Breastfeeding**
   a. Monitor local agencies for compliance with nutrition and breastfeeding state and federal policy requirements. — September 2016
   b. To increase trained breastfeeding staff in local programs — September 2016

c. Provide opportunities for local agency staff to earn WIC continuing education credits in nutrition and breastfeeding	September 2016
3. **Information Systems (IS)**	
a. Continue to promote implementation of EBT statewide	September 2016
b. Work with SPIRIT partners on MIS enhancements and improvements related to EBT and Universal Interface	September 2016
d. Provide quality improvement data related to Performance Management (HealthStat) metrics	September 2016
4. **Organization and Management**	
a. Participate in Division Health Stat Project (6 month reviews)	September 2016
b. Participate in one day team building/professional development activity	September 2016
5. **Nutrition Services and Administration (NSA) Expenditures**	
a. Establish priority and funding coordination with WIC Futures Study Group	May 2016
b. Work with local agencies to maintain accurate and timely submittal of expenditure reports.	September 2016
6. **Food Funds Management**	
a. Monitor monthly food dollar expenditures	September 2016
7. **Caseload Management**	
a. Outreach campaign to reach potentially eligible participants and educate Montanans about EBT transition.	September 2016
8. **Certification, Eligibility and Coordination of Services**	
a. Seek new MOUs with other DPHHS programs for the purposes of outreach, data analysis, and coordination of services.	September 2016
9. **Food Delivery/Food Instrument Accountability and Control**	
a. Maintain food instrument accountability and integrity process	September 2016
b. Pilot and implement EBT	September 2016
10. **Monitoring and Audits**	
b. Respond to any state or federal audit requests	September 2016
11. **Civil Rights**	
a. Complete annual training requirement	September 2016

Title: State WIC Office Staffing

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.

I. Kate Girard WIC Section Supervisor: 1.0 FTE

- Designation: WIC Director
- Responsibilities: responsible for administration of the WIC, BPCP and FMNP Programs in Montana.

II. Mark Squires Administrative Assistant: .75 FTE

- 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 and BFPC.

III. Bernadette Lahr Program Specialist: 1.0 FTE

- Designation: Administrative/Quality Assurance of local agencies
- Responsibilities: Team lead on local agency monitoring and follow through with local agency corrective action plans and local agency performance standards completed; development, implementation and administration of the WIC grant; monitoring all local agency staff for completion of quarterly time study data; local agency outreach plans and coordinating the state plan annual update and submission.

IV. Michelle Sanchez Contract Specialist: ..5 FTE

- Designation: Contract Coordinator
- Responsibilities: Contract management and expenditure reports; Prepare and maintain WIC contracts and amendments to include BFPC and FMNP. Reimburse and monitor expenditure reports. Duties as assigned related to contracts, expenditure reports and STAD.

V. Leah Steinle Program Specialist 1.0 FTE

- Designation: Retail Program Manager
- Responsibilities: manage retail and local agency administration staff, benefit Review, over issuance, participant fraud and abuse, training, outreach coordinator, retailer newsletter, M-SPIRIT, food package, peer groups, retailer/LARC materials, participant materials local agency monitoring, state plan, procurement and document writing, policy writing and EBT.

VI. Glade Roos Vendor Specialist: 1.0 FTE

- Designation: Administrative and Retail Section Member
- Responsibilities: TIP Report, Above 50% Report, High-Risk Report, contracts, filing, training, reports, policy writing, retail compliance investigations, retailer Corrective Action Plans (CAPS), M-SPIRIT, formula distribution list, stocking levels for retailers, food package, complaints (participant and retailer fraud), Local Agency Monitoring, Farm Direct, manages FMNP Grant and EBT.

VII. Kevin Moore Vendor Specialist: 1.0 FTE

- Designation: Administrative and Retail Section Member
- Responsibilities: Filing, training, reports, policy writing, local agency monitoring, retailer monitoring, retailer/LARC materials, participant materials, food package, price surveys, peer groups, M-SPIRIT, infant formula rebate, program newsletter & website, UPC database and EBT

VIII. Michael Field Information Systems Specialist IV - Applications: 1.0 FTE

- 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 and BPCP.

IX. Richard Michaelis Computer Support Specialist: 1.0 FTE

- Designation: Information Services Unit Member
- Responsibilities: M-SPIRIT 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, local agency computer equipment inventory and duties as assigned for FMNP.

X. Chris Fogelman Nutritionist: 1.0 FTE

- Designation: Nutrition Services Section Member; State Breastfeeding Coordinator
- Responsibilities: nutrition policy decisions; nutrition education resources for WIC participants; training & education, including for breastfeeding for local program staff and continuing education approval; continuing education credits; manage

the Breastfeeding Peer Counselor Grant and reviews/revises the Montana WIC breastfeeding standards; monitor nutrition services of local programs for compliance with regulations and policies; create and maintain food package and approved foods selection; provide technical assistance to local program staff on nutrition services.

XII. <u>Lacy Little</u> Nutritionist: 1.0 FTE

- Designation: Nutrition Services Section Member; State Nutrition Coordinator
- Responsibilities: nutrition policy decisions; local agency monitoring, nutrition education resources for WIC participants; nutrition education plan; training & education; local WIC program staff competency; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; nutrition surveillance; WIC outreach; and authorization of special formulas and duties related to nutrition education and monitoring as assigned for FMNP. Promotes and supports breastfeeding at the state level and assists State breastfeeding Coordinator in encouraging breastfeeding activities and education in local agencies.

Title: Financial Management Services

Purpose

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

Authority

7 CFR 246.13

Policy

The State WIC Office will work with the appropriate state and local agency staff to ensure fair and appropriate funding to all local agencies.

I. State Responsibilities

A. Determine distribution of 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 Office.

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.

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 and farmers.

I. Obtain prior FNS approval on behalf of local agencies requesting to use NSA funds for capital projects.

II. Distribution of Administrative Funds

Funding is dependent on Federal Grant Award received.

A. Administrative awards to local programs will be based on an average participant funding level and consideration of other factors.

Title: 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.

I. Computer Systems Support

A. The Information Services Unit provides hardware and software environment to sustain the State Central Servers, State WIC Office and local agency WIC systems, and M-SPIRIT.

B. The Information Services Unit runs unattended nightly processing which facilitates transfer of information to and from the banking contractor, integrates payment information into the central servers, and provides necessary file and database maintenance activities to ensure proper operation of the WIC M-SPIRIT system.

II. Help Desk Support

A. The Information Services Unit provides helpdesk support to State WIC Office staff and Local Agency WIC staff.

III. Reporting

A. End of Month Process

The End of Month Process provides extensive reporting in Financial, High Risk, Caseload, Enrollment, Food Instrument, Nutrition, Vendor, and Operational areas.

B. Ad Hoc

Ad Hoc reports are run at the request of state staff, local agency staff, and auditors, and can include any information stored by the WIC systems.

Title: 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 WIC Office is responsible for ensuring that the nutrition component of the WIC program is in compliance with the Federal Regulation.

I. State Responsibilities

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

1. Develop and coordinate the nutrition education component of the Montana WIC Program including section goals for program operations;
2. Establish standards for nutrition/medical eligibility;
3. Collect and analyze program nutrition data for use in program planning and evaluation;
4. Provide training and technical assistance to local agency staff on nutrition education and management of breastfeeding;
5. Identify or develop resources for nutrition education and breastfeeding promotion and management.
6. Establish standards for providing nutrition and breastfeeding education, promotion and support.
7. Develop and implement procedures to ensure that nutrition education is offered to all participants or the parent/guardian of all infants and children; and
8. Evaluate local agencies nutrition education activities (including those for breastfeeding) and ensure compliance with the nutrition education provisions in the Federal Regulations and State Plan.

Title: Vendor Services

Purpose

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

Authority

7CFR 246.12

Policy

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

I. State Responsibilities

A. The State WIC Office Administrative and Vendor Unit assume responsibility for the management of the following:

1. Retailer Reference Manual, training materials and newsletter.
2. Local Agency Retail Coordinator training materials.
3. Selected participant handouts (in conjunction with the Nutrition Services Unit).
4. Participant Fraud/Abuse.
5. Vendor Complaints.
6. Selecting/scheduling retail and local agency monitoring visits.
7. Compliance investigations.
8. Organize/schedule annual retailer & LARC training.
9. Retail & Farm Direct application review and subsequent contracts.
10. Retail & Farm Direct policy.
11. Benefit reconciliation and formula rebate.

Title: Federal Reporting Requirements

Purpose

This section lists the required Federal Reports.

Authority

7CFR 246.25

Policy

The State WIC Office is responsible for ensuring the timelines of required federal reports.

I. Required Federal Reports

Report Title	Person Responsible for Preparing and Accuracy of Report	Date Due
FNS-798	Corinne Kyler, Fiscal Officer (406) 444-3618	Monthly - by the 7th
FNS-798 & 798A Close Out Report	Corinne Kyler, Fiscal Officer (406) 444-3618	120 days after FYE
TIP Report	Glade Roos, Program Specialist, (406) 444-2841	Annually - January 31

Title: State Office Outreach

Purpose

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

Authority

7CFR 246.4(a) (7)

Policy

The Montana WIC Program will coordinate outreach services with local WIC agencies.

I. State WIC Office Responsibilities

A. The State WIC Office is responsible for coordinating the listed outreach/referral efforts with local agencies.

II. WIC program website includes

A. Names and addresses of the local agencies

B. Eligibility criteria and information on program benefits which include:

1. Participant eligibility criteria
2. Supplemental foods
3. Nutrition education
4. Breastfeeding education
5. Access to on-going health and social services

C. Information regarding homeless

D. The civil rights non-discrimination statement

E. The 1-800 phone number for the State WIC Office

III. Promotion of Services

A. Prepare and distribute posters and brochures 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 referral information about allied services such as Medicaid, SNAP and TANF eligibility, Child Support Payment Enforcement availability, Healthy Montana Kids, Family Planning and Immunization programs.

IV. Statewide Meetings and Workshops

A. State WIC Office staff will attend appropriate statewide meetings to present the WIC Program and the services it provides.

V. Local Agency Outreach/Referral

A. Review local agency "Outreach/Referral" plans annually and monitor their efforts in meeting the goals during biennial on-site monitoring visits.

VI. 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.

VII. Breastfeeding Materials

A. Regularly provide breastfeeding related information to local programs.

VIII. Notice to the General Public

A. In May of each year, the Montana WIC Program will publish in the Sunday edition of (7) 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 will include a statement to the effect that copies of existing state plans are available online at: http://wic.mt.gov/localagencies

C. This notice will allow comments to be received in writing up to the close of business 30 days after publishing.

1. Submission of comments should be addresses to:

WIC Section Supervisor
Public Health and Safety Division
Department of Public Health and Human Services
Cogswell Building, PO Box 202951
Helena, MT 59620-2951

E. The WIC Section Supervisor will receive and review each written comment and acknowledge receipt of same to the sender within 10 days of receipt.

1. A record of comments received and acknowledged will be included as an appendix in the final approved State WIC Plan.

F. The WIC Section Supervisor will incorporate such comments as appropriate.

Policy Number 2.9
Targeting Benefits
Effective Date: October 1, 2015

Title: Targeting Benefits

Purpose

The State WIC Office will use outreach programs to potentially reach 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.

I. Outreach

A. Networking with agencies, groups and individuals will be the preferred method of outreach to target benefits.

II. Methods of Targeting Benefits

A. The State WIC Office, along with local agencies will use available opportunities to educate health professionals about WIC services and benefits.

B. The State WIC Office, along with the local agencies, will provide agencies, organizations and offices in the outreach network with materials describing WIC services.

Title: WIC Trainings/Meetings/Conferences

Purpose

To ensure participation in regional and/or national WIC-related meetings and conferences.

Authority

P.L. 111-296 Health, Hungry-Free Kids Act of 2010.

Policy

Public Law 111-296 requires that Federal/State agreements include a provision supporting full use of Federal funds and excluding such funds from State budget restrictions or limitations including hiring freezes, work furloughs, and travel restriction.

I. Participate in the Mountain Plains Region WIC Directors meeting in Wyoming.

A. Send the WIC Director and any other staff (vendor coordinator, nutrition coordinator, administrative coordinator, etc.) as requested to the Mountain Plains Region WIC Directors meeting.

II. Participate in the National WIC Association Leadership Conference in Washington, D.C.

A. Send one (1) staff to attend the conference and meet with Montana Representatives and Senators to provide a program update as appropriate.

III. Participate in the 2014 National WIC Association Annual Conference.

A. Send two (2) WIC staff to attend the conference and cover various tracks offered.

IV. Training for new state staff.

A. Send new state staff to the Mountain Plains Regional Office to receive training in their specific targeted area of the WIC Program (administration, management, nutrition, and vendor).

V. Participate in the National WIC Association Technology Conference.

A. Send three (3) staff to the EBT Users Group & Technology Conference to bring back information on MIS systems, on Electronic Benefit Transfer and building integrity into the WIC programs.

VI. Participate in all SPIRIT Users Group and Executive Steering Committee Meetings.

A. Send appropriate staff to attend face to face SPIRIT Users Group meeting and face to face ESC meetings as scheduled during the year.

VII. Participate in EBT Implementation Activities as Required.

A. Level 1 and Level 2 certifications and other meetings and trainings as required.

VIII. Facilitate throughout the year monitoring and technical assistance visits to local agencies and state wide training.

A. Provide monitoring and technical assistance on an as needed basis

IX. Attend the FNS Integrity conference.

A. Send two (2) WIC staff to attend the conference and cover various tracks offered.

X. Facilitate technical assistance visits as needed to other states.

Title: Monitoring

Purpose

The State WIC Office monitors all local WIC agencies to review compliance with Federal Regulations and State Policies and Procedures, as well as evaluate program quality and provide assistance to facilitate program improvement.

Authority

7CFR 246.19

Policy

The State WIC Office will assure all local agencies offer an effective and quality program.

I. On-site Reviews

A. The State WIC Office staff will perform on-site reviews of all local agencies biennially at a minimum of twenty percent of their clinics.

B. These visits will determine compliance with:

1. Federal Regulations
2. State Policies and Procedures

C. These visits will also:

1. Evaluate program quality
2. Provide information to facilitate program improvement

II. State WIC Office Responsibilities

A. A schedule for the entire 12-month period of the Federal Fiscal Year will be drafted by October 1st. 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 accommodated when possible.

B. The State WIC Office will notify local agencies of travel dates, clinics to be visited, of tentative arrival and departure times and monitoring team members in a letter 60 days before the scheduled monitoring visit

C. Monitoring Attachments set forth the questions that will be used to review the WIC records.

D. State WIC Office staff, consisting of a Nutritionist and a Program Specialist, will review participant records prior to the local program onsite review.

E. The State WIC Office will provide technical assistance and training to local agencies when necessary to resolve areas of non-compliance.

F. The State WIC Office will inform USDA of unresolved problems, delays or adverse conditions found during an on-site visit.

III. Federal Office Responsibilities

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

IV. Local Agency Responsibilities

A. The local agency will maintain records for each participant.

1. The local agency records will be available to State and Federal WIC Offices for monitoring purposes.

B. The local agency will respond and follow-up on the required improvements requested by the Federal or State WIC Office as a result of the monitoring visit using the standards and time lines set forth by those entities.

V. Monitoring Procedures

A. A random representative sampling of participant records will be selected and reviewed in-house at the state office by State WIC Office staff using the current review standards.

B. The State WIC Office staff conducts an entrance interview with local agency personnel before the on-site monitoring begins.

C. State WIC Office staff observes local agency operations on-site.

D. The State WIC Office staff conducts an exit interview with the appropriate local WIC agency staff and gives a verbal report of its findings.

1. A discussion of improvement from past visits, resolutions of problems, non-compliance and/or revisions in procedures is appropriate during this interview.

E. Within 30 days after the visit, a written report of the State WIC Office's findings and recommendations are sent to:

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

F. Within 30 days after receipt of the monitoring findings, the local agency will respond in writing, with a corrective action plan stating how and when corrections or revisions of compliance will be accomplished and addressing all other areas of performance as instructed by State Office staff.

G. If the local agency's corrective action plan and other requirements needing to be addressed are deemed appropriate, no further action by the local agency is needed.

1. The State WIC Office will acknowledge in writing that the local agency's response is acceptable; or
2. If major areas of concern remain uncorrected or are not addressed in the corrective action plan, the State WIC Office will acknowledge in writing that the local agency's response needs additional clarification.

VI. Nutrition Services Review

A. The state Nutritionist will review the participant records for complete documentation of:

1. Risk Code Assignment
2. Participant Referrals
3. Core Education Topics
4. Food Package (assignment, issuance and tailoring)
5. Documentation of Nutrition and Breastfeeding Education
6. Anthropometric and Hematological Measures/Follow Up
7. Goals
8. Nutrition Assessment Questions
9. Nutrition Care plan
10. Clinic Observation

B. Conduct a site review to observe clinic environment and procedures.

C. This visit also serves as an assessment of training needs of local staff.

VII. Administrative Review

A. The administrative team member will review the client records for complete documentation of:

1. Income
2. Proof of residency
3. Proof of participant identification
4. Proof of authorized representative identification
5. Notice of end of certification/ineligibility
6. Benefit issuance (signed, mailed, void or proxy signature)
7. Initial contact date
8. Confidentiality/Integrity
9. VOC Process
10. Civil Rights

B. Conduct a visual site review for:

1. Space
2. Security
3. Privacy
4. Inventory control

C. Review original documents (timesheets/cards for WIC employees, all items listed on the expenditure reports chosen for audit and how it is distributed among programs, etc.).

1. Example: 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 Agency Self-Monitoring

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

B. State WIC Office staff recommends at least an annual self-monitoring review and for local agencies to utilize the same methods and materials state monitoring teams use at biennial monitoring visits.

1. Local agencies will maintain results of their reviews on file and send a copy of the review to the State WIC Office.

Title: 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 WIC local agencies will have a written plan for system security and disaster recovery that will be updated as needed.

I. Emergency Preparedness

A. Local agencies will notify the State WIC Office if they have a situation that affects their ability to deliver services.

B. The local agency has the primary responsibility of managing the situation. If the local agency anticipates the inability to provide services for more than 5 business days the State WIC Office will assist with an alternate means of operation.

C. The State WIC Office will provide assistance to the local agency using available resources to ensure services can be provided if the situation cannot be resolved.

D. The first priority will be to provide infant formula to the infants receiving Food Package III.

II. Plan Content

A. Each plan will address the following topics:

1. Designation of an agency Security Manager
2. Emergency preparedness
    a. Contingency plans to meet critical processing needs in the event of short or long term interruption of service.
3. Physical security of computer resources
4. Protection of equipment from theft and unauthorized use
5. Software and data security
6. Telecommunications security
7. Routine maintenance and cleaning

Title: Food and Nutrition Services Authorized Studies

Purpose

Research on nutrition, WIC services, participant outcomes and other topics provide information to evaluate program services and benefits which will ultimately be used in making future program decisions.

Authority

7CFR 246.22(g)

Policy

The State WIC Office and all local agencies will cooperate with Food and Nutrition Services in completing authorized studies in a timely manner.

I. Authorized Studies

A. Provide WIC information requested for an authorized study in a timely manner prior to the deadline or due date.

B. Local agencies may request assistance for information required to be submitted that is not available in their typical clinic processes.

C. Local agencies may request verification of an authorized study from the State WIC Office.

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Policy Number 3.1
Affirmative Action Plan
Effective Date: October 1, 2015

Title: 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.

I. Background Information

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.

B. The data used in this study are statistically reliable. The Office of Epidemiology and Scientific Support 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 (2010 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 (2010) 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. For the number of eligible participants for each regional WIC service area. See Attachment: Affirmative Action Plan.

III. Description of Ranking System

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

1. Incidence of low birth weight infants (2006 - 2009). 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 (2011 mid-year census estimates). Population at 185% of poverty or less was determined from income and poverty status data based on 2010 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 (2010 census). Information on minority populations was taken from 2010 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

A. The Montana WIC Program serves Priorities I-VI.

VI. CSFP Programs

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

Title: 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:

1. Denial of application;
2. Disqualification;
3. Suspension; and/or
4. 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.

I. State Responsibilities

A. The State WIC Office will advise the aggrieved WIC agency of their rights under federal regulations.

II. Administrative Review Request

A. The State WIC Office, upon request for an administrative review (hearing) by a local WIC program, will schedule an 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

A. The administrative review will be conducted in Helena and the local agency 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 will be conducted by a fair and impartial official, whose decision will 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 will 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

A. Adverse action taken by the State WIC Office will be postponed until an administrative review decision is reached. All appellants denied program benefits at the State level will 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

A. Local programs will 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.

Title: 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.

I. Written or Verbal Complaints

A. Complaints about any part of the operation of WIC in Montana will be accepted and processed within 30 days of receipt by the State WIC Office or any local agency.

B. Information submitted must be sufficient to identify the WIC agency or individual involved.

1. Collect the following information:

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 agency, if involved.

II. Allegations

A. Any person alleging improper treatment, discrimination or other wrong doing must communicate to the State WIC Office or any local agency about said mistreatment within 180 days of the alleged incident.

III. Recorded Contact

A. A full record of all contacts and activities related to the complaint will be maintained on file in the receiving agency's office in order to track the action taken to address the complaint.

1. See Attachment Local Agency Complaint Form

IV. Notification

A. Local agencies will notify the State WIC Office and follow-up on any complaint(s) received.

1. Request guidance for disposition of the complaint.

B. The State WIC Office will notify a local agency and follow-up on any complaint(s) received concerning their jurisdiction.

V. Resolution

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

Title: Fraud/Abuse/Sanctions

Purpose

Maintaining program integrity is important for our participants to be able to continue benefits from services of the WIC program.

Authority

246.4(a)(26); 246.7(i); 246.12 (u); 246.23 (c)

Policy

It is the policy of the Montana WIC Program that participants, authorized representatives, or employees 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. Participant sanctions may include education and a warning, disqualification and repayment of benefits for participants, and employee sanctions may include immediate removal from WIC duties and repayment of fraud costs/benefits.

I. Fraud/Abuse

A. The WIC program is to be alert for possible participant/employee 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 benefits or other documents.

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

C. If the offense requires “Education and/or a Warning Letter”, educate the participant on the issue and document the results of an additional offense. Document the discussion using the Warning Letter, sign and make a copy for the participant. The Warning Letter and Participant Fraud/Abuse Form are scanned into the participants file and the original documents are sent to the state office.

D. A first or second offense that results in disqualification should be documented using the End of Certification/Notice of Ineligibility Form. Document information, sign and date. Make a copy for the participant, scan the form into the participant’s file, and send the original to the state office with the other documentation.

E. A log is maintained by the state office regarding all reported fraud/abuse.

F. If/when an employee is suspected of fraud/abuse an audit is requested to be performed by the Quality Assurance Bureau.

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 benefits for cash or other items.

3. Stealing WIC benefits 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 benefits.

7. Redemption of food instruments reported lost or stolen.

8. Redeeming a WIC benefit outside the authorized date range.

9. Redeeming a WIC benefit at stores not listed as an authorized WIC retailer/farmer.

10. Dual participation, receiving/redeeming food benefits 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 or farmer.

III. Federal Regulations Require the Collection of Benefits Through Misrepresentation

IV. Dual Participation

A. Definition: Receiving/redeeming food benefits 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 benefits issued, clinics where food benefits were issued, dollar amount, county of participant residence, etc., must be included in the report.

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

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

V. Participant Sanctions

A. The State WIC Office 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.

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 agency staff will notify the State WIC Office staff when a participant is suspected to improperly receiving WIC benefits.

    a. Local agency staff will complete the WIC Participants Fraud Form and send it to the State WIC Office.

2. The local agency staff will provide the State WIC Office all information regarding the participant and other family/household members that is requested.

    a. The State WIC Office will review the information and any redemption.

3. If misrepresentation has occurred, the local agency staff will be notified of the outcome.

    a. The participant will be notified in writing by the local agency 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.

4. If misrepresentation has occurred and benefits were issued, then in addition to sanctions being issued by the local agency staff, the State WIC Office 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 contacts will be made every thirty (30) days.
    c. State WIC Office staff will follow accepted DPHHS practice and applicable state law in pursuing cash recovery.

    d. State WIC Office staff will refer participants who abuse the WIC program to federal, state or local authorities for prosecution under applicable statutes where appropriate.

5. If no misrepresentation has occurred the local agency will continue issuing benefits.

VI. Other Participant Abuse

A. The local agency will issue appropriate sanctions if the participant has abused the WIC Program.

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.

VII. Mandatory Disqualification

A. The State WIC Office will disqualify the participant for one year (12 months) when:

1. A claim is assessed for $100.00 or more
2. A claim is assessed for dual participation
3. A second or subsequent claim for any amount is assessed on a participant

B. The State WIC Office 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 WIC Office approves the designation of a proxy.
2. The State WIC Office 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.

VIII. 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, residence, family size; or health status •falsification of medical data or health status. •misrepresentation of actual date of birth so as to appear to be categorically eligible, or 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 benefits 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 benefits from a local WIC clinic or other participant.	1st	Three month disqualification.
4	Physical abuse of WIC or food retailer staff or farmer.	1st	Twelve month disqualification from the WIC program.
5	Sale or exchange of supplemental food or WIC benefits 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 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.
7	Redeeming WIC benefits that were reported as lost or stolen.	1st 2nd	Three month disqualification. Twelve month disqualification.
8	Altering WIC benefits.	1st 2nd	Three month disqualification. Twelve month disqualification.
9	Purchasing, or attempting to purchase, food in excess of that authorized on the WIC benefit.	1st 2nd 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.
10	Purchase, or attempt to purchase, unauthorized foods.	1st 2nd 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.
11	Redeeming WIC benefits outside the valid date range.	1st 2nd 3rd	Education and warning letter (also monthly check pick-up may be appropriate. Three month disqualification. Twelve month disqualification
12	Redeeming WIC benefit(s) at store not listed as an authorized WIC retailer/farmer. It is the responsibility of the WIC participant to reimburse the retailer/farmer for the value of the WIC benefit.	1st 2nd 3rd	Education and warning letter. One month disqualification. Three month disqualification.

13	Verbal abuse or harassment of WIC staff, retail staff or farmer.	1st 2nd 3rd	Education and warning letter (change of retailer/authorized representative/proxy may also be appropriate). Three month disqualification. Twelve month disqualification.
14	Threat of physical abuse of WIC or food retail/farm staff.	1st 2nd	Three month disqualification. Twelve month disqualification.
15	No signature on benefit – participant did not respond to clinic notification to return to store to sign benefit.	1st	Education & Warning Letter.

XI. Participant Abuse and Sanctions

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

1. A repeated 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 benefits from a local agency (abuse #3). As a first offense, the participant will receive a three month disqualification. If within a one year period, this participant redeems WIC benefits for unauthorized 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 or 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 will not be penalized for making a legitimate complaint.

Title: Fair Hearings

Purpose

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

Authority

7CFR 246.9

Policy

Program may request an administrative review.

I. Fair Hearing Procedure

A. A fair hearing procedure will be conducted for any individual who appeals a State or local agency action which results in a claim against the individual for:

1. Repayment of the cash value of improperly issued and/or redeemed benefits.

2. Results in the individual's denial of participation or disqualification from the WIC Program.

II. State 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.

1. Those requesting the hearing will be notified in writing a minimum of ten (10) 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 will be conducted by a fair and impartial hearing official and the appellant will 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.

D. All decisions will 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.

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

1. If in favor of the appellant, program benefits will 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 will begin immediately.

3. If the decision concerns disqualification and is in favor of the local agency, the local agency will 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 local agency or the State WIC Office, these entities will resume their efforts to collect the claim, even during pendency of an appeal of a local-level fair hearing decision to the State WIC Office.

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

III. Local Agency Responsibilities

A. Inform each program applicant or participant of their fair hearing rights at initial and subsequent certifications.

1. Advise them of the method for requesting the hearing.

2. Their right to be represented at the hearing by a relative, friend, legal advisor, or other representative of their choice.

3. Include a summary of the fair hearing process.

B. 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.

1. Written notification will be made to the participant a minimum of 15 days prior to termination of program benefits or expiration of each certification period that the period is about to end:

a. Applicants/Participants found ineligible.

1. Documentation of the ineligibility will be kept in their folder.

a. Applicants who are denied benefits at initial or subsequent certifications will not receive benefits while awaiting the hearing.

b. Participants who become categorically ineligible during a certification period will not receive benefits while awaiting a hearing and results.

b. Applicants/Participants found ineligible have up to 60 days from notification of ineligibility to request a fair hearing from the State Department of Public Health and Human Services.

1. 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.

2. Local agencies should obtain legal counsel to represent the WIC program if a hearing is requested.

c. If a hearing is requested at any time during a certification period benefits will be continued or reinstated until:

1. A decision is reached in accordance with 7 CFR246.9.

2. The certification period expires.

2. Each participant found ineligible at any time during a certification period.

a. Documentation will be kept in their folder.

1. Documentation will include:

a. The person against whom the collection of improperly issued benefits is undertaken.
b. Reason(s) for the claim
c. The value of the improperly issued benefits
d. Notification of their right to a fair hearing.

C. A request for hearing will not be dismissed or denied unless:

1. It 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 WIC Office sends the participant the decision of the hearing

		official.
Participant appeals decision.	Request must be made to the District Court within 15 days of receipt of written notification of the decision.	State WIC Office 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 will not receive benefits while awaiting a hearing and results.

Policy Number 3.6
Potential Dual Participation
Effective Date: October 1, 2015

Title: Potential Dual Participation

Purpose

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

Authority

7CFR 246.7(L)

Policy

It is the policy of the Montana WIC Program to prevent dual participation.

I. Process

A. Every month, a monthly report will be generated that shows potential dual participants in the state of Montana.

B. Local agency staff will be alerted when a potential dual record is being created, which could lead to dual participation.

C. All applicants/participants in the Montana WIC Program will show proof of identification and residency for verification. This prevents applicants/participants from applying for WIC services at a different clinic under an assumed identity.

Title: WIC Employee Integrity

Purpose

Guidance for certifying applicants who are local agency employees.

Authority

7CFR 246.3

Policy

A local agency employee may also be a WIC participant.

I. Restrictions

A. A Local Agency employee eligible for WIC benefits shall not be the authorized CPA or issuer for her/his own benefits. A local agency employee also may not authorize or issue benefits for immediate family members or close friends WIC benefits.

NOTE: In the above situation, the supervisor must first obtain authorization from DPHHS/WIC to determine eligibility and/or issue WIC benefits.

B. Local agency employees may not determine eligibility for all certification criteria and issue food benefits for the same participant.

C. Local agency employees may not act as authorized representatives, alternate representatives or proxies for family members or other participants.

II. Documentation

A. Benefits 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 all monitoring visits by State WIC Office staff.

Title: Confidentiality

Purpose

To ensure local agencies comply with the appropriate release of confidential information.

Authority

7 CFR 246.26(d) & 7 CFR 245(5)

Policy

Participant information will be kept confidential in compliance with federal regulations. The MT WIC Program will work with other health programs and services to promote administrative efficiency whenever possible.

I. Participant Information

A. Disclosure of participant information, whether provided by the applicant/participant or observed, is limited to:

1. Persons directly connected with the administration or enforcement of the Montana WIC program.

a. WIC staff, managers and/or administrators responsible for the ongoing conduct of program operations

2. Representatives of public organizations designated by the chief health officer which administers health or welfare programs.

a. The State WIC office will enter into a written agreement with each local agency. The agreement will contain a clause regarding understanding that the program will not disclose the information to a third party.

3. Entities that the Montana WIC program has memorandums of understanding (MOU's) with, including:

a. The Montana WIC Program has memorandums of understanding (MOU's) with the following state programs :

a) Supplemental Nutrition Assistance Program-Education (SNAP-Ed)

b) Office of Epidemiological Support and Services (OESS)

c) Immunizations

MOUs are in place to share information for the following purposes:

a. Establishing the eligibility of WIC applicants or participants for the programs that the organization administers;
b. Conducting outreach to WIC applicants for such programs;

c. Enhancing the health, education, or well-being of WIC applicants or participants who are currently enrolled for such programs;

d. Streamlining administrative procedures; and/or

e. Assessing and evaluating the responsiveness of a state's health system to participants' health care needs and healthcare outcomes.

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

II. Physical Space

A. Whenever possible, the local agency will provide separate rooms or private spaces for gathering participant information (income, weight, etc.) and individual counseling. The screening process for WIC eligibility is considered sensitive in nature and privacy is critical.

III. Suspected or Known Child Abuse

A. 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/participants to sign release forms will 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 (i.e. a doctor, insurance program, school nurse, job service, etc.)

a. See Attachment Release of Information.

3. Facilitating referral to another program. Signing such a release form may not be a condition of eligibility or participation

4. Local agencies may not have participants sign open-ended release forms. Such a practice of requesting open ended release forms could serve as a barrier to participation.

a. Release forms should have a timeline to the end of the current certification period.

V. Fax

A. Use of a facsimile machine can compromise the integrity of the medical record and lead to loss of patient confidentiality. The following guidelines apply to transferring participant 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.

   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. E-Mail

A. Use of e-mail communication can compromise the integrity of a medical record and lead to the loss of patient confidentiality. E-mailed information is considered public record and is not secure, therefore, use of email with confidential and/or personal participant information is prohibited

VII. Volunteers

A. It is the responsibility of the local WIC program to exercise discretion in screening and selecting capable volunteers or interns who would have access to confidential information..

B. Once volunteers or interns are selected, specific confidentiality requirements governing the WIC Program must be covered in the orientation and training. Local programs will ask volunteers or interns to read and sign a confidentiality agreement. .

VIII. 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 3.9

Business Conflict of Interest

Revised/Effective Date: October 1, 2015

Title: Business Conflict of Interest

Purpose

To prevent any conflict of interest between any employee of a local agency and a business providing services to WIC participants within the local agencies jurisdiction.

Authority

7 CFR 246.12

Policy

The State WIC Office will ensure that no conflict of interest exists between any local agency and a business providing services to WIC participants within the local agencies jurisdiction.

I. **If any potential or real conflict of interest between local agency staff, either state or local, and an identified business' personnel, the local agency shall:**

   A. Notify the State WIC Office of any **potential** conflicts of interest which may include, but are not limited to:

      1. Employment of a staff member or spouse, son, daughter, parent or sibling of a local or state WIC agency staff member by the business within the local agency or State WIC Office jurisdiction.

      2. Receiving a fee or gift from a business in exchange for providing WIC information, or WIC staff action that would materially benefit the business, or for preferentially promoting the business.

      3. Receiving, either directly or through a relative, a substantial gift of financial assistance from a local business.

      4. Entering into a business transaction with a local business or a staff member acquiring a pecuniary interest in a business.

Title: Collection of Race/Ethnicity Data

Purpose

To ensure race and ethnicity data is collected to be used by Food and Nutrition Service to determine how effectively the Program is reaching minority groups and identifies areas where additional outreach is needed. The State WIC Office will make use of such data for its internal civil rights monitoring.

Authority
USDA FNS Instructions 113-1, Rev. 1; 7 CFR Part 246.8

Policy
The local agency staff will collect participation data by race and ethnicity category for each participant on the Program at certification.

I. Collection

A. Local agencies will ensure participation data by category of women, infants and children by race and ethnicity category.

1. This information will be collected and entered into the Montana WIC automated system.

II. Participants will be reported in one or more racial categories which include:

A. American Indian or Alaskan Native - A person having origins in any of the original peoples of North, South, or 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, Southeastern Asian or 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.

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.

III. Participants will be reported in only one ethnic category which include:

A. Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race can be used under the title of “Hispanic or Latino”

B. Non-Hispanic or Latino

IV. Self-identification

A. At the time of certification, self-identification by the participant is the preferred method of obtaining data.

1. After racial and ethnicity groups have been explained, participants will be asked to self-identify their race/ethnicity.

a. The collection of this information is strictly for statistical reporting requirements.

b. It has no effect on the determination of eligibility to participate in the program.

V. Participant Chooses Not to Self-identify

A. Visual identification by local agency staff will be used to determine the participant's racial and ethnicity categories.

1. Selection of one race is acceptable when local agency staff performs visual identification.

VI. Analysis

A. This data will be used by the United States Department of Agriculture (USDA) and the State WIC Office to monitor compliance with civil rights laws and to determine how effectively the Program is reaching minority groups.

1. It will help identify areas where additional outreach is needed.

Title: Civil Rights/Non-discrimination

Purpose

To ensure that no part of the administration or service of the WIC Program in the state of Montana will exclude from participation in, deny benefits from or subject any person to discrimination on the grounds of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior rights activity in any program or activity conducted or funded by USDA. Montana law additionally requires no discrimination on the basis of religion, creed, political ideas or marital status.

Authority

7CFR Parts 15, 15a. 15b, FCS Instructions and MCA 49-2-303

Policy

The local agency will be in compliance with Title IV of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 if the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 7 CFR Parts 1, 15a, 15b, FCS Instructions and MCA 49-2-303

I. Public Notification

A. Once a year the State WIC Office and all local agencies are required to publicize the availability of benefits and eligibility criteria to the general public with special emphasis on pregnant women, migrants and homeless individuals. Agencies and private groups serving minority populations are included in the outreach and referral network.

B. During and prior to the migrant season, special outreach efforts will be made to inform migrants of the availability of the Program. Outreach and referral activities are monitored by the State WIC Office staff during the on-site monitoring visit in the review of the annual outreach plan.

C. All local agencies will have posters displayed in a place where they can be seen easily by participants and potential participants.

   1. Office hours
   2. “And Justice for All”
   3. “Non-Smoking”
   4. “Fair Hearing Procedures”

D. Fair hearing and discrimination complaint procedures are provided to participants when they are determined ineligible for the program. Ineligible persons are provided with WIC regulation and policy statements upon request.

E. Local agencies will communicate any changes in hours of operation or hours of new sites to the State WIC Office.

II. Non-Discrimination Statement for Printed Materials

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Bilingual Staff and Materials

A. The local agencies will ensure required WIC services are provided to non-English or limited-English speaking persons in the appropriate language. This includes arranging for an interpreter as needed or requested by the participant.

B. The local agency will ensure there are bilingual staff members or interpreters are available.

   1. In no circumstance will the local agency staff require another applicant or participant to interpret. Participants may choose to bring a friend or family member to interpret for them; but under no circumstance will a participant be required to do so.

   2. A minor may not be used for interpretation under any circumstances.

C. The local agency will ensure that all applicable rights and responsibilities are read to non-English and limited-English speaking participants or parents/guardians of applicants/participants in the appropriate language.

III. Qualified Interpreters

A. Interpreters will be provided by the local agency for persons with hearing impairments.

1. Participants are not required to provide their own interpreters although they may voluntarily choose to bring a friend or family member to interpret if they prefer.

2. A minor may not be used for interpretation under any circumstances.

B. All interpreters will comply with confidentiality regulations.

C. 711 Montana telephone relay service is a free service that connects customers who are deaf, hard of hearing or have speech disabilities

1. This service will be provided to applicants/participants during all WIC services.

   To access this service in Montana dial: 1-866-253-4090 (English); 1-866-225-1866 (Spanish)

IV. Provision of Services

A. For each local agency that has sites not accessible to persons with disabilities, a written local policy will be developed to describe how services will be provided to the participant.

1. These provisions may include:

   a. Service at other clinic sites

   b. Within other accessible locations within the same clinic

2. In choosing among available methods, the local agency will give priority to methods that offer the most integrated setting appropriate for disabled persons in to obtain the full benefits of the program.

3. The local policy will be flexible enough to and provide reasonable accommodations for cover all types of disabilities.

4. These provisions may include:

   a. Interpreters for the deaf

   b. Readers of Braille for individuals who are visually impaired

B. The intent of the Americans with Disabilities Act is for people with disabilities to receive information in the form they prefer.

1. Examples of formats preferred by persons with disabilities include:

   a. Large print

   b. Audio compact discs

   c. Captioned videos

   d. Braille text

2. Information in alternate form

   a. A person who is hearing impaired may request that a nutrition education lesson be provided in another form, such as a pamphlet.

3. Undue hardship

   a. Undue hardship is an action requiring significant difficulty or expense when considered in light of factors such as employer's size, financial resources, and the nature and structure of its operation.

   b. The Montana Department of Health and Human Services, 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 requiring it.

   c. 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.

   d. Contact the State WIC Office for approval to deny a request based on undue hardship.

V. Alternative Materials Requested

A. It is preferable that requests be fulfilled at the local agency level.

   1. If this cannot be accomplished at the local level or would unduly delay fulfillment of the request, the local agency will contact the State WIC Office for assistance within one business day.

      a. If the local agency identifies the same request from several participants, the State WIC Office will be notified in order to facilitate production of specialized materials.

B. An individual with disabilities has the right to choose to participate by use of regular WIC methods for delivery of nutrition education and program information even when special materials are available.

C. There is no need to produce nutrition education materials or other information in advance, local agencies will respond to requests only as they arise.

D. Requests will be handled in the simplest, most economical manner acceptable to the person making the request.

VI. Permitted use of Abbreviated Statement

A. Requirements from the *113 FNS-Instruction* state that if the written material or short forms are too small to permit the full statement to be included, the material will at a

minimum include, in print size no smaller than the text, the following:

"The USDA is an equal opportunity provider and employer"

B. A non-discrimination statement must be found on the WIC ID program booklet as well as:

1. WIC certification form
2. Eligibility statement
3. WIC brochures
4. Press releases
5. Other materials regarding WIC eligibility
6. Vendor memorandum of understanding
7. Farm direct agreement

VII. Local Agency Reviews

A. During biennial on-site visits State WIC Office staff monitor on civil rights.

B. Local agencies are required to respond to the recommendations from State WIC Offices staff in their Corrective Action Plan.

1. A follow-up on their action is accomplished through additional conversations, correspondence or visits as necessary.

C. All findings of noncompliance or probable noncompliance related to Title VI will be forwarded to the Regional Administrator, MPRO.

VIII. Pre-awarded Reviews of Potential Programs

A. As part of the application review process, State WIC Office staff will review applications according to the federally outlined criteria.

X. Civil Rights Impact Analysis

A. Completing an impact analysis before opening, relocating, or closing any clinic site including satellite facilities. See Attachments: **Civil Rights Impact Analysis**

B. Notifying the State WIC office in writing 30 days prior to opening, relocating, or closing a clinic site or satellite facility.

C. The local agency shall assure the continuity of WIC Services is addressed in their local agency emergency response/disaster preparedness plan (ERDP**).** The guidelines shall reflect the purpose, authority and responsibilities developed locally.

XI. Complaints

A. Local agencies will immediately refer by phone and written correspondence to the State WIC Office any complaint from an individual who feels that their civil rights have been violated.

1. If the act results in the individual's denial of participation, harassment, suspension or termination from the program

2. In regard to any action taken by the local agency which the individual believes is discriminatory and a violation of their race, color, national origin, sex, age or disability.

B. The State WIC Office will immediately refer in writing such complaints to the National Office of Civil Rights for investigation. The address will also be provided to the individual should they choose to report the complaint on their own:

USDA Director
Office of Adjunction and Compliance
1400 Independence Ave, SW
Washington, DC 20250-9410
(866) 632-9992
(202) 260-1026
(202) 401-0216

C. Any complaint regarding religion, creed, political ideas or marital status will be reported within 180 days to:

Montana Human Rights Commission
PO Box 1728
Helena, MT 59624

D. Any person or representative alleging discrimination has the right to file a complaint within 180 days following the alleged incident.

E. Complaints will be presented using the Civil Rights Complaint Form

1. If complainant declines to submit allegations in written form, the person receiving the call will write up the elements of the complaint by attempting to obtain as much information as possible.

a. Name, address telephone number or means of contacting the complainant.

b. Specific location and name of the State or local agency delivering the service of benefit.

c. The nature of the incident or action that led the complainant to feel discrimination was a factor.

d. The basis on which the complainant believes discrimination exists. (i.e. race, color, national origin, age, disability or sex).

e. Names, titles, business or personal addresses, telephone numbers of persons who may have knowledge of the alleged discriminatory action.

f. The date(s) during which the alleged discriminatory actions occurred, if continuing, the duration of such actions.

F. Complaints against a local agency received by the State WIC Office will not be communicated to the local agency in order for USDA to determine whether an investigation is necessary.

G. Through on-site reviews by the State WIC Office will ascertain whether any action by the local agency is of a discriminatory nature.

1. If so, the local agency would be found in violation of Title VI of the Civil Rights Act of 1964.

2. Such information would be referred to USDA for investigation.

H. Anonymous complaints will be accepted and handled as any other complaint.

I. Throughout this process, maintain confidentiality of the individual making the civil rights complaint

1. The identity of every complaint should be kept confidential except to carry out an investigation, hearing or judicial proceeding.

J. Once a complaint is received, the information will be placed into the Civil Rights log for tracking purposes.

IX. Examples of Discrimination

A. Exclusion of eligible persons from participation in the program on the basis of race, color, national origin, sex, or disability.

B. Unfair allocation of food to eligible persons on the basis of race, color, national origin, sex, or disability.

C. Issuance of food benefits 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, sex, or disability.

D. Selection of local agencies 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, sex, or disability.

E. Failure to apply the same eligibility criteria to all potential participants seeking participation in the program on the basis of race, color, national origin, sex, or disability.

F. Certification of potential participants to receive program benefits solely on the basis of race, color, national origin, sex, or disability.

G. Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, sex, or disability.

X. Civil Rights Training

A. The State WIC Office will update local agency program staff annually on all nine (9) training topics by mail or at a training on civil rights in terms of:

1. Collection and use of racial/ethnic data
2. Effective public notification systems
3. Complaint procedures
4. Compliance review techniques
5. Resolution of non-compliance
6. Requirements for reasonable accommodation of persons with disabilities
7. Requirements for language assistance
8. Conflict resolution
9. Customer Service

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Title: Local Agency Application

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.

I. Application

A. The process for application of agencies interested in operating a WIC program (this applies to additional clinic sites within existing programs, new agencies, satellite sites or conversion of a satellite site to a standalone site) is:

1. Potential applicants 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 5 calendar days of initial contact.

C. The written request must include, but is not be limited to:

1. Reason(s) for opening the site
2. 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 15 calendar days after receipt of an incomplete application, written notification to the applicant agency with the additional information needed-provided

11. Within 30 calendar days after receipt of a complete application, the applicant will be notified in writing of approval or disapproval of its application

D. Within 90 day's notification of completeness and approval, the State WIC Office will 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

6. Such other activities as required to assure that additional sites are functional.

E. Additional clinic sites may not open until final written approval is received from the state WIC agency.

F. When funds are available and an application is approved, the state WIC agency will 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 will be given written notification of its right to appeal, and of the reasons for disapproval.

J. When an agency submits an application and there are no funds to serve the area, the applicant will be notified within 30 calendar days of receipt of the application (whether complete or not) that no funds are available. The application will be returned to the applicant, and the name and address of the applicant agency will 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 limited to, the following factors:

1. The applicant's position in the Montana WIC Affirmative Action Plan

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 plan for providing linkages with appropriate health care providers.

C. 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.

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

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

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

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

H. The applicant's projected cost of operations.

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

III. Affirmative Action Plan

A. The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (2012) and updated (2012) 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, if and when funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top of the plan, with no WIC agency receiving funds until the preceding eligible agencies 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, etc. 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).

1. See Attachment Application for a Local Program

2. See Attachment Application for a Satellite Clinic

Title: 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 will 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.

I. Equitable Formula

A. An equitable formula will be established by the State WIC Office in conjunction with appropriate state and local agency staff. The formula will be applied statewide.

II. Contracts/Task Orders

A. General

1. 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 funding 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 contracts/task orders may need to be adjusted accordingly.

III. 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 a three year Contract with DPHHS (funding limited to the current federal fiscal year). See Attachment I for a sample Task Order. (Task Order language is subject to change as this order is to serve solely as a sample.)

IV. Term of Contracts/Task Orders

A. Local agency Task Orders are renewed annually on the federal fiscal year beginning October 1 and ending September 30. Funds for the contract period must be spent or obligated prior to September 30. Excess funds cannot be carried over to another contract or carried over to a new fiscal year.

V. Funding Formula

B. Funding Allocation

1. A funding formula is established by the State WIC Office 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 a specified time period.

2. Funding is calculated for total regional clinic participation.

B. Contract Award

1. All contract award amounts may be subject to change. Contracts are awarded based on preliminary grant figures and assured grant award for caseload maintenance. Once the State WIC Office is notified of its actual grant award, or additional OA funds, potential changes may have to be made to the contract awards.

2. A local program may choose to decline all, or a portion of, the calculated grant award. The State WIC Office must be notified immediately of this so the award may be offered and reallocated to other local agencies.

C. Special Circumstances

1. No additional funds will be available for maternity leave, employee buy-outs, etc. These circumstances must be managed with the grant award already received.

D. Operational (OA) Adjustment Funds

1. OA funds could possibly be included in initial contract award. If OA funds are denied (and were part of the initial contract award) – adjustments will be made to contract award.

VI. Contract Packet Submission Timetable

A. A Contract Packet (forms and instructions) will be sent to local programs each year.

1. Local program contract timeline.

Deadline	Activity
July 1	State WIC Office sends out Contract Packet
July 15	Local agency returns completed Contract Packet to State WIC Office
August 1	Contracts sent to local agencies
September 15	Local agency contracts signed and returned

2. The State WIC Office contracting process is very specific and must be followed explicitly to accommodate fiscal and legal requirements.

    a. The contract has:

        1. Liaisons (usually the people involved directly in WIC);

        2. State WIC Office Program Coordinator and whoever is responsible for WIC at the local program and;

        3. 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 is finalized.

VII. Allowable Expenses

A. General

1. Nutrition services and administration (NSA) 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.

2. Any use of NSA funds for capital improvement projects must be pre-approved by FNS. The request must be routed through the State Office. 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.

3. 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.

B. Examples of Allowable expenses

These items have been deemed as examples of **reasonable costs** but are not limited to only these items:

1. Costs for nutrition or breastfeeding education:

    a. Holding classes demonstrating the preparation of WIC allowable foods and offering samples of what was prepared;

    b. Items or resources for staff training and client education that could include model breasts, dolls, pamphlets, booklets, etc. for educational purposes.

c. Items to raise awareness of the use of fruit and vegetable benefits if related to the preparation of fruits and vegetables, such as measuring cups, cutting boards, knives, sieves, etc.

d. General educational materials such as posters, pamphlets, audio visuals, printing, etc. to improve the purpose and goals of each local agency for the WIC program

2. Outreach Activities

3. Memberships

a. Costs of professional (RD, IBCLC, etc.) certification/re-certification as part of an employee's professional development plan that aligns with agency policies and procedures;

b. Costs of relevant subscriptions or memberships to business, professional and technical periodicals or organizations.

C. Examples of Unallowable Expenses

These items have been deemed as examples of **unreasonable costs** but are not limited to only these items:

1. Gift Cards:

2. Items of nominal value that are not used for outreach or nutrition education(personal hygiene, facial tissues, nail files, toothbrushes, etc.)

3. Incentive items that are not directly related to education or outreach (diapers, diaper bags, etc.)

a. Items may be distributed if received or funded from another source.

VIII. WIC Personnel Services – see Attachment Worksheet 1

B. 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.

1. Benefits - Benefits include payroll taxes, insurance and other items specific to your agency.

2. Contracted Services - Costs for personnel hired under contract (e.g., registered dietitian).

3. Instructions - Following the steps below to properly complete the WIC Personnel Services Form. See Attachment **Worksheet 1.**

Step	Action
1	Enter Agency/Clinic name
2	Enter employee names and job titles.
3	Enter WIC Title of either RD, 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	Indicate if claiming Indirect. If local agency is claiming indirect costs, an Indirect Plan must be submitted with Contract Packet for DPHHS approval.
9	Indicate RD status: staff or contracted. If contracted, a copy of the RD contract must be submitted to the state office by November 15, 2014.

IX. Contract Information – See Attachment Worksheet 2

A. Contact Information

1. Provide the following contractor information on **Worksheet 2**

   a. 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, address to mail reimbursement (if different) phone, fax and email.

   d. Lead Public Health Official/CEO/Agency Director Name and title, address, phone, fax, and email.

   e. WIC director, name and title, address, phone, fax, and email.

   f. Breastfeeding coordinator name and title, address, phone, fax, and email.

   g. Training coordinator name and title, address, phone, fax and email.

   h. Local Agency Retail Coordinator (LARC) name and title, address, phone, fax, and email.

   i. Registered Dietitian (RD) name and title, address, phone, fax, and email.

j. Main clinic information; address, mailing address (if different), phone, fax, email and days/hours of operation.

k. Satellite or outlying clinic address, phone and days/hours of operation.

l. **Worksheet 2** must be signed by the person preparing the Contract Packet request.

X. Contract Forms Submittal

A. Ensure the following is included when returning the Contract Packet and information.

1. Worksheet 1

2. Worksheet 2 – signed and dated

3. Indirect plan for department approval, if applicable...

B. Submit by deadline of July 15, 2015 to: DPHHS Nutrition Services, WIC, PO Box 202951 Helena, MT 59620-2951

XI. 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 WIC Office prior to the written request is recommended.

3. Modifications are requests for additional funds and reviewed on a case-by-case basis. As a guideline, modification may be approved for portable equipment to start up a new satellite or out-lying clinic, unpredictable excess hours due to migrant influx, or computer related phone lines.

XII. Expenditure Report

A. 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 WIC Office 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. Do not submit expenditure report with the same person signing twice. Two people need to review submission and sign.

B. Required Documentation

1. All expenses reported to, and reimbursed by, the State WIC Office 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.

Title: Barriers to Providing Services

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 local agency staff is to provide WIC program services to participants.

I. Barriers to Service

A. Customer services are a primary aspect of the Montana WIC Program. Barriers may exist which could impact peoples' decision to apply for, or participate in, the Montana WIC Program. 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. Local agency outreach campaigns must target "reluctant" potentially eligible applicants.

III. Administrative Barriers

Staff attitudes about participants they perceive to be undeserving of WIC benefits set up barriers. Staff orientation and in-service training must be designed to improve staff morale and reinforce WIC's goals and customer service philosophy.

A. WIC staff must make every reasonable effort to have someone available to answer incoming calls during clinic hours. When someone is not available, a voicemail system must be in place.

B. Receiving WIC services during standard business hours can be a formidable barrier for some program participants. WIC Staff are encouraged to make every reasonable effort to provide services outside of standard business hours. Multiple month benefit issuances and coordinating WIC appointments with other programs the participant is using removes some of the barriers to serving participants that experience hardship in attending WIC appointments. .

C. If you have a participant that does not speak English, access to interpretive services is required.

IV. Physical Barriers

A. Easy access to your clinic by pregnant women and those participants with physical disabilities is critical to providing WIC services.

1. The size and layout of your clinic can contribute to barriers to service. Staff must ensure that the clinic layout can provide a private space to discuss the often personal and sensitive topics in a WIC appointment, if requested by the participant or deemed necessary by WIC staff. WIC staff must make reasonable efforts to modify procedures to serve applicants/participants who cannot physically come to the clinic. This may include providing services in a more private or more accessible off-site location, providing services through remote communication technology (video chat), or by enlisting the county nurse to collect certification information while doing home visits.

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. *For example: requiring that a disabled individual come to an inaccessible office to be certified for participation would violate the requirement.*

3. 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.

4. 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.

5. 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.

6. 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. If

compliance with the Guidelines is not readily achievable, other safe, readily achievable measures must be taken.

7. 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.

8. 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. Van accessible parking,

    b. Accessible routes,

    c. Ramps, stairs, elevators,

    d. Doors, entrances,

    e. Bathrooms, alarms, signs and fixed seating.

9. The public or common use bathroom must be accessible.

Title: Local Agency Locations

Purpose

To provide a list of all local agencies.

Authority

7 CFR 246.4 (5) (iii)

Policy

Each local agency name and physical location is provided.

I. See Attachment Local Agency Locations List

II. See Attachment Montana WIC Regions Map

A. WIC Regions of Montana

B. Indian Tribal programs

Policy Number 4.5
Local Agency Staffing
Effective Date: October 1, 2015

Title: Local Agency Staffing

Purpose

To ensure that each local agency employ or contract with adequate staff to ensure participants receive high-quality nutrition services.

Authority

7 CFR 246.6

Policy

Each Local Agency is required to have a competent professional authority (CPA) on the staff with the capabilities necessary to perform the certification procedures. Local agencies are also required to employ or contract the services of a Registered Dietitian (RD) for high-risk participant consulting.

I. Staffing

A. Clinics should have more than one employee. If a clinic has only one employee, the State office will perform quarterly reviews of random participant files to ensure their compliance and to deter fraudulent activities.

II. WIC Director

A. 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.

B. A WIC Director is responsible for overseeing breastfeeding promotion and support activities within the local program.

III. Registered Dietitian

A. 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). A Registered Dietitian approves medical formula and supplemental medical food requests for participants.

IV. Competent Professional Authority

A. A Competent Professional Authority (CPA) is responsible for:

1. Determination of participant nutritional eligibility for the WIC Program
2. Development of a participant's nutrition care plan
3. The assignment of food prescriptions

B. 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 CPA:

1. Provides appropriate education/assistance/referrals including to breastfeeding peer counselors and lactation consultants based on the nutrition and breastfeeding assessment using VENA principles and techniques.
2. Performs an assessment of supplementation needs when formula is requested; education on the impact of supplementation on breastfeeding; and provides the appropriate food package to the woman and infant to encourage breastfeeding with minimal supplementation.

C. Local agency CPA's will 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 or medical field
6. A Montana WIC CPA as of the original effective date of this policy, August 1, 2003

D. Submit documentation to the State WIC Office for review:

1. RD and DTR – Commission on Dietetic Registration (Current)
2. All others – Transcripts documenting Nutrition coursework and Anatomy/ Physiology coursework.

E. Local agencies not able to recruit and hire a qualified CPA may submit a plan to the State WIC Office for approval for temporary CPA coverage. This plan will 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. Plan for CPA coverage during the temporary situation
    a. Home Economist with an emphasis in nutrition or equivalent (send in transcripts for review by the State WIC 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.

F. Procedure

1. Registered Dietitian and Registered Diet Technician CPA's must provide appropriate registration and/or licensure information to the local agency.
2. To verify completion of the necessary degree, Nutritionist CPA's will provide transcripts to the local agency prior to hiring.
3. The local agency will submit transcripts to the State WIC Office for review and approval prior to hiring a "Health-related" or "Other degreed professional" CPA.
4. All CPA's will successfully complete the WIC computer system training modules.
5. All CPA's will complete the credits necessary to successfully attain the minimum hours of continuing education per year.
6. All CPA's must complete a minimum of five certifications quarterly.

III. Nutrition Aide

A. A Nutrition Aide, Program Specialist, Nutrition Assistant or similar job title is responsible for a variety of duties dependent upon the local agency.

1. Typical job duties include:
   a. Gathering demographic information;
   b. Screening and determining categorical, residential and financial eligibility;
   c. Gathering height, weight and biochemical information;
   d. Issuing food instruments;
   e. Scheduling appointments;
   f. Making referrals to community services;
   g. Making a supportive impression on participants calling or arriving at the clinic;
   h. Performing general clerical duties; and
   i. Providing program outreach.
2. Per the Clinical Laboratory Improvement Act regulations, staff performing biochemical tests must possess a high-school diploma or the equivalent.
3. After completing appropriate training, as documented by the local Training Coordinator, Nutrition Aides may collect participant health information and provide low-risk nutrition and breastfeeding education.

IV. Local Training Coordinator

A. Each local agency will select a staff member to act as a Local Training Coordinator. This individual is responsible for overseeing the training of all WIC staff.

1. The Training Coordinator will ensure that:

a. Staff receives required training prior to providing WIC services.

b. Staff receives at least the minimum required WIC continuing education credits annually. Documentation of continuing education credits and all other training and education received by staff needs to be sent to the state office.

c. Appropriate and timely staff training is conducted for local agency staff on pertinent WIC topics.

B. Local Training Coordinator Annual Assessment

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

2. The local training coordinator may communicate staff training needs to State WIC Office personnel for future development of programs of benefit for the local agency.

C. WIC Computer Training

1. Local WIC Program staff must have successfully completed the Montana SPIRIT training modules prior to accessing the M-SPIRIT automated computer system.

D. Continuing Education

1. 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.

V. Breastfeeding Coordinator

A. Each local agency will designate a Breastfeeding Coordinator. This individual will be trained to promote and support breastfeeding. This person should:

1. Meet qualifications for CPA status.

2. Have breastfeeding training and knowledge by one of the following:

a) One year of experience in counseling women about how to breastfeed successfully; and have State-approved training in lactation management;

b) Be a Certified Lactation Counselor (CLC) as granted by the Center for Breastfeeding Education, or have attended comparable training in lactation management; or

c) Hold credentials of International Board Certified Lactation Consultant (IBCLC) as granted by the International Board of Lactation Consultant Examiners.

1. An IBCLC can provide specialized breastfeeding support and clinical lactation management.

3. Complete the basic online training on the WICworks website and keep current with the latest breastfeeding information informing other local agency staff of new recommendations

4. Know both State and Local breastfeeding policies; oversee planning, implementation and evaluation of breastfeeding activities; oversee training of Local Agency staff on task appropriate roles of breastfeeding promotion and support and monitor breastfeeding rates.

    a) Document and maintain initial and on-going breastfeeding or lactation training.

5. Identify, coordinate and collaborate with community breastfeeding resources.

VI. Retail Coordinator

A. Each local agency will select a staff member to act as a Local Agency Retailer Coordinator (LARC). This position is the primary local contact for WIC Authorized Retailers. The WIC State Office may delegate vendor monitoring, compliance buys and vendor training to LARCS.

B. Training of the LARC will be provided by the State office vendor team.

Title: Continuing Education

Purpose

In order to promote and maintain a quality WIC Program, Local Agency (LA) staff members 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.

I. Required Amount of Continuing Education

Continuing Education is Successfully Completed If…

State office records show the following CEU hours attained in a 12 month period from 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.

II. Continuing Education Credit(s)

A. 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. Print a copy from the Attachment section. See Attachment Pre-Event Request for Continuing Education Credit Approval Form

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. Attendees will receive approved CEUs based on sign-in sheets, attendance forms or from certificates of attendance.

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 and select Chris Fogelman or 406-444-5533.

III. Post-Event Method

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

1. Print a copy from the Attachment section. See Attachment Post-Event Request for Continuing Education Credit Approval Form

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 and select Chris Fogelman or 406-444-5533.

IV. Post-Article, Short Webinar and Teleconference Method

1. This method is appropriate for articles, short webinars and teleconferences which have been pre-approved by the State Office Nutritionist.

2. The approved items will appear periodically in the newsletter with links to the items. Any costs associated with access or attendance is the local agency or staff person's responsibility.

3. Print a copy from the Attachment section. See Attachment Post-Article, Short Webinar and Teleconference Request for Continuing Education Credit Approval Form

4. Complete the form with the requested information. Attach additional sheet if necessary.

5. List the number of CEU hours requested.

6. Submit the request within 90 days of attending the event. If you submit the request after 90 days, the request will be denied.

7. Be aware that approval of CEU's by this method requires each staff member requesting credit to submit the form and discuss concepts learned and describe how these concepts will be applied on the WIC job.

8. Call if you have questions about approval or to check on progress of approval; the phone numbers are 1-800-433-4298, option 3 and select Chris Fogelman or 406-444-5533.

IV. Approved Continuing Education

A. 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

A. You will be notified of approval/disapproval and the number of CEUs earned.

Title: 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 will continuously generate documentation that supports 100% of the distribution of time and effort for employees who are engaged in multiple programs or cost objectives within the overall WIC program Time reporting must specifically be tracked in the four following categories: Nutrition Education, Breastfeeding Promotion, Client Administration and General Administration.

I. Report Months

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

II. Report Method

A. Local agency staff will use the State approved recording mechanism for reporting their time. (See attachments – Time Study Instructions for LA Staff)

III. Category Descriptions

A. 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.

B. 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.

C. 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.

D. 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.

IV. Submission Deadlines

A. Time studies are electronically submitted to the state office each time the staff person logs off after entering and saving their minutes in the Time Study program on their computer desktop. Employees are encouraged to record their WIC time each day they work for WIC. Entering time spent at the end of each day strengthens the accountability and accuracy of the work done at the local clinic. The time studies are to be completed no later than the 5th day of the following month that they are due.

Title: Local Agency Policies

Purpose

Local agencies 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 agencies are encouraged to utilize written policies to assure that staff, participants and employers know how WIC will be implemented. State WIC Office staff must review policies before implementation to assure that program regulations are not being violated and that local agencies are protected against audit findings.

Authority

7CFR 246.6

Policy

WIC program policies developed by a local agency for local WIC operations must be approved in advance by the State WIC Office.

I. Local Agency Program Policies

A. Local agency program policy format is of the local agencies choosing and must be dated and signed by the local WIC program director and contain the non-discrimination statement.

II. Prior Approval

A. Local agency policies must receive prior approval from the State WIC Office.

III. Posting

A. 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 4.9
Outreach
Effective Date: October 1, 2015

Title: Outreach

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 will develop and implement an outreach system designed for their communities.

I. The Local Program is responsible for the following outreach 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 and include the non-discrimination statement.

B. Distribution of materials to offices and organizations that deal with significant numbers of potentially eligible persons, including health and medical organizations, hospitals and clinics, welfare and unemployment offices, social service agencies, farm worker organizations, Indian tribal organizations, organizations and agencies serving homeless individuals, and religious and community organizations in low-income areas.

C. Keep documented outreach efforts on file and send an electronic copy of the local agency outreach plan to the state office by October 1st of each year. Please see Attachments – Local Agency Outreach Plan.

D. Make concerted efforts with existing health and social service agency programs for enhanced health benefits and cost effectiveness to reach and enroll eligible women in the early months of pregnancy, migrant workers and homeless populations.

Policy Number 4.10
Caseload Management
Effective Date: October 1, 2015

Title: Caseload Management

Purpose

To ensure local agencies serve the highest priority WIC participants when the maximum participation level has been reached.

Authority

7 CFR 246.7

Policy

The following priorities will 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.

I. Priority System

A. The State will use the following 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 List Procedures

A. The State WIC Office will determine when waiting lists need to be implemented.

1. Applicants completely screened for eligibility and with a certification period established before being placed on the State Management Information System (MIS) waiting list will be used in the calculation of staffing/funding.

2. 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.

III. 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. Applicants are ranked on the waiting list according to their Priority.

1. 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.

a. Each certification is a separate entity. A previous certification does not guarantee continued participation if a higher priority applicant is on the waiting list.

C. Applicants with valid VOC documentation will be placed at the top of waiting lists.

D. If a waiting list is started, local programs will 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.

1. The waiting list will include the applicant's name, date placed on the waiting list, address or telephone number, and category. Individuals will be notified of their placement on a waiting list within 20 days of their initial contact with the clinic.

a. Explain to the applicant why placement on the waiting list is necessary and of realistic possibilities of receiving benefits.

E. Waiting lists will be retained to be reviewed during monitoring visits.

IV. Selective Screening

A. Selective screening of applicants may be done if only a few of the Priority Groups are being listed.

1. 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.

V. Terminations Due to Lack of Funding

A. Under State direction, local programs will be required to reduce caseloads by

terminating participants currently certified.

B. The State WIC Office will direct local programs as to which Priorities will 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 an End of Certification/Notice of Ineligibility Form and a minimum of 15 day notice that program benefits will be discontinued. The 15 day 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.

C. No new certifications will be performed while participants are being removed from the program.

1. Participants terminated or refused certification by the local agency will be placed on a waiting list.

Title: Appointments

Purpose
Guidance for local agencies in making appointments for WIC applicants.

Authority
7 CFR 246.4

Policy
An appointment system will be used in local agencies for the delivery of WIC benefits.

I. Background Information

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.

B. Office hours will be posted in a conspicuous place so participants are aware of normal clinic hours and any non-traditional hours.

C. Non-traditional hours are encouraged for WIC services outside traditional hours to accommodate working, rural and student participants.

D. Drop in hours may also be used for all types of appointments.

II. 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 new participant record.

C. The date the record is created starts the federally regulated timeline in which a participant is to receive notice of their eligibility/ineligibility.

D. Clinics should inform applicants of required documents for certification:

1. Identification (individual documentation).
2. Residency (household documentation).
3. Income (household documentation).

Title: Benefit Stock Management

Purpose

WIC benefit stock must be kept secure at all times.

Authority

7CFR 246.12(P) & (Q)

Policy

WIC benefit stock will be kept secure at all times, receipt and disposal must be properly documented.

I. Obtaining Benefit Stock

A. The responsible clinic will call the state office to place an order.

II. Distribution of Benefit Stock

A. The lead local agency will be responsible for distribution to all of their satellite clinics.

B Benefit stock will only be used to print benefits in accordance with WIC benefit issuance policies.

C. Benefit stock will be stored in a locked location.

D. Local agencies will maintain an audit trail for benefit stock.

III. Benefit Stock Security and Inventory Control

A. Keep all blank benefit stock in a locked vault, filing cabinet or drawer. Only authorized personnel may issue WIC benefits.

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 benefits. The inventory control person has responsibility to:

1. Assure the safe keeping of the blank benefits. Benefits 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 benefits to other WIC staff that are authorized to issue them.

IV. Voided Benefit Stock Management

A. Use one of the following procedures to manage voided benefits (unused benefits the participant returned, benefits voided in the system, benefits printed in error, etc.):

1. Write or stamp Void on the benefits and keep them in a Voided Benefit file. The file must be kept for 8 years.

2. Write or stamp Void on the benefit and scan it into the participants file then destroy the benefit. After 8 years the scanned benefit may be deleted from the participants file.

3. If the benefits did not print – Void benefit.

B. Whichever procedure is used must be **consistent** throughout the Local Agency. Everyone in the Agency must use the same procedure. It is recommended that the Agency determine which procedure they will use and incorporate it into their Operating Procedures Manual.

C. During a monitoring visit, Voided Benefits will be reviewed.

V. Benefit Stock Destruction

A. When a clinic is instructed to destroy benefits, follow these procedures:

1. Witness the destruction of the benefit stock by a local agency employee.

2. Destroy by either incineration or shredding.

3. Complete Attachment WIC Benefit Stock Disposal Form and send to the State Office within 5 days of the witnessed destruction of benefits.

Title: Forms, Pamphlets and Special Orders

Purpose

To ensure local agencies are using standardized forms and pamphlets supplied by the State WIC Office.

Authority

7CFR 246.7(l) & 246.11(c) (3)

Policy

Every six months, local agencies will fill in and submit to the State WIC Office the order form requesting a sufficient supply (to last six months) of the standardized WIC Administrative and Nutrition forms.

I. Forms

A. Supplies should be reviewed and an order placed every 6 months.

II. Forms Developed by Local Agencies

A. If a local agency has developed a WIC program form or pamphlet which meets a special need, it will be sent to the State WIC Office for approval before it is put into use.

Title: 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 will manage the records within their office in accordance with the procedures outlined below.

I. Unless otherwise noted, records must be managed as follows:

A. Pre-Automation Records

Record Name	For How Long	Confidentiality	Safekeeping Required?	Deadline for Submission to State WIC Agency
Certification Form and Eligibility Statement	4 years + 4 years in retention	Yes	Yes	N/A
Family Folders	4 years + 4 years in retention	Yes	Yes	N/A
Participant Complaints	4 years + 4 years in retention	Yes	Yes	Notify as occurring - Process within 30 days
Participant Fraud Form	4 years + 4 years in retention	Yes	Yes	When Reported
Food Instrument Stubs	4 years + 4 years in retention	Yes	Yes	N/A
WIC Benefits	4 years + 4 years in retention	No	Yes	N/A
Voided WIC Benefits	4 years + 4 years in retention	Yes	Yes	N/A
Beginning of Day Reports	4 years + 4 years in retention	Yes	Yes	N/A
End of Day Reports	4 years + 4 years in retention	Yes	Yes	N/A
Contract Application/ Budget Request	4 years + 4 years in retention	No	No	April 30

Nutrition Education Plan	4 years + 4 years in retention	No	No	With annual contract application
Outreach and Referral Plan	4 years + 4 years in retention	No	No	With annual contract application
List of Homeless Facilities/ Institutions Meeting Criteria in Policy 5-5	4 years + 4 years in retention	No	No	With annual contract application
CLIA Information (those under the State WIC Office's Certificate)	4 years + 4 years in retention	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	4 years + 4 years in retention	No	No	Before June 30
Expenditure Reports (with supporting documentation)	4 years + 4 years in retention	No	No	28th of following month
SA Monitoring Reports	4 years + 4 years in retention	No	No	Respond within 30 days after receipt
WIC Agency Correspondence	4 years + 4 years in retention	No	No	N/A
General Program Complaints	4 years + 4 years in retention	Yes	Yes	When reported
VOC Cards	4 years + 4 years in retention	No	Yes	N/A
VOC Log	4 years + 4 years in retention	Yes	Yes	N/A
Signature/Initial List	4 years + 4 years in retention	No	Yes	At monitoring

C. Destruction of Records

1. Records deemed eligible for destruction per the above schedule, will be shredded, incinerated or electronically archived.

2. If shredding or incineration is done by someone other than WIC staff, the destruction needs to be witnessed by WIC staff.

Title: Printers/MICR Cartridges

Purpose
To ensure printers are used appropriately by local agencies.

Authority
State Policy

Policy
The State WIC Office "IT help desk" will handle printer issues and/or questions from local agencies. Local agencies are not to print WIC benefits and ordinary documents on the same physical printer where possible. MICR printer cartridges will be supplied by the State WIC Office. Local agency staff will ensure these cartridges are used only when printing benefits for WIC participants.

I. Number of Printers Supplied

A. The State WIC Office will provide at least two printers for network and standalone sites. One printer will be the benefit printer, and the other printer will be a backup for the benefit printer.

II. Usage

A. The backup printer may be used for document printing but it must remain available to replace the benefit printer in the event the benefit printer fails.

B. The benefit printer must only be used to print benefits.

C. The backup printer may be networked. The State WIC Office will configure and install the printer on the network.

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 may be charged to the local agency.

III. Security

A. Benefit stock (and MICR cartridges) actively being used for printing will be stored in a locked location whenever the benefit printer is not attended. The preferred method is to have the printer installed in a lockable location. The location will be locked whenever the printer is unattended. It is acceptable to move the printer to a locked location when not attended. It is also recommended to remove the benefit stock and cartridge from the printer and put them in a locked location when the printer is unattended.

IV. Repair

A. The State WIC Office will exchange broken printers. Call the “IT help desk”.

V. Use and Re-order of MICR and Standard Ink Cartridges

A. The State WIC Office will supply two MICR cartridges for each network and standalone site. . MICR cartridges will only be installed in the benefit printer and will only be used to print benefits. No other documents are to be printed on the benefit printer except as specified for laptop computer sites.

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.

C. Local clinics will call the State WIC Office to request a MICR cartridge replacement.

VI. Auditing

A. Printers are exchanged when issues arise.

VII. Printer Ceases to Function Properly

A. The local agency clinic staff will 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 benefit printer with the backup printer.

C. The “IT help desk” staff will ship a replacement printer to the clinic.

Title: M-SPIRIT Access

Purpose

M-SPIRIT contains confidential participant information. In order to protect the confidential information, access is limited by both ITSD authorization of users and secure networks and equipment.

Authority

State Policy

Policy

Access to M-SPIRIT may be made from DPHHS provided networks and equipment and/or from secure networks from another business entity. Access to M-SPIRIT may not be made from a personal home computer.

I. Access to M-SPIRIT

A. The State WIC Office will provide secure networks and equipment to allow access to the M-SPIRIT central services.

B. Local agencies choosing networks and equipment not provided by the State WIC Office will comply with accessing M-SPIRIT using only secure networks and equipment.

C. All Users will sign DPHHS Employee System/File Access Request (300A) or NON-DPHHS Employee System/File Access Request (300B) and comply with the policies listed on the form.

II. Request Access

A. Submit written justification to the WIC Director and the WIC IT Manager to request access to M-SPIRIT. .

B. The DPHHS network and/or equipment will be maintained by the state. Users must comply with network policies and perform maintenance actions as needed; e.g., connecting equipment to the state network for weekly updates. Any state owned equipment will inventoried and periodically verified

C. The non-DPHHS network and/or equipment will be maintained by a responsible organization or business. Examples of this are our current contractors and their subcontractors; county governments; health care entities; and tribal governments.

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Policy Number 5.1
Eligibility Guidelines
Effective Date: October 1, 2015

Title: Eligibility Guidelines

Purpose
To ensure Local Agencies apply current eligibility requirements to all WIC applicants.

Authority
State Policy; 7 CFR 246.7; PL 103-448; USDA Policy MPSF-1: WC-95-34-P; ARM 46.10.321; ARM 46.12.3401; 42 CFR 435.301; MCA 52-2-601-627; ARM37.50.501, et.seq.; Americans with Disabilities Act

Policy
The applicant must meet eligibility criteria for category, identity, residency, financial and nutrition.

I. Categorical Eligibility

A. Women who are pregnant, postpartum, breastfeeding, and women whose pregnancies ended early

B. Infants (0 months to 1 year).

C. Children (1 year to up to 5 years).

II. Dates of Contact

A. Pregnant women will be notified of their eligibility status within 10 days of the date of the first request for program benefits.

1. Local WIC clinics may receive an extension of the notification period to a maximum of 15 days upon written request to the State WIC Office.

   a. Request will include a justification.

2. Each local agency will attempt to contact each pregnant woman who misses her first appointment to apply for participation in the program in order to reschedule the appointment. At the time of initial contact, the local agency shall request an address and telephone number where the pregnant woman can be reached.

B. Migrant farm workers will be notified of their eligibility status within 10 days of the date of the first request for program benefits.

1. Local WIC clinics may receive extension of the notification period to a maximum of 15 days upon written request to the State WIC Office.

   a. Request will include a justification.

C. All other applicant's will be notified within 20 days.

III. Identification

A. Identity will be documented and scanned for each applicant at initial certification.

B. Identity will be reviewed at all visits.

1. Visual personal recognition by WIC staff at benefit issuance or sub-certifications may be allowed once initial proof of identity has been documented and scanned

C. Identity for authorized representatives/proxies will be documented and scanned at certification or before benefits are picked up.

D. Proof of identity only needs to be rescanned if a participant or authorized representative/proxy's name has changed.

1. Documents to be used for identification include:

a. Driver's License/State ID

b. Birth Certificate/Certificate of Live Birth

c. Passport

d. Green Card

e. Social Security Card

f. Social Services Card (HMK Plus, SNAP or TANF)

g. Tribal ID Card or Tribal Enrollment Letter

h. Crib Card (

i. Hospital Identification (bracelet)

j. Immunization Card

k. School or work ID Card

l. Pay Stubs

m. Voter Registration Card

n. Health Benefits (Insurance Card)

E. If the applicant has the required documentation but fails to bring it, the applicant should not be provided services but asked to return with the required information.

F. An applicant with no proof of identity, such as a victim of theft, loss, or disaster; a homeless individual, a migrant worker or a person holding a VOC card will sign a copy of the Montana WIC Program Proof of Residency/Identity Form. Scan the form into the participant's folder and issue benefits..

1. At each subsequent appointment attempt to obtain proof of identity from the participant and document follow-up as needed.

IV. Residency

A. Geographic Area

1. Applicants applying for Montana WIC will live in Montana and receive services in the region in which they reside with the following exceptions:

a. In the case of Reservations or regions overlapping, participants may choose the location for their WIC services.

b. In the event a participant resides in one Montana WIC Program region and works or receives their healthcare in another, the participants may choose to receive WIC services in either location under the following conditions:

1. The local WIC clinic in the chosen Montana WIC region has a slot available and agrees to serve them.
2. If local WIC clinics have been instructed to implement waiting lists, participants will receive WIC services in the Montana WIC region in which they reside.

c. In the event a participant resides in another State and works or receives their healthcare in Montana or whose location is physically nearer to WIC services in Montana the participant may choose to receive WIC services in either location under the following conditions:

1. If the local Montana WIC clinic chosen has a slot available and agrees to serve them.

2. If the local Montana WIC clinic has been instructed to implement waiting lists, participants will receive WIC services in the State in which they reside.

3. Justification will be documented in the participant's folder.

4. The participant will not obtain services in both states.

The State Agency will run a report quarterly to identify participants with an out of state address receiving services in Montana. If participants are identified, the appropriate state will be notified.

B. Residency Documentation

1. Residency will be documented and scanned in the applicant's/participant's folder at certification. Proof of residency will show the physical address where the applicant currently lives/resides, will match the physical address listed in the applicant's/participant's folder and will have a name of a household member

2. Proof of residency needs to be updated in the MIS system if address has changed during the certification period.

3. Documentation of residency will be a:

   a. Mail with physical address

   b. Recent pay stub

   c. Recent bank statement

   d. Recent credit card statement

   e. Driver's license (if address is same as that reported)

   f. Hospital or medical bill

   g. Utility bill – which includes any service connected to the applicant's/participant's physical address.

   Examples include: cable bill, landline phone bill, propane gas bill, energy bill, water bill, garbage bill, internet bill, etc.

      1. The service address of the bill must be scanned into the folder.

   h. Monthly rent payment receipt

   i. Landlord statement/rental agreement

   j. Mortgage statement

   k. Document from the City/County Address Coordinator or other authorized designee

   l. If none of the above can be obtained a 3rd party verifier may be used.

      1. A 3rd party verifier is defined as a note from a reliable source who can verify where an applicant/participant lives who is not a WIC staff member.

C. If the applicant has the required documentation but fails to bring it, the applicant should not be provided services but asked to return with the required information.

D. An applicant with no proof of residency, such as a victim of theft, loss, or disaster, a homeless individual, a migrant worker, or a person holding a VOC card will sign a copy of the Montana WIC Program Proof of Residency/Identity Form. Scan the form into the participant's folder and issue benefits..

1. At each subsequent appointment follow-up is required on the participant's residency situation. Document follow-up in the participant's folder.

Special Residency Circumstances:

Military: No special circumstance.

Migrant Worker:

- A fixed address is not an eligibility criterion for participating in the Montana WIC Program.
- The migrant's place of employment can be used as a physical address.
- The local WIC clinic's address can be used for physical address if no other information is available.

Homeless/Institutions:

- A homeless individual is defined as 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 designated as a regular sleeping accommodation.
- A fixed address is not an eligibility criterion for participating in the Montana WIC Program
- The local WIC clinic's address can be used for physical address if no other information is available.
- Homelessness or an institution living condition is defined as:
    - A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
    - Temporary accommodation in the residence.
    - A facility that provides temporary residence for individuals intended to be institutionalized.
    - 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.
- In order for residents in a homeless shelter or institution to qualify for WIC benefits the facility will comply with the following conditions:
    - The facility does not accrue financial or in kind benefit from a person's participation in the WIC Program (i.e. by reducing its expenditures for food service because its residents are receiving WIC foods).
    - Foods provided by the WIC Program are not incorporated into a communal food service, but are available exclusively to the WIC participant for whom they were issued.

- The facility places no constraints on the ability of the participant to partake in the supplemental food and nutrition education available under the WIC Program requirements.

- Local agencies will request a signed statement that the facility meets the criteria in this policy and keep this statement on file for monitoring purposes. See Homeless Facility Statement.

Foster Child:

- In order to serve a foster child, a local WIC clinic will have 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.

- A foster parent is defined as an individual who is assigned temporary custody recognized by state or tribal authority.

Native Americans living on Reservations: No special circumstance.

Adopted Child: No special circumstance.

Alimony/Child Support: No special circumstance.

Emancipated Minor: No special circumstance.

V. Income Eligibility

A. Guidelines

WIC Income Guidelines are implemented in conjunction with Medicaid Income Guidelines. Use the following table to determine WIC income eligibility.

If family size (including unborn) is:*	Annual	Monthly	2 x Monthly	Bi-Weekly	Weekly
1	$21,775	$1,815	$908	$838	$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,225	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Additional Family Members Add	+$7,696	+$642	+$321	+$296	+$148

Income Eligibility Guidelines (Effective from July1, 2015 to June 30, 2016 Federal Register Vol. 80, No. 17027

- *If a pregnant woman does not meet the traditional income standard, her eligibility will be assessed using a household size increased by one, or the number of expected unborn(s) during the pregnancy in question. The unborn(s) will not be added to the household size when a household is income eligible without counting the unborn(s).*
- *In situations where the household size has been increased for a pregnant woman, the same increased household size will also be used for any of her categorically eligible family members.*
- *Local WIC clinic staff may not implement this policy in individual cases where increasing a pregnant woman's household size conflicts with cultural, personal or religious beliefs of the applicant/participant.*
- *When determining household size, students away at college may be counted.*
- *Joint custody – household determination will be based on caregiver present at time of certification.*

B. Income Determination

1. A household is defined as all persons, related or unrelated, living together in the same dwelling and sharing financial resources and costs, with the exception of foster children.

    a. It is entirely possible for two separate households to reside under the same roof. Staff should ask specific questions to determine if this is the situation.

2. Income is defined as the gross cash income before deductions for the household (i.e. income taxes, employee's social security taxes, insurance premiums [other than health insurance], bonds, etc.) and includes the following:

    a. Monetary compensation for services, including wages, salary, commissions, or fees

    b. Net benefits

    c. Dividends or interest on savings or bonds

    d. Income from estates, trusts, or net rental income

    e. Public assistance or welfare payments

    f. Unemployment compensation

    g. Pensions, Veteran's payments or annuities

    h. Alimony or child support payments

    i. A regular contribution from person's not living in the household

    j. 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 household

3. Current income is all income received by the household during the month (30 days) prior to the date the application for a WIC benefit is made. Income will be documented at all certifications and when the participant indicates a change in income.

    a. "When the sole support of the family has been authorized to receive unemployment benefits, current refers to income that will be available to the family in the next 30 days.
    b. If the average income over the past 12 months is a more accurate indicator of the household's income status, that may be used as current income as well.

4. Income documentation can be:

    a. Payroll check stubs (last 30 days)

    b. Most recent tax return

    c. Adjunctively Eligible programs

        1. An award letter or electronic verification will be acceptable as documented eligibility.
        2. Temporary Assistance for Needy Families (TANF)

        3. Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)

        4. Healthy Montana Kids Plus and Medicaid

        5. Food Distribution Program on Indian Reservations (FDPIR)

        6. School Lunch Program (free and reduced price meals)

    d. Award letter from unemployment

    e. Award letter from Social Security Income

    f. Lump sum payments when put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income

5. If income changes at any time during the certification period, the participant needs to notify the local agency for an eligibility evaluation. Income proof can be used for other household member certifications for up to 30 days with no further documentation.

C. Self-Employment Income

Self-employed persons should use last year's income as a basis to project their current year's net income. Documentation will be the most recently completed Internal Revenue Service (IRS) tax return using the adjusted gross income.

1. For a household with income from wages and self-employment, each amount will be listed separately. If there is a business loss, income from wages will not be reduced by the amount of the business loss.

2. If income from self-employment is negative, it will be listed as zero income.

    a. Complete the Negative Income Statement and scan it into the applicant's/participant's folder along with supporting documentation (i.e. taxes).

D. Zero Income

1. Ask the following questions and document responses on the Zero Income Form for anyone declaring zero income:

    a. Who pays for housing?

    b. Who pays for food?

    c. Who pays for utilities?

2. Anyone with zero income will be referred to all appropriate assistance agencies in the area and that referral will be documented in the applicant's/participant's folder.

3. Local WIC staffs are to scan the Zero Income Form into all applicable household members' folder and issue only one month of benefits. The following month, check the participant's income eligibility again. (They possibly have income, are adjunctively eligible or are now living in a household for which income will be checked).
4. If they continue to have zero income, an additional Zero Income Form will be completed and scanned into the applicant's/participant's folder.

E. Presumptive Eligibility

1. One month's of benefits is allowed with proper documentation completed by a qualified presumptive eligibility provider.

a. Scan completed documentation into the applicant/participant folder.

F. Adjunctive Eligibility

1. Adjunctive eligibility is defined as automatic income eligibility for applicants/participants who report they are enrolled in a qualifying State or Federal program in Montana.

   a. Proof will be verified using electronic or proper documentation for the month of application.

   b. Programs providing adjunctive eligibility include:

      1. Supplemental Nutrition Assistance Program (SNAP – formerly Food Stamps)

      2. Temporary Assistance for Needy Families (TANF)

      3. Healthy Montana Kids Plus and Medicaid

      4. Food Distribution Program on Indian Reservations (FDPIR)

      5. School Lunch Program (free and reduced price meals)

2. Search and Inquiry System (SIS)

   a. Provides electronic verification for SNAP, TANF, Healthy Montana Kids Plus and Medicaid

   b. Procedures for WIC clinics to access the SIS are found in the SIS Quick Guide.

   c. If applying one household member to determine adjunctive eligibility for the entire household, all family member's state WIC IDs will be entered under this person in SIS.

3. Applicants/participants using adjunctive eligibility do not need to provide additional income proof.

   a. They do need to self-declare their income status to be recorded as part of the certification process.

4. Household Adjunctive Situations
    a. SNAP or TANF
        1. If the applicant/participant or member of the household is currently eligible to receive SNAP or TANF, the entire household will be determined income eligible.
5. Healthy Montana Kids Plus and/or Montana Medicaid

    a. If the applicant/participant is a pregnant woman or an infant and they are currently Medicaid eligible, all household members applying for WIC will be determined income eligible.

    b. If the applicant/participant is a breastfeeding woman or postpartum woman and they are currently Medicaid eligible, all household members applying for WIC will be determined income eligible.

        1. If the applicant/participant is a breastfeeding woman or postpartum woman and is verified more than 60 days after their delivery date and their current Medicaid eligibility status is YES, only they will be determined income eligible.

    c. If the applicant/participant is a child and their current Medicaid eligibility status is YES, only they will be determined income eligible.

6. Applicants/participants found adjunctively eligible do not lose their WIC eligibility upon cessation of benefits from TANF, SNAP, or HMK Plus/Medicaid. A decision about the applicant's/participant's continuing WIC eligibility will be based upon a reassessment of the household size and income.

G. Income Not Counted

1. Income not to be reported or counted in the determination of a household's eligibility includes:

    a. 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 SNAP benefits.

    b. Any subsidy a household receives through the prescription drug discount card program.

    c. 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.

        1. Pell Grant

2. Supplemental Educational Opportunity Grant

3. State Student Incentive Grants

4. National Direct Student Loan

5. PLUS – Parent Loan for Undergraduate Students

6. College Work Study

7. Byrd Honor Scholarship

d. Loans, such as bank loans or private student loans, since these funds are only temporarily available and must be repaid.

e. Income received under the National Flood Insurance Program (NFIP).

f. Funds the Department of Defense is providing to certain members of the Armed Forces and their household through the Family Subsistence Supplemental Allowance (FSSA).

g. The value of in-kind compensation, such as military on-base housing, or any other non-cash benefit. (Military cash housing is not counted as income, but other military benefits received in cash, such as food or clothing allowances are).

h. Occasional earnings received on an irregular basis (i.e. not reoccurring, such as payment for occasional babysitting or mowing lawns).

i. If overtime is regularly relied upon it will be counted as income. If it is infrequent it does not count.

j. Earned Income Tax Credit funds received by a member of the household, whether received throughout the year or as a lump sum.

k. 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).

H. Changes to Income during Certification

1. If a participant's income changes at any time during the certification period they must notify the local agency for eligibility evaluation.

2. The local agency must reassess a participant's income eligibility during the current certification period if the local agency receives information indicating that the participant's household income has changed. However, such assessments are not required in cases where sufficient time does not exist to effect the change. Sufficient time means 90 days or more before the expiration of the certification period.

3. The local agency must disqualify a participant and any other household members currently receiving WIC benefits who are determined ineligible based on information received.

    a. Adjunctively-eligible WIC participants may not be disqualified from the WIC program solely because they, or certain family members, no longer participant in one of the other specified programs. The local agency will ensure that such participants and other household members currently receiving WIC benefits are disqualified during a certification period only after their income eligibility has been reassessed based on the income screening procedures used for applicants who are not adjunctively eligible.

Special Income Circumstances:

Military:

- Income to be included/excluded – See Attachment Passport to Military Income.
    - In temporary care
        - Local WIC staffs may be confronted with household composition changes in which military family members are deployed overseas or are temporarily absent from the home. This may cause military dependents to be in the temporary care of friends or relatives. The most important rule to apply to all applicants, including minors, is that this particular household will have its own source of income.
            - Situation 1: Count the absent parent(s) and the child(ren) together as the household and use parent(s) income.
            - Situation 2: Count the child(ren) and/or remaining parent as its own household. This household would have its own source of income (i.e. the dependent's allotment and/or at home parent's income). If this income is not able to sustain the household and the household is living with other relatives or friends please use Situation 3.
            - Situation 3: Consider the child(ren) to be part of the household in which the person(s) are residing (i.e. grandparents).

Migrant Worker:

- Income verification located on a VOC can be used to satisfy the income requirement, even if the VOC is expired, as long as the income verification was performed in the last 12 months.
    - In the instance of an expired VOC, a certification would need to be completed.

Homeless/Institutions:

- Income documentation is not required in homeless situations where obtaining documentation would present an unreasonable barrier to service. Homeless individuals can self-declare their income if accompanied by a signed statement of explanation.

Foster Child:

- A foster child is a household of one and the income determination is based solely on the foster child's income. If no income proof is available for the child at certification, fill out a Zero Income Form.
    - Income includes funds provided by the Human Services Agency which are specifically identified by category for the personal use of the child.
    - Other funds received by the child, such as money which may be provided by the child's family will be counted as income.
- A foster child is not included in the foster parents' household nor is income received for the foster child's care counted in the foster parents' household income.
- If a foster child is returned to his/her birth family, an income eligibility evaluation will be completed based on the household income.

Kinship Care:

Kinship care is the full-time care, nurturing and protection of a child by:

- a member of the child's extended family;
- a member of the child's or family's tribe;
- the child's godparents;
- the child's stepparents; or,
- a person to whom the child, child's parents and family ascribe a family relationship and with whom the child has had a significant emotional tie that existed prior to the agency's involvement with the child or family.
- A kinship home may be unlicensed or licensed.

- A child placed in an unlicensed kinship home is not eligible for foster care payments or foster care related Medicaid. The child may be eligible for a TANF child-only grant or Medicaid through OPA.

- A child placed in a licensed kinship foster home is eligible for foster care payments and foster care related Medicaid.

Native Americans living on Reservations:

Households applying on a reservation, who are enrolled tribal members of the governing tribe(s), may show tribal enrollment identification as income proof if applying for WIC on that reservation. Any household member's enrollment will qualify the applying household.

- Documentation of the household member's enrollment will be scanned into the applicant's/participant's folder.

- Applicants/participants using tribal enrollment as income verification may self-declare their income verbally or in a signed, written statement.

    - If the income amount declared is higher than allowed, assess for adjunctive eligibility or check proof of income

- . Failure to present tribal enrollment documentation will require applicant/participant to present standard income documentation.

Students: No special circumstances.

Adopted Child:

- When a child has been placed in a permanent home, the child is considered a member of that household.

- If child's adoption is pending, the child is still considered a member of that household.

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.

- Any money paid out for alimony or child support may not be deducted from that household's reported gross income.

Emancipated Minor:

- A minor living alone and without economic support from other persons or living with relatives or friends but as a separate household is considered to be a household of one.

- If the household is one household (all persons living together in the same dwelling and sharing financial resources and costs) all income and household members will be included to determine income eligibility.

VI. Nutrition Eligibility Determination

All applicants will be assigned applicable nutrition risk factors to be eligible to receive WIC benefits. Risk code assignment will determine priority level.

1. Risk factors will be assigned based on a complete nutrition assessment.

Title: Certification Procedures

Purpose
To provide guidance for local agencies to apply appropriate certification procedures based on applicant's category.

Authority
State Policy; 37-25.101, MCA; 7 CFR 246.7; Americans with Disabilities Act; USDA WIC Policy Memorandum 2011-5

Policy
Local agencies assess applicants for WIC eligibility and issue program benefits. All aspects of verification must be completed before WIC benefits are issued.

I. Certification Periods

At the time of the certification if the participant's category is:	The Certification Period is:
Pregnant Woman	During pregnancy and to the end of the month the woman reaches six weeks following termination of pregnancy.
Breastfeeding Woman	Up to the end of the month of their infant's first birthday.
Non-Breastfeeding Postpartum Woman	Regardless of how the pregnancy ended, up to the end of the sixth month postpartum.
Infant younger than 6 months	Up to the end of the month of their first birthday.
Infant older than 6 months	Up to end of the month of the six months (may be certified beyond first birthday).
Children	In twelve month intervals up to the end of the month of their fifth birthday.

II. Demographics

A. Physical Presence

1. Applicant/participant will be physically present at certification and sub-certification.

2. Exception may be made for the following medical reasons:

   a. Use of medical equipment that is not easily transportable.

   b. Confinement to bed rest.

   c. A participant with a fragile health status and/or a communicable disease which may be exacerbated by coming into the clinic.

3. Exception Documentation

   a. Signed and dated documentation of the medical condition from a healthcare provider will be required.

   b. Documentation is only applicable to the certification period for which it was provided. Local agencies will scan a copy of the documentation provided into the applicant/participant record.

   c. An exception only applies to the participant with the justification.

4. Regardless of physical presence, all other certification requirements will be met.

B. Voter Registration

1. Local WIC staff will ensure age-appropriate participants are asked if they are interested in registering to vote.

2. If the participant is not registered to vote and wishes to do so, WIC will assist the applicant in completing and mailing the Voter Registration Form.

3. Local WIC staff will then mark the participant's response in the appropriate "Register to Vote" dropdown.

III. Height and Weight

A. Valid Date for Data

1. Whenever possible, current height/length and weights will be taken and utilized by local WIC staff.

2. Height/length and weight data received from a source other than WIC will be in writing, signed and dated by the healthcare provider and scanned into the participant's folder.

    a. Data up to 60 days old may be used for certification or sub-certification.

B. Proper anthropometric techniques

1. Scales and Measuring Boards

    a. Scales will be tested for accuracy at least once per year.

    b. Scales may be tested by contracted professionals or internally with "standard" weights

    c. Portable scales/length boards/stadiometers will be checked and/or calibrated after each time the scale is moved.

    d. Length boards/stadiometers will be checked with standard length rods or a metal tape measure.

2. Equipment

Scales:

a. The scale will be durable, accurate, and safe.

b. The scale will have no sharp edges and a large enough tray to adequately support an infant or young child who weighs up to 40 pounds or a large enough platform to support for the individual being weighed.

    1. Infant scales will weigh to the nearest ounce.

    2. The scale will weigh to nearest 1/4 pound.

    3. The scale will be zeroed easily without weight

Length boards/Stadiometers

a. Length boards for infants will be sturdy, easily cleaned and specific to their purpose.

b. The length board will have an immovable headpiece at a right angle to the tape, and a smoothly moveable foot piece, perpendicular to the tape.

c. The stadiometer will have a vertical board with an attached metric rule and a horizontal headpiece that can be brought into contact with the most superior part of the head.

d. The length board/stadiometer will have a firm, flat horizontal surface with a measuring tape in 1/8 inch increments.

3. Technique for measuring weight

   a. Infants and children up to 24 months will be weighed nude or with a clean diaper on; shoes will be removed.

   b. Children older than 24 months will be weighed wearing light clothing without shoes.

   c. Center the infant on the scale tray.

   d. Weigh to the nearest ounce.

   e. An alternative measurement technique can be used if needed.

      1. Have the parent/guardian stand on the scale, record the first weight, then have the parent hold the child and record the second weight. Subtract the first weight from the second weight to determine the child's weight. Document this weight in the participant folder.

4. Technique for measuring length

   a. Measure infants younger than 24 months of age or children aged 24 to 36 months who cannot stand unassisted in the recumbent position.

   b. Shoes will be removed and hair ornaments will be removed from the top of the head.

   c. The infant/child should be placed on his back in the center of the length board so that the child is lying straight and his shoulders and buttocks are flat against the measuring surface. The child's eyes should be looking straight up. Both legs should be fully extended and the toes should be pointing upward with feet flat against the foot piece.

   d. One measurer holds the infant's head gently cupping the infant's ears, with the infant looking vertically upward and the crown of the head in contact with the headpiece. Make sure the infant's chin is not tucked in against his chest or stretched too far back.

   e. The measurer aligns the infant's trunk and legs, extends both legs, and brings the foot piece firmly against both heels. The measurer places one hand on the infant's knees to maintain full extension of the legs.

5. Techniques for stature measurement

a. A woman or a child over 24 months, if she/he can stand unassisted, following directions for proper positioning.

b. The woman or child should stand on the footplate of the stadiometer without shoes. The individual is positioned with heels close together and against the wall or backboard, legs straight, arms at sides, shoulders relaxed. Ask the person to inhale deeply and to stand fully erect without altering the position of the heels. Make sure that the heels do not rise off the foot plate.

c. Lower the perpendicular headpiece snugly to the crown of the head with sufficient pressure to compress the hair. To ensure an accurate reading, the measurer's eyes should be parallel with the headpiece.

d. Measure to the nearest 1/8 inch.

C. Women

1. At certification, the height and weight will be reflective of a woman's current category. Breastfeeding women will be re-weighed at mid-certification.

2. If a nutrition risk code (101, 103, 111, 131, 132, 132, and 133) indicating a current/potential weight concern is documented, the participant will be referred according to the High Risk Code Table.

D. Infants

1. Recumbent length and weight will be taken at certification.

2. Length and weight will be monitored at a minimum of every three months, including at mid-certification.

3. If a nutrition risk code (103, 113, 114, 121, 134, 135, 141, 142, and 151) indicating a current/potential growth concern is documented, the participant will be referred according to the High Risk Code Table.

E. Children

1. Height and weight will be taken at certification and mid-certification.

2. If a nutrition risk code (103, 113, 114, 121, 134, 135, 141, 142, and 151) indicating a current/potential growth concern is documented, the participant will be referred according to the High Risk Code Table.

IV. Blood Screenings

A. The hemoglobin test is a laboratory test to determine the concentration of hemoglobin in the blood. The HemoCue® system is the most common equipment used in the Montana WIC clinics. If investigating other methods of hematological screening, please contact the State Office.

1. Follow the manufacturer's instructions for calibration, cleaning and maintenance for the HemoCue® device and cuvettes.

2. Follow the manufacturer's instruction for accurate testing.

    a. Sample must not be taken from the toe for children over the age of one.

B. Valid Blood Screening Data

Please see Attachment Blood Screening Procedures for standard process

C. Blood screenings received from a source other than WIC will be in writing, signed and dated by the provider and scanned into the participant's folder.

D. Data up to 90 days old may be used. Whenever possible current screenings will be taken and used by local WIC staff.

E. Women

1. All pregnant women will have a screening performed at certification.

    a. Data will reflect current categorical status.

2. Breastfeeding and postpartum women will have one screening after termination of pregnancy. (best results tend to be between four to six weeks postpartum).

3. If screening is at or above the established cut-off value for anemia, no additional test is required.

4. If screening is below the established cut-off value for anemia, follow-up screening will be performed in three months.

    a. See Attachment Anemia Cut-Off Values.

    b. If below the cut-off, refer according to the High Risk Code Table.

    c. Follow-up hemoglobin screening may be verbally refused by the participant. Documentation is required.

F. Infants

1. A screening will be performed at nine months of age for the following infants:

    a. Premature infants.
    b. Low birth weight infants.
    c. An infant with special health care needs (i.e. infants with chronic infections, inflammatory disorders, restricted diets, extensive blood loss, or who use medication that interferes with iron absorption).

2. All other infants will be screened between nine and twelve months of age.

    a. If this screening is missed, the infant will be screened before benefits are issued.

3. If an infant is applying for WIC and is nine months or older at certification, a screening will be performed.

G. Children

1. A screening is required for all children at certification and sub-certification visits.

    a. If a one year old had a screening between nine and twelve months, and the results were normal, the certification screening may be skipped.

2. Children will have a mid-certification screening

    a. if under age 2 years; or

    b. if their screening at certification was below the established cut-off value for anemia.

    c. if this screening is missed, the child will be screened before benefits are issued.

    d. follow-up hemoglobin screening may be verbally refused by the participant. Documentation is required.

3. For children age 2 and older, if the screening is at or above the established cut-off value for anemia at certification, no additional test is required for the certification period.

    a. See Attachment Anemia Cut-Off Values.

    b. If below the cut-off, refer according to the High Risk Code Table. [link to table]

H. Exemptions:

1. Participants may refuse to have a screening performed due to religious beliefs.

    a. The applicant/participant or parent/guardian will 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.

b. The statement of refusal will be obtained at each visit when a screening would normally occur.

c. This document will be scanned into the participant's folder.

2. Participants may be exempt from screening if they have a qualified medical condition (i.e. hemophilia, fragile bones or a serious skin condition/disease) and appropriate documentation from their provider.

a. Written documentation from the provider should be signed and dated and scanned into the participant's folder.

b. If the condition is temporary, blood work should be obtained when the condition has resolved.

c. If the condition is chronic, the participant may be exempt from subsequent hematological requirements as long as medical documentation is valid.

d. Effort should be made to obtain hematological data from the medical provider if it is available.

IV. Value Enhanced Nutrition Assessment

A. The nutrition assessment process is necessary to identify nutrition risks, needs and interests in order to provide benefits that are responsive to the participant's wants and needs.

B. Will be conducted with the participant,-parent/guardian, or their authorized representative:

1. Incorporate the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques.

2. Address the participant's stated interests and concerns.

3. Record current and accurate information.

4. Meet the language and cultural preferences of the participant.

5. Document discussion in the participant's folder.

V. Risk Codes

A. The CPA determines and documents nutritional risk codes after obtaining and evaluating the following information:

1. Demograhic information
2. Current and past health data
3. Anthropometric and hematological measures
4. Category/age appropriate nutrition assessment questions;
   a. Diet/Nutrition status
   b. Substance use
   c. Supplement intake
   d. Diagnosed medical conditions and medications
   e. Other lifestyles behaviors which may impact social and/or physical health
   f. Other relevant medical information

B. Self-report of a physician's diagnosis.

1. A participant may self-report a medical condition that has been diagnosed by their healthcare provider.
   a. A self-reported medical diagnosis should prompt the CPA to validate the presence of the condition by asking more probing questions related to the self-reported professional diagnosis, such as:
   b. Did a medical professional diagnose this condition?
   c. Is the condition being managed by a medical professional?
   d. Can I please have the name and contact information for the medical professional to allow for communication? See Attachment Release of Information.
   e. Is the condition being controlled by diet, medication, or other therapy?

2. Self-reporting "history of…" conditions should be treated in the same manner as self-reporting for current conditions requiring a healthcare provider's diagnosis.
   a. Self-diagnosis of a current or past condition should never be confused with self-reporting.

3. An **example** of self-reporting: Depression 361
   a. If a post-partum woman reports that she is experiencing mood swings, feelings of sadness and sleep disturbances – symptoms associated with postpartum depression – she should not automatically be assigned the risk code 360 Depression. If, upon further questioning, the CPA

determines the woman has been medically diagnosed and is being treated for depression, it is appropriate to assign risk code 361 Depression. In those instances, when with additional questioning it is determined that the condition has not been diagnosed by a medical provider the risk code may not be assigned.

Although a risk may not be assigned based on a self-diagnosis (without medical diagnosis) it is appropriate for WIC staff to provide referral services to participants who report having symptoms so that a medical provider can confirm or rule out the presence of a medical condition.

C. Diagnosis for a medical condition requires a formal diagnosis from a qualified healthcare provider.

Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.

D. See Attachment Nutrition Risk Code Table.

E. See Attachment High-Risk Code Table.

VI. Referrals

A. Each applicant/participant will receive at least one referral at certification. If no appropriate referral is available, no further referrals are required. Document the detail of this situation.

B. At a minimum, children 0-2 years of age that are not up-to-date with immunizations are referred to the local immunization program or to their primary care provider.

C. All participants who are not currently enrolled in SNAP, Medicaid, Healthy Montana Kids Plus (HMK plus), and/or TANF will be referred to these programs.

The income guidelines for Montana Medicaid and HMK Plus are calculated at different percentages depending on a child's age and pregnancy.

Core Nutrition Education Topics, Goal Setting and Care Plans

D. At each certification (unless otherwise noted) required core nutrition education topics will be discussed with the participant or parent/guardian and documented:

1. Purpose and benefits of WIC Program

a. Required only at initial certification, and additionally as needed.

b. Will include a discussion of qualifications for the program. nutrition risks, services provided and who we serve.

c. Explanation of WIC food package and use of benefits with retailers.

2. Avoiding Alcohol, Tobacco, Drugs

a. Required only at initial certification and additionally as needed.

3. Rights and Responsibilities

4. Breastfeeding Infant Successfully (pregnant and breastfeeding women only)

B. A nutrition-related goal is established and documented, ideally based on nutrition risk and with participant input.

C. A care plan will be documented at each certification and mid-certification which will outline:

1. The next appointment type.

2. Education topics and follow up needed at next appointment

3. Any anthropometric or hematological measures due at next appointment

4. Referrals provided

5. Care plans may be revised throughout the certification period by a CPA or RD.

VII. Food Package Assignment

A. Food packages are always assigned and tailored by the RD or CPA.

1. The food~~s~~ package provided by the program is supplemental, it is not intended to provide all of the participant's daily food requirements.

VIII. SOAP

A. A SOAP note is a comprehensive note written by the CPA.

1. S – Subjective

a. A summary of relevant information the participant tells you.

2. O – Objective

a. The measureable data including: height, weight, hemoglobin, mention of scanned prescriptions and/or approvals, and education provided.
b. Through discussion with participant, establish a measureable goal the participant will work toward.

3. A – Assessment

    a. An educated evaluation that includes consideration of both the subjective and objective information.

4. P – Plan

    a. The type of follow-up, referrals provided, education and needed anthropometric or hematological measures at the next appointment

B. The SOAP note is written to record and organize information in a way that clearly and concisely communicates the participant's situation. It is not acceptable to refer to other areas of the chart in place of documentation in the SOAP note (i.e., "see assessment questions").

C. M-SPIRIT requires the SOAP to be completed in the Certification Guided Script and Mid-certification Guided Script before benefits are issued, however, if there are additional notes related to the certification or mid-certification which are needed, these will be documented by the close of the following business day.

IX. Benefit Issuance

A. Participant/Authorized Representative must read and sign for the Rights and Responsibilities before they are issued benefits.

B. Benefits should be issued upon determination of eligibility.

C. Issuance frequency is determined by the CPA or RD and documented in the care plan.

Title: Verification of Certifications (VOCs)

Purpose
To provide guidance for local agencies to apply appropriate VOC/transfer procedures.

Authority
37-25.101, MCA; 7 CFR 246.7; 7 CFR 246

Policy

The Montana state WIC program will issue a VOC to each participant who is a member of a family in which there is a migrant farm worker or any other participant who is relocating during the certification period.

I. VOC Documentation

A. Used for WIC participants transferring from one state to another or from an overseas program.

B. Is equivalent to a WIC certification, and may be used until the end of the current certification period.

C. If the local agency is at maximum caseload and has a waiting list for participation, transferring participants with a valid VOC will be placed ahead of all other applicants regardless of priority.

II. Issuance of VOC Documentation

A. The clinic will issue VOC documents to all participants who intend to transfer out-of-state.

1. One document is issued for each transferring participant.

B. All VOC documentation contains the following:

1. Participant's name.

2. Date participant was certified.

3. Date income eligibility was last determined.

4. Nutrition risk condition of the participant.

5. Date current certification expires.

6. Name and address of certifying local agency.

7. Name and signature of certifying local agency official.

III. Acceptance of VOC Documentation

A. The following information on the VOC documentation is absolutely essential:

1. Participant's name.

2. Date the participant was certified.

3. Date current certification expires.

B. The VOC documentation will be scanned into the applicant's/participant's folder.

C. If a participant transferring from another state brings in benefits from that state, local agency staff will collect previously issued benefits and reissue Montana state WIC benefits for the same benefit period.

1. Follow regular voiding procedures for the physical benefits from another state.

D. Identification and residency will be obtained for participants transferring from one state to another.

E. Enter as much information about the participant as available.

IV. WIC Military Overseas Program

A. Clinics will accept a valid WIC Overseas Program VOC document from the participant returning to the U.S. from an overseas assignment.

B. All transferring participants need to bring income documentation to their next certification visit to ensure they remain income eligible.

C. Clinics will issue VOC documentation to WIC participants affiliated with the military who will be transferred overseas.

1. WIC participants issued VOC documentation when they transfer overseas will be instructed as follows:

    a. There is no guarantee the WIC Overseas Program will be operational at the overseas site where they will be transferred.

    b. By law, through the Department of Defense, only certain individuals are eligible for the WIC Overseas Program.

    c. Issuance of WIC VOC Documentation does not guarantee continued eligibility and participation in the WIC Overseas Program.

V. Migrant Farm Workers

A. Issue VOC documentation to migrants upon certification.

VI. In-State Transfers

A. Clinics that have a Montana WIC participant transfer into their program will have the participant show identification and new proof of residency, if information received indicates they have moved.

    1. If identification has already been scanned into the participant's folder at the previous clinic there is no need to scan it in again.

    2. The updated proof of residency needs to be entered and scanned into the participant's folder.

B. All transferring participants need to bring income documentation to their next certification visit if information received indicates income has changed.

Title: Notification of Ineligibility and End of Certification

Purpose
To provide guidance to local agencies to apply appropriate notification of ineligibility and end of certification procedures.

Authority
37-25.101, MCA; 7 CFR 246.7

Policy

Participants found ineligible for the Montana WIC program during a certification visit will be advised in writing of their ineligibility. Each participant, parent or caregiver will be notified not less than 15 days before the expiration of each certification period, that certification for the program is about to expire.

I. Notification of Ineligibility

A. An applicant/participant is determined ineligible for one of the following reasons:

1. If a certification is shortened due to a category change or is no longer eligible for the program.
   Example: A breastfeeding woman stops breastfeeding after 6 months postpartum.

2. Does not reside in Montana, or does not qualify as a special exception.

3. Applicant/participant does not meet income guidelines.

   a. Scan income documentation into the applicant/participant folder to support a Fair Hearings claim.

4. Shows no nutritional risk.

B. If applicant/participant is found ineligible:

1. Applicants/participants will be informed of Fair Hearing procedures.

2. Issue last set of benefits.

3. Generate the proper Notice of Ineligibility.

a. If the non-automated Notice of Ineligibility Form is used, a copy will be scanned into the applicant's/participant's folder.

4. Local WIC clinics will provide information about other potential sources of local food assistance.

II. End of Certification Notice

A. All participants will be issued the notice of certification end.

1. At least 15 days prior to their certification end date or when their last set of WIC benefits for the current certification are issued.

2. If the automated form is used, it will show in the notes section and does not need to be scanned into the participant folder.

a. Issue last set of benefits.

b. Print Official Notification.

3. If the non-automated End of Certification/ Form is used, a copy will be scanned into the applicant's/participant's folder.

B. Applicants/participants will be advised of ineligibility with an explanation.

1. During an active certification period, a 15-day advance written notice of ineligibility will be provided along with a food package to cover the 15-day time period.

a. Advise the participant of the date on which the current period of eligibility will expire.

b. If the participant has already received WIC benefits to the end of the 15-day notice time period, do not issue any subsequent benefits.

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Title: Nutrition Education and Breastfeeding Education Plans

Purpose

To assure appropriate nutrition and breastfeeding education are planned to address the nutritional needs and interests of WIC participants.

Authority

7 CFR Part 24.11

Policy

Each local agency will create, follow and have on file a Nutrition Education and Breastfeeding Education Plan. This plan will be submitted to the state office annually.

I. Nutrition Education Plan

A. Each local agency will have a Nutrition Education Plan on file with the State Office.

B. The plan will consist of the following information:

1. An assessment of the population served:
   a. Nutrition related needs of the local population
   b. Action plan
   c. Evaluation
2. Alternate nutrition education methods available
3. How RD services are made available to high risk participants including method of referral and contact.

II. Breastfeeding Education Plan

A. Each local agency will have a Breastfeeding Education Plan on file with the State Office.

B. The plan will consist of the following information:

1. An assessment of the population served in terms of breastfeeding promotion and support.
   a. Breastfeeding related needs of the local population.
   b. Action plan (including outreach and promotion activities in the community and availability of peer counselor, IBCLC or CLC staff).
   c. Evaluation

Policy Number: 6.2
Nutrition Care Plans
Effective October 1, 2015

Title: Nutrition Care Plans

Purpose

To ensure nutrition care plans are developed adequately for each WIC participant.

Authority

7CFR 246.11

Policy

Each participant will have a care plan at certification which addresses the participant's category and identified nutrition risks as well as the participant stated interests and concerns.

I. Nutrition Care Plan

A. A formal statement based on the nutrition assessment of nutrition goals and intervention prescribed for a participant.

II. Nutrition Care Plan Development

A. The Competent Professional Authority (CPA) is responsible for developing the nutrition care plan for participants at certification and mid-certification, and following-up on the care plan for high-risk participants if deemed appropriate by the RD.

1. All participants who meet the criteria defined in the High Risk Table will be referred to the RD and documented in the care plan.
2. Care plan should be appropriate for priority level as assigned by risk codes. CPA shall ensure highest priority risk code is assigned and consistent among infant/mother dyads (i.e. 601 and 702).

B. The Registered Dietitian (RD) is responsible for modifying the nutrition care plan for high-risk participants.

1. The RD may determine a participant can be released for low-risk follow up by the CPA or other qualified staff as a result of their assessment.

III. A Nutrition Care Plan Will Include:

A. The plan for the next appointment including:

1. Frequency of follow-up and types of appointments
2. What needs to be followed up on at the subsequent appointment, such as referrals provided, education given and goals set.
3. Education and measurements needed at subsequent appointments.

B. Any referrals offered.

1. Declined referrals or instances where no referral was appropriate should also be documented.

Policy Number: 6.3
Nutrition Education Contacts
Effective October 1, 2015

Title: Nutrition Education Contacts

Purpose

To ensure that all WIC participants are offered appropriate and up-to-date nutrition education.

Authority

7 CFR 246.11, USDA memo 2004-WIC-13

Policy

WIC participants will be offered appropriate and up-to-date nutrition education according to standards and staff qualifications.

I. Nutrition Education Contacts Will:

A. Encourage interaction with the participant.

B. Be provided by qualified professional staff.

C. Incorporate the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques.

D. Include accurate and up-to-date information based on the participant's category, dietary history, health history and stated interests and concerns.

E. Meet the language and cultural preferences of the participants.

F. Be offered at no cost to the participant.

G. Be provided according to the nutrition care plan.

H. Include a concluding, informal evaluation to determine the understanding of the information discussed with the participant during the visit.

I. Be clearly documented in the participant's folder in a consistent and organized manner.

II. Number of Nutrition Education Contacts During a Certification Period:

A. Participants will be offered a minimum of four nutrition education contacts per 12-month certification period and two contacts per 6-month certification period, approximately each quarter.

1. If a participant is scheduled more frequently than required (every 3 months), education shall be provided with each appointment as this indicates high risk or greater intervention per the care plan.

B. The following contacts count toward required nutrition education:

1. CPA provided education at certification.
2. RD education for high risk participants.
3. Approved forms of secondary education such as face to face in clinic, online education, group classes, phone and other interactive education provided by a qualified/approved source as described in this chapter.

III. Core Nutrition Education Will Include:

A. Purpose and benefit of the WIC program (required at initial certification and additionally as needed):

1. WIC aims to improve health outcomes which include, but are not limited to: healthy weight for pregnant women, infants and children, increased breastfeeding initiation and duration rates, reduced rates of iron-deficiency anemia, and improved nutritional status for all participants.
2. WIC provides nutrition education, referrals to healthcare/social services, and a food package specific to the participant category and need.
3. WIC eligibility is based on age/category, income, residence, and being at nutrition risk, which will be assessed by professional staff.

B. Food Package (required at each certification and additionally as needed):

1. Explanation of the food package available including substitutions and tailoring options available to the participant based on category, needs, and participant desires.
2. Thorough explanation of how and where to use the benefits with local retailers.

C. Avoiding alcohol, tobacco and drugs (required at initial certification and additionally as needed):

1. Education on substance abuse should be provided to all participants and/or their caretakers and should address personal use as well as environmental exposure.
2. A list of substance abuse counseling and treatment facilities will be kept on file and made available to participants or caretakers as needed.

D. Rights and responsibilities (required at each certification):

1. Have participant read fully or offer to read them aloud.

E. Breastfeeding successfully (required at each certification):

1. For pregnant women this includes making an informed choice about the decision to breastfeed and exploring any barriers or questions.
2. For breastfeeding women this includes ensuring success based on mother's stated goals or concerns.

IV. Individual Follow-up Education:

A. May be face-to-face (preferred), over the phone or via secure web-based technology with qualified professional staff.

B. Contact will include:

1. A review of the participant's nutrition care plan.
2. Updated anthropometrics if indicated based on age or care plan.
3. Follow-up on nutrition education provided at previous visit(s) including progress on resolving nutrition concerns and nutrition risk codes.

a. High risk issues should only be discussed with an RD (preferred) or CPA if RD contact is denied or unavailable. WIC staff shall only work within their scope of practice.

b. Low risk education may be provided by trained paraprofessional staff.

4. Follow-up on referrals.
5. Follow-up on and evaluation of the participant's progress toward goals.
   a. If the goal previously set has been achieved, a new goal should be set.
   b. If the participant denies setting a subsequent goal, this should be clearly documented.
6. Nutrition education based on care plan and/or current issues expressed by participant.
7. Documentation of the discussion in the participant folder.

V. Alternate Nutrition Education for Low-Risk Participants:

A. Group Classes
   1. Will be presented according to the lesson plan for the class (the lesson plan does not need to be followed "word for word").
   2. Will be presented by staff or volunteers who have been trained on the subject matter prior to teaching the class.
   3. Document class name and record of attendance in the participant's folder.

B. Web-based education and/or self-paced lessons including: DVDs, printed materials, posters or bulletin boards with an interactive component.
   1. An interactive component is defined as a two-way exchange of information and may include face-to-face, computer based through secure meeting software (i.e. WebEx) or telephone. All types of nutrition education will have an interactive component.
      a. High-risk participants who have met with the RD and are no longer considered "high-risk", as their issue may be under control or resolved, can use this form of secondary nutrition education.
   2. Web-based Education
      a. Provide the wichealth.org address to the participant as well as their local agency clinic name and ID number.
      b. Provide information to the participant on how to submit their certificate of completion to the WIC clinic by e-mail, mail or in person after completing at least one lesson.
      c. Provide guidance on appropriate topics based on the participant's category, nutrition risks, stated interests, concerns, and goals.
      d. Certificate may be scanned or information from the certificate must be documented in the participant record. This includes the nutrition education topic, date of completion and any

goals/comments by participant about what they learned and plan to do with the information. .

e. Determine and document the next nutrition education method according to the nutrition care plan.

3. Self-Paced Lessons

a. Provide the materials; this may include specific DVDs, printed materials, posters, or interactive bulletin boards.

b. Follow the local agency nutrition education plan on how to use talking points for discussion and follow-up.

c. Document the specific name used for the education (title of the DVD or material) and record of interactive follow-up content in the participant's folder.

d. Determine and document the next nutrition education method according to the nutrition care plan.

VI. Mid-Year Assessment

A. A mid-certification visit will be scheduled for children and breastfeeding women approximately 5-7 months after certification, and at about 6 months of age for infants, and will include:

1. Nutrition Assessment

a. Length/height and weight measurements.

b. Blood screening for all children under 2 years of age and for children over 2 if hemoglobin results at certification were below the established cut-off value.

c. Category appropriate mid-certification nutrition assessment questions.

2. Nutrition Education

a. Review of growth and blood-work results.

b. Appropriate topics based on the participant's stated interests, concerns, risk codes, and/or nutrition care plan.

3. Referrals

a. Follow-up on referrals made at prior visits.

b. Make and document new referrals as appropriate.

4. Goals

a. Follow-up on participant's progress of agreed upon goals, set new goal if applicable.

B. Mid-certification visits may be conducted using a distance method utilizing anthropometric measures and blood-work information from another qualified source.

1. The document needs to be completed in writing, signed and dated.

2. It may be faxed.
3. The assessment questions and nutrition education may be completed by telephone or using a secure internet meeting function.

C. If a participant is off schedule or misses their appointment during the timeframe specified, the mid-certification assessment will be completed at their next scheduled appointment.

VII. Refusal of Nutrition Education

A. Participants may decline nutrition education and will not be denied food benefits for refusal to attend or participate.

B. Alternative nutrition education activities will be encouraged.

C. Refusal of nutrition education must be documented in the participant's folder.

D. Determine how many months of benefits to issue so that numerous opportunities for nutrition education contacts still exist.

Policy Number: 6.4
Registered Dietitian Services
Effective October 1, 2015

Title: Registered Dietitian Services

Purpose

To offer Registered Dietitian services to all high risk WIC participants.

Authority

7 CFR 246.11

Policy

High-risk WIC participants may be provided Registered Dietitian services in person or via alternate technology when distance is prohibitive for either party.

I. Registered Dietitian (RD) Services

A. The local agency will develop a nutrition education plan outlining the delivery of RD services to high-risk participants.

1. How services will operate in the local agency.
2. Method of providing referral notice to the RD.
3. Equipment that will be used (i.e. clinic laptop, personal laptop, laptop microphone, phone, camera, etc.)
4. The software program (i.e. program being used, who will originate the meeting).
5. Security measures for RD access in order to document visits.

B. It is preferred that the contacts are “face-to-face.”

II. Documentation of Distance RD Services

A. RD documentation of visits will be maintained in the participant’s folder.

B. At least one attempt will be made to high-risk participants following a referral from local agency staff. Attempts to contact the participant will be documented in the participant folder.

C. Participants may decline RD services.

1. When RD services are declined, high risk topics may only be addressed with a CPA if it is within their scope of practices, otherwise, other referrals will be assessed and made to address the issue.

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Policy Number 7.1
Breastfeeding Promotion and Support
Effective Date: October 1, 2015

Title: Breastfeeding Promotion and Support

Purpose

To ensure Federal and State requirements in the promotion and support of breastfeeding are met and to 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
Local agencies are to provide a breastfeeding friendly work place.

I. Breastfeeding Promotion

A. Local Agency staff will encourage breastfeeding and ensure women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods by:

6. Providing a breastfeeding-friendly WIC clinic to assure participants feel comfortable asking questions about breastfeeding and feel comfortable breastfeeding their infants in the clinic;

2. Providing information to participants regarding concerns about breastfeeding and the availability of breast pumps;

3. Marketing and promoting breastfeeding through visual effects (posters and other materials) as the optimal and normal way to feed an infant; and

4. All materials distributed or visible to participants will be:

a. Free of any items with formula product names and/or logos, with the exception of the WIC Approved Food materials;

b. Free of language which undermines the woman's confidence in her ability to breastfeed;

c. Positive in presenting breastfeeding;

d. At an appropriate reading level for participants;

e. Appropriate for the various cultures served; and

f. Accurate and up-to-date.

B. All formula returned to the clinic will be stored out of sight of participants until it can be donated to appropriate entities.

C. To help breastfeeding promotion, Local Agencies may want to consider:

1. Designing and providing a comfortable area for women to breastfeed;
2. Implementing breastfeeding support/education groups;
3. Sponsoring peer-led parenting groups;
4. Establishing a breast pump program; and/or
5. Participating in the local breastfeeding coalitions and the Statewide Breastfeeding Coalition.

II. Breastfeeding Support

A. Local Agency staff will provide breastfeeding support by:

1. Providing early and frequent education contacts during pregnancy and the postpartum period to increase breastfeeding success:
2. Providing one-on-one discussions to allow women to express their concerns and fears about breastfeeding:
    a. Asking open ended questions;
    b. Affirming her feelings; and
    c. Educating by clarifying how other women like her have dealt with the same concerns;
3. Discussing breastfeeding concerns from the woman's point of view;
4. Including culturally relevant materials;
5. Discussing breastfeeding techniques, such as proper positioning and latch, later in pregnancy and again after the infant is born;
6. Supporting participants through the learning process;
7. Understanding breast milk production and lactation; and
8. Clarifying misconceptions and concerns as early in pregnancy as possible.

Policy Number 7.2
Breastfeeding Peer Counselor Program
Effective Date: October 1, 2015

Title: Breastfeeding Peer Counselor Program

Purpose:

Provide peer-to-peer breastfeeding counseling to promote and support initiation and duration of breastfeeding among WIC participants.

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 local Breastfeeding Peer Counselor Programs which will receive identified Breastfeeding Peer Counselor funding. Other local WIC programs may fund Breastfeeding Peer Counselor Programs from their regular WIC administrative funds or other grant funds. All local Breastfeeding Peer Counselor Programs regardless of the funding source will comply with the Montana Breastfeeding Peer Counselor Plan, policies and the FNS model.

I. Local Breastfeeding Peer Counselor Programs

A. Initial applicants for the Breastfeeding Peer Counselor Program funding will submit a plan outlining their proposal including:

1. Identifying Breastfeeding Peer Counselor Program Supervisor;
2. Recruitment and training of Breastfeeding Peer Counselor;
3. Contact methods and timing;
4. Referrals to the Breastfeeding Peer Counselor;
5. Documentation by the Breastfeeding Peer Counselor; and
6. Outreach with community resources.

B. Will submit a brief descriptive proposal each fiscal year.

C. Will submit required reports.

D. Will submit monthly expenditure reports for reimbursement.

E. Will submit an annual report of program operations and activities for the period of May 1 to April 30 (or part of year during initial year) due by May 15th.

F. Will report on the two (2) selected measurable objectives for the contract period due by November 30th.

G. Will have BPCP included with the WIC contract or task order and report expenditures with separate breakdown documentation as a line item with the WIC expenditures.

H. Will be responsible for recruiting, hiring and training Breastfeeding Peer Counselors.

I. Will retain records per master contract or WIC task order requirements.

J. Technical assistance will be provided by the State Breastfeeding Coordinator.

K. Will submit to the State Agency for approval local agency developed policies prior to implementation.

II. Breastfeeding Peer Counselor Program Staffing

A. State Breastfeeding Coordinator responsibilities:

1. Oversight for the operation of all of the Breastfeeding Peer Counselor Programs; and

2. Coordinate state level activities including program selection, contracts, funding, monitoring and evaluation.

B. Local Breastfeeding Peer Counseling Supervisors

1. May be a WIC staff member or a contractor;

2. Has at least 1 year of experience in counseling women about how to breastfeed successfully;

3. Preferably holds additional certification in lactation management, such as the IBCLC, CLC, or other certification in lactation management which may be obtained under the initial grant;

4. Coordinate breastfeeding promotion and support activities; and

5. Participate in State-approved training in lactation management.

C. Breastfeeding Peer Counselor:

1. Recruited from the target population;

2. Available to consult with participants outside clinic hours and outside the clinic environment;

3. Ideally, able to meet the following criteria:

a. Enthusiastic for breastfeeding;

b. Has basic communication skills;

c. Has previous breastfeeding experience;

d. Has similarities with participants served;

e. Is a current or previous participant;

f. Is similar in ethnic background, age and language spoken; and

g. Is not a professional level WIC staff member (i.e. Director, CPA, RD);

4. Will have regular and systematic contacts with the Local Breastfeeding Peer Counselor Supervisor to conduct a review of contact logs and activities;

5. Will have monthly meetings between the Local Breastfeeding Peer Counselor Supervisor to review problems, issues, and monitor status of the program;

6. Will have access to Montana WIC computer system;

7. Will receive referrals from other staff;

8. Will make appropriate referrals for unsolved breastfeeding problems;

9. May make telephone contacts from home and/or the clinic;

10. May conduct home and hospital visits (will be specified in the job description);

11. May conduct breastfeeding classes;

12. Will make the following contacts:

    a. Whenever possible, while the participant is pregnant;

    b. Every 2-3 days in the first critical 7-10 days postpartum; daily if the woman reports problems with breastfeeding;

    b. Within 24 hours if woman reports problems with breastfeeding;

    c. Weekly throughout the rest of the first month of the infant's life.

13. All activities with participants will be documented in the participant's folder either directly, either by the BPC or WIC aide for the BPC, or scanned within 5 business day.

III. Training for Breastfeeding Peer Counselor Program

A. State Breastfeeding Coordinator will work with the Local Breastfeeding Peer Counselor Supervisor during the initial contract to address training needs and materials available.

    1. "Loving Support through Peer Counseling" training curriculum will be used.

B. Local Breastfeeding Peer Counselor Supervisor will train peer counselors utilizing the "Loving Support through Peer Counseling".

C. Local Breastfeeding Peer Counselor Supervisor and Peer Counselors will be required to maintain continuing education credits.

1. Encouraged to obtain their continuing education credits through coursework pertinent to breastfeeding promotion and support.

D. Clinic staff will be trained in basic breastfeeding support and receive the training "Loving Support through Peer Counseling."

E. Other opportunities such as observational learning, independent study or conferences/workshops may be offered.

F. Peer Counselors will receive ongoing training at regularly scheduled meetings.

IV. Establishment of Community Partnerships

A. Examples of possible community partners are:

1. Breastfeeding coalitions
2. Businesses
3. Community organizations
4. Cooperative extension program
5. International board certified lactation consultants (IBCLCs)
6. La Leche League
7. Home visiting programs
8. Private clinics
9. Hospitals

Policy Number 7.3
Breast Pump Issuance
Revised Date: October 1, 2015

Title: Breast Pump Issuance

Purpose

To ensure initiation or continued breastfeeding when mother and infant are separated.

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

Local agencies may provide a manual, single-user electric or a multi-user loaner electric breast pump to breastfeeding participants.

I. Local Agency Management of Breast Pump Issuance

A. Each local agency issuing breast pumps will designate a local agency Breast Pump Program Coordinator who is responsible for overseeing the inventory and issuance of the breast pump program.

   1. This person will generally be the local agency Breastfeeding Coordinator.

B. The local agency Breast Pump Program Coordinator will:

   1. Store breast pumps in a secure area that can be locked when staff is not present;

   2. Maintain a record of inventory and a Breast Pump Issuance Log;

   3. Ensure all staff issuing and receiving pumps document pump and kit information in the Breast Pump Issuance Log;

   4. Complete the as needed breast pump inventories report/ordering form sent out via the weekly newsletter and submit it to the State WIC Office;

   5. Assist participants reporting malfunctioning breast pumps;

      a. Single user electric breast pumps needing repair are reported to the manufacturer by the breastfeeding woman;

      b. Single user electric or manual breast pumps are not replaced by the local agency; and

      c. Multi-user electric breast pumps are reported to the manufacturer by the local agency;

         1. Multi-user electric breast pumps that are malfunctioning may be replaced by another multi-user electric breast pump;

6. Make reasonable efforts to ensure the return of multi-user electric breast pumps to the local agency in a timely manner:

    a. If the loss if from inventory on hand, report it on the next breast pump inventories report/ordering form submitted. ;

    b. If it is determined that the breast pump was stolen (not returned by the participant), notify the local police, obtain a copy of the police report and scan into the participant's folder; and

    c. If a participant fails to return a multi-user electric breast pump to a Montana local agency, the participant is no longer eligible to receive a breast pump from the Montana WIC Program.

C. Eligibility for issuance of a breast pump is determined by a CPA, CLC on staff, IBCLC on staff or the local agency Breastfeeding Coordinator; and

D. Breast pumps are issued to participants at no charge.

II. Eligibility for a Breast Pump

A. Manual pumps are available for breastfeeding participants in the following circumstances:

1. Women 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;

2. Women who are eligible for a single user or multi-user electric breast pump, but request a manual breast pump; or

3. Women with other reasons as determined by the CPA, CLC on staff, IBCLC on staff or the local agency Breastfeeding Coordinator.

C. A multi-user breast pump is recommended to be issued for loan to a breastfeeding participant who needs to establish or maintain a milk supply in the following circumstances:

1. Women who will be separated from her infant due to infant or woman hospitalization or custody issues;

2. Women who are sick and unable to breastfeed or prescribed a contraindicated medication for a short-term period;

3. Women who may temporarily not directly breastfeed for medical reasons;

4. Women 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. Women of an infant with special needs such as cleft lip or palate, Downs Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;

6. Women of multiple infants;

7. Women who want to re-lactate; and

8. Women, of an adoptive infant, who wishes to lactate.

B. Single-user electric pumps breast pumps are available for breastfeeding participants who need help in maintaining their milk supply in the following circumstances:

1. Women who have been breastfeeding at least one month and have a long-term goal of breastfeeding duration and:

a. Women separated from their babies regularly such as with full-time or close to full-time return to work or school, infant/woman hospitalization or sharing custody of an infant;

b. Women with multiple infants

III. Procedures for Pump Issuance

A. Determine eligibility for a type of breast pump.

B. Determine timing of issuance of breast pump.

1. Beginning to pump too early in some cases can be detrimental to the development and establishment of milk supply. Mother's returning to work or school should delay pumping until their milk supply is established. This should be closer to the time they will be returning to work or school.

2. Cases where the mother and infant are separated due to hospitalization of one or the other warrants the issuance of a multi-user breast pump to help establish breast milk production. An infant in a NICU is an example of such a situation.

C. Discuss pumping techniques and discuss all aspects of handling expressed breast milk including:

1. Methods of pumping;

2. When to pump;

3. How long to pump;

4. How to stimulate let-down; and

5. Storage times and temperatures (freezing and refrigeration), and proper thawing and warming techniques.

D. Provide written instructions on safe handling of expressed breast milk.

E. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump.

F. Observe the participant demonstrating assembly, use and how to clean the breast pump.

G. Complete the Breast Pump Release Form or the Multi-user Electric Breast Pump Loan/Release Form.

1. Scan it into the participant folder.

2. If using the Multi-user Electric Breast Pump Loan/Release Form give a copy to the participant.

H. Provide a phone number to call for help or support.

I. Provide encouragement to all women regarding:

1. Getting adequate rest;

2. Eating regular meals and snacks;

3. Drinking plenty of fluids;

4. Spending as much time with infant as possible; and

5. Reducing stress as much as possible.

J. Schedule a follow-up visit or phone call to address problems or concerns.

K. Chart the reason for issuance on the pump issuance form. Document education provided on the Breast Pump Issuance Log..

L. Complete the Breast Pump Issuance Log.

IV. Return of Multi-user Breast Pumps

A. Multi-user breast pumps will be returned to the Local Agency immediately when:

1. Woman/infant separation ends;

2. Infant is latching on to the breast;

3. Milk supply is established;

4. Woman/infant stops breastfeeding; or

5. Pump is no longer needed.

B. A single user electric breast pump may be issued to a participant returning a multi-user breast pump if eligibility is met.

1. Under no circumstances may a participant be issued two breast pumps at the same time.

C. Return and cleaning of the multi-user breast pump will be documented in the participant's folder and on the Breast Pump Issuance Log.

1. Staff will 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).

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Policy Number: 8.1
Montana WIC Approved Foods
Effective Date: October 1, 2015

Title: Montana WIC Approved Foods

Purpose

To ensure that only foods approved by the Montana WIC Program will be issued with Montana WIC benefits.

Authority

7 CFR 246.10

Policy

Specific foods will be selected for use in the Montana WIC Program using evaluation criteria based on federal regulations, availability, packaging, cost, product acceptability, marketing approval and nutritive value.

Refer to the current Approved Food List in the Attachments.

Title: Standard Food Packages

Purpose

To define standard food packages for issuance of allowable foods.

Authority

7 CFR 246.10

Policy

Standard food packages are designed to meet general nutrition needs for participants based on category, age, special dietary needs and food preparation/storage needs. Standard food packages will provide the full nutritional benefit allowed.

I. Standard Montana WIC Food Packages for Infants

Infant Age	Amount of Breastfeeding	Contract Infant Formula (Max. amount is determined by powder reconstituted)	Infant Cereal (8 oz.)	Infant Fruits and Vegetables (4oz.)	Infant Meats (2.5 oz.)
Birth - 1 month (Food Package I)	Fully	None			
	Substantially*	May be up to 1 can (104 oz. reconstituted max.)			
	Partially*	2 - 9 cans			
	None	Up to 9 cans			
1 - 3 months (Food Package I)	Fully	None			
	Substantially*	Up to 4 cans			
	Partially*	5 - 9 cans			
	None	Up to 9 cans			
4 - 5 months (Food Package I)	Fully	None			
	Substantially*	Up to 5 cans			
	Partially*	6 - 10 cans			
	None	Up to 10 cans			
6 - 12 months (Food Package II)	Fully	None	3 boxes	64 jars	31 jars
	Substantially*	Up to 4 cans	3 boxes	32 jars	
Developmental readiness and caregiver's wishes to start solids should be reviewed before issuing solids.	Partially*	5-7 cans	3 boxes	32 jars	
	None	Up to 7 cans	3 boxes	32 jars	

Similac Advance and Gerber Good Start Soy are the standard contract formulas for Montana WIC. Cow's milk, soy beverage and goat's milk are not issued to infants.

*Infant formula issued to breastfeeding infants in this age range is based on actual need and the established full nutritional benefit. Issuance of the actual amount of formula needed, rather than the maximum amount allowable for a breastfeeding infant is encouraged.

II. Standard Montana WIC Food Packages for Children 1-5 years (Food Package IV)

Food Item	Children Younger than 2 Years	Children Age 2 Years and Older
Milk	Whole 4 gallons	Non-fat, Skim or 1% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	4 15-16 oz. canned	0
Fruits & Vegetables Fruit and vegetable benefit	$8	$8

III. Standard Montana WIC Food Packages for Women

Food Item	Pregnant or Substantially Breastfeeding (Food Package V)	Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post-delivery) (Food Package VI)	Fully Breastfeeding, Pregnant and at Least Substantially Breastfeeding an Infant or Pregnant w/ Multiples (Food Package VII)	Fully Breastfeeding Multiples (Food Package VII – 1.5x)
Milk	Non-fat, Skim or 1% 5 1/2 gallons	Non-fat, Skim or 1% 4 gallons	Non-fat, Skim or 1% 6 gallons	Non-fat, Skim or 1%-9 gallon
Cheese	0	0	1 pound	Alternate 1 & 2 lbs. every other month
Eggs	1 dozen	1 dozen	2 dozen	3 dozen every month
Juice	3 11.5-12 oz. frozen (144 ounces)	2 11.5-12 oz. frozen (96 ounces)	3 11.5-12 oz. frozen (144 ounces)	Alternate 4 & 5 11.5-12 oz. frozen (192 ounces)
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grains	1 pound	0	1 pound	Alternate 1 & 2 pounds every other month
Peanut Butter	18 oz. peanut butter	18 oz. peanut butter	18 oz. peanut butter	Alternate 18 & 36 oz. every other month
Legumes	4 15-16 oz. cans	0	4 15-16 oz. cans	Alternate 4 & 8 15-16 oz. cans
Fish	0	0	30 oz.	45 oz.
Fruit & Vegetable Benefit	$10	$10	$10	$15

IV. Food Packages for Women Breastfeeding Multiples from the Same Pregnancy

How Much Breastfeeding	*Baby 2 Fully Breastfeeding*	*Baby 2 Substantially Breastfeeding*	*Baby 2 Partially Breastfeeding*	*Baby 2 Fully Formula Fed*	*Baby 2 Partially Breastfeeding or Fully Formula Fed 6 Months or Older*
Baby 1 Fully Breastfeeding	Fully Breastfeeding Multiples (1.5x Fully)	Fully Breastfeeding	Fully Breastfeeding	Fully Breastfeeding	Fully Breastfeeding
Baby 1 Substantially Breastfeeding	Fully Breastfeeding	Fully Breastfeeding	Substantial/ Pregnant	Substantial/ Pregnant	Substantial/ Pregnant
Baby 1 Partially Breastfeeding	Fully Breastfeeding	Substantial/ Pregnant	Partially/ Post-Partum	Partially/ Post-Partum	No Food Package Issued Woman Counted
Baby 1 Fully Formula Fed	Fully Breastfeeding	Substantial/ Pregnant	Partially/ Post-Partum	Partially/ Post-Partum	No Food Package Issued Woman Counted if Baby 2 is Partially Breastfeeding
Baby 1 Partially Breastfeeding or Fully Formula Fed 6 Months or Older	Fully Breastfeeding	Substantial/ Pregnant	No Food Package Issued Woman Counted	No Food Package Issued Woman Counted if Baby 1 is Partially Breastfeeding	No Food Package Issued Woman Counted if one baby is Partially Breastfeeding

A. If more than two infants from the same pregnancy, the mother's food package is determined by the highest breastfeeding status of one of the infants.

Policy Number: 8.3
Adjustments and Tailoring of Food Packages
Effective Date: October 1, 2015

Title: Adjustments and Tailoring of Food Packages

Purpose

Tailoring a participant's food package to meet nutritional, cultural or preference is determined by the CPA.

Authority

7 CFR 246.10

Policy

The Montana WIC Program allows tailoring of food packages. Tailored food packages are modified food packages designed to meet individual participant's nutrition needs.

I. Tailored Food Packages

A. A modified or "tailored" food package means:

1. a reduction in the standard food package size;

   i. participant/guardian requests a reduction in the amount of foods provided so the food package issued will parallel, as closely as possible, the foods actually being purchased and used by the participant; or

   ii. the CPA, after consideration of the participant's individual needs, issues a food package with less than the full quantity of at least one food item.

2. includes an item which requires CPA or RD determination based on an assessment or a prescription;

   i. soy beverage, goat's milk, milk outside the default fat level;

   ii. infant formula for a breastfeeding infant and/or changed amounts;

   iii. reason for change of infant formula, even between contract formulas;

   iv. issuance of ready-to-feed/use infant formula when powdered and/or concentrate are available;

   v. replacement of some infant fruits and vegetables with a fruit and vegetable benefit;

vi. medical formulas or WIC-eligible nutritionals;

vii. infant supplemental foods for a child or woman in Food Package III; and

viii. RD selection and approval of types and amounts of supplemental foods in Food Package III; or

ix. substitution of one food category item for another food category item due to homelessness.

B. Education will be provided to the participant/guardian concerning the recommended intake for the foods being reduced or substituted.

C. Tailoring of a food package will be documented in the participant's folder.

1. This documentation will include whether the package was tailored based on the CPA's judgment or at the request of the participant/guardian.

II. Milk and Milk Substitutes

A. Milk Issuance

1. Children under age 2 years

a. Fat-reduced milks (2%, 1% and skim) may be issued at the CPA's discretion after a complete assessment for the following:

i. 114 Overweight or at Risk of Overweight

ii. 115 High Weight for Length (but not when less than the 25th percentile weight-for-age)

iii. Familial obesity

iv. Trajectory of growth (after RD consult)

b. Assessment by the CPA of continued need will be conducted at certification and mid-certification visits.

2. Children 2 years of age and older and women

a. Reduced fat (2%) milk may be issued after a complete assessment at the CPA's discretion for Nutrition Risk Factors

i. 101 Underweight Women

ii. 103 Underweight or at risk of Underweight – Children

iii. 131 Low Maternal Weight Gain

iv. 132 Maternal Weight Loss

v. 134 Failure-to-Thrive (if no Food Package III is assigned)

vi. 135 Inadequate Growth (sited consecutively for two or more growth measures)

vii. 335 Multifetal Gestation

viii. 338 Pregnant Woman Currently Breastfeeding

ix. 347 Cancer

x. 348 Central Nervous System Disorders

xi. 349 Genetic and Congenital Disorders

xii. 352 Infectious Diseases

xiii. 359 Recent Major Surgery, Trauma, Burns

xiv. 360 Other Medical Conditions

xv. 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

b. Assessment by the CPA of continued need will be conducted at certification and mid-certification visits.

B. Lactose-Reduced/Free Milk

1. It may be issued at the CPA's discretion for symptoms of lactose intolerance – no medical documentation is required.

2. It should be issued at the appropriate fat level for the age and category of the participant.

C. Meyenberg Goat's Milk

1. Meyenberg goat's milk of the appropriate fat level based on age and category may be issued for cow's milk intolerance.

a. The CPA can determine and document the appropriateness of issuing goat's milk to women and children.

C. Soy Beverage

1. Soy beverage may be issued for example, but not limited to a milk allergy, lactose intolerance (which does not respond to lactose-free milk or when the lactose-free milk is not available in the appropriate fat content), cultural practices or the following of a vegan diet.

   The CPA can determine and document the appropriateness of issuing soy beverage to women and children. For children, after a thorough assessment this may include discussion with the child's health care provider.

D. Cheese

1. Cheese may be substituted for milk

2. One pound of cheese may be substituted for 3 quarts of milk for pregnant and post-partum women and children. A maximum of 1 pound of cheese may be substituted.

3. A pound of cheese is already a component of the food package, but up to two pounds of cheese may be substituted at a rate of 3 quarts of milk per pound for the following categories:

   a. Fully breastfeeding women.

   b. Substantially breastfeeding women of multiples.

   c. Pregnant with multiples.

   d. Pregnant and substantially breastfeeding another infant.

4. For women fully breastfeeding multiples, cheese is a component of the food package, will alternate between 1 and 2 pounds every other month.

5. The remaining quart of milk allowance may be replaced with:

   a. either a quart of the same type of milk being issued; or

   b. one 12 ounce can of evaporated milk in the appropriate fat level ; or

   c. one quart of yogurt at the appropriate fat level.

E. Yogurt

1. Yogurt may be substituted for milk.

2. One quart of yogurt may be substituted for one quart of milk for woman and children.

   a. The fat level of the yogurt must be appropriate for the participant.

b. A maximum of one quart of yogurt may be substituted.

III. Peanut Butter and Legumes

A. Pregnant and fully and substantially breastfeeding women are offered both peanut butter and legumes on their standard food package. If requested they may be issued as two peanut butter or two legumes.

B. Participants issued one choice in the standard food package may choose to change to peanut butter, legumes or alternating options.

IV. Infant Formulas

A. Contract Infant Formula

1. Montana WIC's current cost containment contract is with Abbott Nutrition for milk-based formula and Mead-Johnson for soy-based formula.

a. Similac Advance will be issued as the contract milk-based infant formula.

b. Gerber Good Start Soy will be issued as the contract soy-based infant formula.

B. Formula available under the Infant Formula Contract not meeting USDA requirements for infant formula

1. Montana may choose to issue these types of formula if an acceptable rebate is available.

2. A prescription with appropriate justification from a prescriptive authority must be presented and approved.

a. See Attachment Similac Formula Prescription.

b. The CPA can review and approve these types of prescriptions.

3. Under the current Infant Formula Rebate contract these products include:

a. Similac Sensitive

b. Similac Spit Up

c. Similac Total Comfort

C. Non-contract infant formula includes all other infant formula not covered in the infant formula cost containment contract and is not approved for issuance by Montana WIC.

D. Formula issued in the standard food packages for infants is in the powdered form unless it is not manufactured in that form.

E. Concentrate formula may be issued at the request of the parent/guardian.

F. Issuance of Ready-To-Feed (RTF) formula will be documented in the participant's folder; continued issuance will be assessed and documented. Ready-to-Feed formula may be issued under the following circumstances:

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.

4. The person caring for the infant has difficulty in correctly preparing powdered or concentrate formula.

5. In the case of Food Package III, formulas may be issued as RTF if the physical form better accommodates the participant's condition, such as extreme prematurity or an immune-compromised condition or it improves compliance in using the prescribed formula.

Title: Medical Formula and WIC-eligible Nutritionals

Purpose

To provide medical formula and food for participants with special medical or dietary needs.

Authority

7 CFR 246.10; USDA WIC Policy Memorandum 2011-5

Policy

Issuance of Food Package III requires appropriate medical assessment and documentation.

I. Food Package III

A. Medical formula includes all infant formulas which meet the requirements for an exempt infant formula under:

   1. 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.

B. These formulas are intended for use by infants with special medical or dietary needs.

C. WIC-eligible nutritionals include enteral WIC-eligible nutritional products which are specifically formulated to provide nutritional support for individuals with diagnosed medical conditions when the use of conventional food is precluded, restricted or inadequate.

   1. Not all products that meet the definition of a nutritional are eligible to be issued by WIC.

D. Standard contract formula may be issued in Food Package III to infants with a medical prescription to eliminate infant foods for a medically-fragile infant due to such conditions as extreme prematurity, feeding delays and tube feeding.

   1. This will allow the issuance of the 4-5 month amount when the elimination of infant foods is appropriate.

   2. The standard formulas included in this exception are Similac Advance, Similac Sensitive, Similac for Spit Up, Similac Total Comfort and Gerber Good Start Soy.

E. Infants with a milk allergy are not required to try soy formula prior to issuance of a medical formula or a WIC-eligible nutritional.

F. To issue a medical formula/WIC-eligible nutritional the prescription form is required. See Medically Necessary WIC Approved Formula Request Form.

1. Prescriptions not contained on this form will be accepted as long as they contain all of the information required for a valid prescription.

2. The prescription will be from a health care provider with prescriptive authority.

3. Non-traditional health care providers such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors are not considered to be physicians whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.

4. Prescriptions will include:

    a. Name of participant.

    b. Date (will be within 30 days of WIC request).

    c. Specific name of formula or WIC-eligible nutritional.

    d. Prescribed amount of the formula or WIC-eligible nutritional requested.

    e. Appropriate medical diagnosis/justification warranting the formula or medical food use.

    f. Length of time the formula or WIC-eligible nutritional is medically necessary.

    g. Prescribed supplemental foods including the amount requested (for infants 6 months and older, children and women) or the box checked to indicate the registered dietitian may select the appropriate foods and duration of their issuance.

        i. if the RD is designated to select the foods, this may include the assignment of “no foods” with documentation supporting the decision and additional formula;

        ii. a “no foods” selection will be reviewed by the RD at each visit.

    h. Signature and contact information of the requesting prescriptive authority.

5. Facsimiles (fax) and scanned signed documents are acceptable.

    Transferring participants from another state with an original prescription containing all the required information will be issued formula or a WIC-eligible nutritional through the end of the certification, the prescription end date or Montana WIC policy whichever is shorter.

G. Approval of Food Package III

1. A registered dietitian (RD) will perform an assessment prior to issuance of the medical formula/WIC-eligible nutritional and supplementary foods.

2. The assessment includes a review of:

   a. The medical diagnosis or condition which necessitates the need for the formula/food.

   b. If the box on the prescription is checked giving the RD the responsibility of determining supplemental foods.

   c. The participant's growth.

   d. The participant's feeding skills.

   e. The participant's dietary intake.

3. Based on the assessment and length of time requested on the prescription, the RD will determine if and how long to authorize the issuance of the formula/WIC-eligible nutritional and supplementary foods and when a reassessment will occur.

   a. Formulas/WIC-eligible nutritionals will not be authorized for longer than the time on the prescription or the certification period, whichever is shorter.

   b. Contact the State Nutritionist with questions concerning issuance for medical reasons other than those stated or for issuance of a medical formula/WIC-eligible nutritional not listed.

   c. The following conditions do not qualify for approval of Food Package III:

      i. Formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula.

      ii. A non-specific formula or food intolerance.

      iii. Women and children who have intolerance to lactose or milk protein that can be successfully managed with the use of one of the other WIC food packages (i.e. Food Packages IV).

      iv. Any participant solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying condition.

4. The RD will document the details of each assessment and approval in the participant's folder.

5. If an exempt formula/WIC-eligible nutritional is not available through local authorized retailers, the State Office will order the formula at the request of the local agency.

    a. The local agency RD who approved the formula will email the request to both State Public Health Nutritionists.

    b. A State Nutritionist will evaluate and approve the request. The Administrative Support will place the order and track the receipt. It will be shipped directly to the requesting local agency.

        i. Upon receipt, local agency staff will email the Administrative Support of what product(s) and how much arrived.

    c. A State Nutritionist reserves the ability to request a modification on the order if deemed inappropriate.

(replace with reference to formulary if available)

Locally Available Exempt Formulas and WIC-eligible Nutritionals	Reason for Issuance
Alimentum	Milk and/or soy protein allergy
Nutramigen Enflora	Milk and/or soy protein allergy
Neosure	Prematurity
EnfaCare LIPIL	Prematurity or low birth weight
Pediasure, Pediasure w/ Fiber and Ensure	Tube-feeding, oral/motor problems or medical conditions which increase nutrient needs (for children over 1 year of age and women)

*Contract formula may be issued to children over the age of 1 and in select cases to an infant.

Examples of State Ordered Formulas	Reason for Issuance
Resource Just for Kids, Resource Just for Kids w/ Fiber, Nutren Junior	Tube feeding, oral motor problems or medical conditions which increase nutrient needs (for children over 1 year of age)
Elecare, Neocate, PurAmino	Severe malabsorption or allergy to intact proteins
Peptamen Junior, Vivonex Pediatric, Pediasure Peptide	Severe malabsorption or allergy to intact proteins (for children over 1 year of age)
Pregestimil	Malabsorption; milk and/or soy protein allergy
Similac PM 60/40	Renal, cardiac or other conditions that require lowered mineral intake
Metabolic Formulas	Metabolic disorders

*Contract formula may be issued to children over the age of 1 and in select cases to an infant.

II. Supplemental Foods with Food Package III

A. Supplemental foods may be issued to a participant receiving medical formula/WIC-eligible nutritionals.

B. The supplemental foods which may be issued are those in the standard food package according to participant's age and category.

C. For participant's 6 months of age and older, the health care provider will indicate if the participant can consume supplementary foods provided by WIC and the amounts of these foods. See Section B of Attachment Medically Necessary WIC Approved Formula Request Form.

1. If the prescriptive authority has checked the box allowing the RD to select the types, amounts and duration of supplemental foods, the RD will determine the food's appropriateness based on an assessment.

2. For infants older than 6 months of age, if the health care provider indicates no supplemental foods are to be provided, then the medical formula/WIC-eligible nutritional will be increased to the 4-5 month infant amount.

a. An assessment for continued elimination of solid foods from The diet will be conducted at each visit. If foods have been introduced, an updated prescription will be requested before issuing benefits.

b. If the Registered Dietitian (RD) determined foods on the original prescription, the RD will reassess the food package before benefits are issued.

D. The supplemental foods provided will not be contraindicated by the justification for the medical formula/WIC-eligible nutritionals.

1. Contact the health care provider if inappropriate foods have been selected.

a. For example: Milk will not be issued for a participant receiving Elecare for a milk and/or soy protein allergy.

E. Whole milk may be prescribed for children two years of age and older and women for a medical condition requiring additional calories along with a WIC-eligible nutritional/medical food.

III. Standard Food Package III for Children

Food Item	Children Younger than 2 Years	Children Age2 Years and Older
Medical Formula/WIC-eligible nutritional	910 oz.	910 oz.
Milk	Whole 4 gallons	Non-fat Skim, or 1% 4 gallons
Eggs	1 dozen	1 dozen
Juice	2 64-oz. bottles (128 oz.)	2 64-oz. bottles (128 oz.)
Cereal (cold and/or hot)	36 oz.	36 oz.
Whole Grain Choice	2 pounds	2 pounds
Peanut Butter	0	18 oz. peanut butter
Legumes	4 15-16 oz. canned	0
Fruits & Vegetables Fruit and vegetable benefit	$8	$8

IV. Standard Food Package III for Women

Food Item	Pregnant or Substantially Breastfeeding	Partially Breastfeeding or Non-Breastfeeding Post-Partum Women (less than 6 mo. post-delivery)	Fully Breastfeeding, Pregnant and at Least Substantially Breastfeeding and infant or Pregnant w/ Multiples	Fully Breastfeeding Multiples
Medical Food	910 oz.	910 oz.	910 oz.	910 oz.
Milk	Non-fat, Skim or 1% 5 1/2 gallons	Non-fat, Skim, or 1% 4 gallons	Non-fat, Skim or 1% 6 gallons	Non-fat, Skim, or 1% 9 gallon
Cheese	0	0	1 pound	Alternate 1 & 2 pounds every other month
Eggs	1 dozen	1 dozen	2 dozen	3 dozen every month
Juice	3 11.5-12 oz. frozen (144 ounces)	2 11.5-12 oz. frozen (96 ounces)	3 11.5-12 oz. frozen (144 ounces)	Alternate 4 & 5 11.5-12 oz. frozen (192 ounces) every other month
Cereal	36 oz.	36 oz.	36 oz.	54 oz.
Whole Grains	1 pound	0	1 pound	Alternate 1 & 2 pounds each month
Peanut Butter	18 oz. peanut butter	18 oz. peanut butter	18 oz. peanut butter	Alternate 18 & 36 oz. every other month
Legumes	4 15-16 oz. canned	0	4 15-16 oz. canned	Alternate 4 & 8 15-16 oz. canned every other month
Fish	0	0	30 oz.	45 oz.
Fruits & Vegetables	$11	$11	$11	$16.50

Policy Number: 8.5
Homeless Food Package
Effective Date: October 1, 2015

Title: Homeless Food Package

Purpose

To establish procedures for the issuance of allowable foods for participants who are homeless or who lack cooking facilities or refrigeration.

Authority

7 CFR 246.10

Policy

Homeless food packages are designed to meet the needs of those with limited food preparation and/or storage facilities. A participant's individual circumstances should be considered in prescribing the most appropriate food package.

I. Issuing Food Packages Designed for Homeless Individuals

A. Special care and consideration, taking into account the participants access to preparation, cooking and refrigeration facilities will be taken when determining the best food items within the food package for a homeless individual.

II. Infant Feeding

A. Breastfeeding of infants will be encouraged.

B. When formula is requested, powdered formula is issued.

C. Ready-To-Feed formula may be issued if adequate safe water is not available.

III. Child and Adult Food Packages

A. Modify standard food packages as appropriate.

1. Egg Issuance

a. Eggs may be issued if proper refrigeration is available.

b. If proper refrigeration is not available:

i. Peanut butter may be substituted at a rate of one 18 ounce jar to 1 dozen eggs (along with normal legume allowance).

ii. Canned beans (legumes) may be substituted for eggs at a rate of 64 ounces of canned beans or if requested, 1 pound of dry beans to 1 dozen eggs (along with normal legume allowance).

B. **Call the State Office before substituting for eggs as there are extra steps that need to be taken within the computer system.**

Policy Number: 8.6
Issuing Benefits
Effective Date: October 1, 2015

Title: Issuing Benefits
Purpose
Provide guidance on benefit issuance.
Authority
7CFR 246.12 (r)
Policy
Appropriate benefits will be issued to participants.

I. Benefit Issuance Frequency

A. The CPA or RD determines how many months' worth of benefits a participant receives.

1. Issuing multiple months of benefits is recommended for most participants.

B. Participants in foster care will only be issued benefits on a monthly basis.

1. The exception to this is when a participant is in a long-term foster care placement.

II. Benefit Issuance

A. Pre-printing benefits is prohibited.

B. Local agency staff will preview benefits before printing.

C. Only the participant, an authorized representative or a proxy with a note can pick up benefits.

D. After benefits have been printed:

1. Participant or authorized representative/proxy will review benefits for accuracy of the food package they selected.

2. Participant or authorized representative/proxy will sign signature pad after reviewing the benefits.

a. If the signature was not captured on the signature pad, the participant or authorized representative/proxy will sign the Alternate Means of Signature for Benefits form.

b. This form will then be scanned into the participant's folder.

E. Local agency staff will educate participants on use of WIC benefits.

F. Participant Program Booklet

1. Will be used by all local clinics.

2. Will be signed by the participant/guardian in presence of WIC staff.

3. Will have active participant's names and ID numbers.

4. Will include the clinic address and telephone number.

5. Any person authorized by the participant/guardian may redeem benefits as long as they have signed the ID page prior to redemption.

III. Food Package Changes within a Benefit Cycle

A. Benefits for children or women requiring a change of food item may be reissued even if one or more benefits have been redeemed. Example: A change from regular milk to lactose-free milk.

1. A new partial food prescription will need to be created.

a. The amount of food reissued will take into account amount already redeemed.

b. The remaining food will not exceed the maximum monthly allowance, taking into account the amount already received on redeemed benefits.

2. Create a full future food package including appropriate changes.

B. Change due to addition of Food Package III item.

1. A Food Package III prescription item (i.e. formula) can be issued to an existing food package.

2. Staff will need to create a food package with only the prescription item.

3. Staff will then need to Add/Replace additional benefit.

4. Create a full future Food Package III including appropriate changes.

C. A formula amount change for infant's mid-month.

1. If mother's breastfeeding status/amount changes in the middle of the month, and she requests formula, she will keep her benefits and be given, if appropriate, the <u>End of Certification/Notice of Ineligibility</u> Attachment.

a. The infant will receive the appropriate pro-rated food package.

2. Any future benefits are returned and replaced if necessary.

IV. Void/Reissue

A. Benefits to be voided or alternate proof will be in hand.

B. Add food package.

C. Void benefits.

D. Replace voided benefits.

E. Proration could result.

F. Scan into participant file or keep as a hard copy all voided benefits or alternate proof.

V. Benefit Over-Issuance

A. An over issuance is any instance where more than the maximum allowable WIC benefits are issued for a benefit period.

B. Per the contract, between the local agency and the state office, the local agency responsible for any WIC funds misspent due to over issuance.

1. The state office will charge the local agency a monetary penalty for the value of the benefit over issuance.

2. When an over issuance of benefits has been determined by the State WIC office, a notification letter and invoice will be sent to the local agency.

3. The local agency must reimburse the state WIC office in the form of a check.

VI. Mailing Benefits

A. Benefits may be mailed to a certified participant/guardian at the discretion of the local agency.

B. Before mailing benefits, the following will be verified:

1. Appropriate nutrition education and/or breastfeeding education is provided and up-to-date.

2. Required anthropometric measurements have been taken or provided.

3. Appropriate referrals have been made.

4. Follow-up appointment has been scheduled.

5. The participant/guardian's mailing address is confirmed.

6. Participant/guardian is informed mailed benefits will not be replaced.

C. WIC staff will print and sign for benefits and appropriately indicate in the system benefits were mailed.

D. Benefits will be mailed first class.

1. Envelopes will have the return address of the local clinic.

2. Envelopes will state "Do Not Forward, Return to Sender" stamped/written on them.

E. A log will be maintained for all mailed WIC benefits indicating:

1. Name and ID number of participant

2. Actual date of mailing

3. Signature of staff person mailing the benefits.

F. A returned benefit log will be maintained indicating:

1. Name and ID number of participant.

2. Serial numbers of returned benefits.

3. Date of return.

4. Follow-up action (such as voided benefits).

G. If a participant/guardian claims he/she did not receive the benefits, the local clinic will verify benefits were mailed.

1. Benefits will not be replaced.

H. If a program booklet needs to be mailed as well, mail it separately from the benefits to prevent fraud.

VII. Authorized Representative/Proxy

A. Authorized representatives are designated by the participant/guardian in the participant's folder and have the authority to attend any WIC appointments and to pick up and sign for benefits.

1. Authorized representatives may be designated in person or via telephone. If designated by telephone, the participant/guardian must verify identity.

2. Authorized representatives do not need to have a note from the participant/guardian to perform these functions, but they will present a picture ID which will then be scanned into the participant's folder.

3. Authorized representatives will be able to provide any information necessary to complete the appointment.

B. Proxies have the authority to attend any WIC appointments and to pick up and sign for benefits, but will have a signed and dated note by the participant/guardian at the time of appointment.

1. Proxies will present a picture ID which will then be scanned into the participant's folder.

2. Proxies will present a signed and dated note each time they attend an appointment for a participant/guardian.

3. Notes will be scanned into the participant's folder.

4. Proxies will be able to provide any information necessary to complete the appointment.

5. If a participant/guardian is consistently using the same proxy to attend appointments, they may want to consider changing them to an authorized representative in the participant's folder.

C. Local agency staff will not act as authorized representatives or proxies for any participant/guardian.

D. The participant/guardian is responsible for the authorized representative and/or proxy's actions.

1. The participant/guardian will instruct the authorized representative and/or proxy on the use of WIC benefits.

2. If the authorized representative or proxy commits fraud/abuse, the participant/guardian will be held responsible and sanctioned accordingly.

Policy Number: 8.7
Foster Placement/Changes or Custody Changes
Benefits Lost, Stolen, Destroyed
Effective Date: October 1, 2015

Title: Foster Placement/Changes or Custody Changes, WIC Benefits Lost, Stolen or Destroyed

Purpose

To provide guidance on dealing with benefits which are lost, stolen or destroyed and when foster placement occurs or changes.

Authority

State Policy

Policy

Benefits may be voided and replaced when foster placement occurs or changes. Lost or stolen benefits may not be reissued. Benefits destroyed may be reissued depending on the situation.

I. Foster Placement or Changes

A. In cases of foster placement or changes in placement, benefits may be reissued.

1. Scan a copy of the placement paperwork from a state or tribal child protective service into the participant folder.

2. Send a letter to the parent or previous foster parent about the change and instructing them not to cash any more benefits for the child.

3. Void any uncashed benefits in the system. This will alert the State Office if they are cashed and can be investigated.

II. Changes of Custody Between Parents and/or Guardians

A. Does not warrant replacement of missing benefits.

III. Lost or Stolen Benefits

A. Benefits reported lost or stolen will not be replaced.

B. Participants will be advised to treat benefits like cash upon issuance.

IV. Benefits Destroyed

A. Situations will be considered on a case-by-case basis. Scan the documentation into the participant's record.

B. Review system benefit information for those already redeemed. Confirm with the participant that all other benefits have not been redeemed.

C. Explain to the participant or parent/guardian if a double issuance has occurred, he/she may be required to reimburse the Montana WIC Program.

D. Reissue the benefits destroyed.

E. Actual WIC foods destroyed will not be replaced.

Title: Returned Formula

Purpose

To guide Local Agency staff on returned formula procedures.

Authority

7CFR 246.12 and 246.13

Policy

Montana WIC Program allows the return of unopened formula for replacement.

I. Returned Formula

A. A participant/guardian may return any unopened formula from the current benefit cycle and exchange it for a benefit with another type of formula.

1. If a participant is changing between formula forms, staff will use the lowest maximum allowable reconstituted amount (i.e. powdered to concentrate).

2. Document returned formula in SPIRIT Utilities application

a. Select or indicate the formula name, type and amount of returned formula.

b. Formula may be returned that was issued by a different clinic:

i. the clinic listed will be the issuing clinic

ii. if the clinic replacing the formula is different, change the clinic to the current in which staff is working

3. If returned formula is a medical formula or WIC-eligible nutritional, complete the Returned Formula Form and scan it into the participant's folder.

4. The amount of formula replaced may not be greater than the amount of formula originally issued for the month.

B. If a participant/guardian brings in unused benefits (from the same benefit cycle) with the unopened cans of formula, the unused benefit will need to be voided.

C. Make a new food prescription with the correct type of formula.

1. Calculate the reconstituted value of the new type of formula so it does not exceed the maximum allowable for the participant's breastfeeding status and age category.

2. Formula Exchange Calculation:

   a. Subtract the amount of reconstituted formula already used (if any) from the total reconstituted amount.

   b. Divide this number by the reconstituted amount of the replacement formula to determine the number of containers/cans to issue on the reissued benefits.

   c. Round container/can amounts down to the nearest whole number.

   d. **An example:**

      A 2 month old participant was issued 9 cans of Similac Advance.

      The participant has used 2 cans already therefore returning 7 cans to the clinic.

      The participant now has a prescription for Pregestimil.
      Since Similac Advance reconstitutes to 90 oz. per can, the participant has already used 180 oz. (2 x 90=180) out of the total allowable of 870 oz.

      Subtract 180 oz. from the total 870 oz. resulting in 690 oz. remaining. (870 – 180 = 690).

      Pregestimil reconstitutes to 112 ounces.

      Divide 690 oz. by 112 oz.

      This gives you 6.12 cans of Pregestimil (690/112 = 6.12).

      Issue 6 cans of Pregestimil on reissued benefits.

D. All formula returned with a current date will be donated to either a food bank, community program which provides food assistance or local health department.

   1. Keep a log and a receipt of where formula was donated

   2. If it is a highly specialized medical formula or WIC-eligible nutritional, contact the State Office for more information.

Reconstituted Amounts of Commonly Issued Formulas

Partially Breastfeeding/Full Formula 0-3 months									Substantially Breastfeeding			
									0-1 months	1-3 months		
Formula Type	Powder Max allowed = 870 oz			Concentrate Max allowed = 823 oz			RTF Max allowed = 832 oz		Powder Max = 104 oz	Powder 435 oz	Concentrate 388 oz	RTF 384 oz
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles	Total Cans	Total Cans	Total Cans	Total Bottles
Similac Advance	12.4 oz	90 oz	9	13 oz	26 oz	31	32 oz	26	1	4	14	12
Gerber Good Start Soy	12.9 oz	91 oz	9	12.1 oz	24.1 oz	34	8.45 oz	24 4-pk	1	4	16	11 4-pk
Similac Sensitive	12.6 oz	90 oz	9	--------	----------	--------	32 oz	26	1	4	----------	12
Similac for Spit-Up	12.3 oz	90 oz	9	--------	----------	--------	32 oz	26	1	4	----------	12
Similac Total Comfort	12.6 oz	90 oz	9	-------	----------	--------	--------	----------	1	4	----------	---------
Alimentum	16 oz	115 oz	7	--------	----------	--------	32 oz	26	1	3	----------	12
Nutramigen Enflora LGG	12.6 oz	87 oz	10	--------	----------	--------	--------	----------	1	5	----------	---------
Nutramigen AA	14.1 oz	98 oz	8	--------	----------	--------	--------	----------	1	4	----------	---------
Neosure	13.1 oz	87 oz	10	--------	----------	--------	32 oz	26	1	5	----------	12
EnfaCare	12.8 oz	82 oz	10	--------	----------	--------	32 oz	26	1	5	----------	12
Pregestimil	16 oz	112 oz	7	--------	----------	--------	--------	----------	1	3	----------	---------
PurAmino	14.1 oz	98 oz	8	--------	----------	--------	--------	----------	1	4	----------	---------
EleCare	14.1 oz	95 oz	9	--------	----------	--------	--------	----------	1	4	----------	---------
Neocate Infant DHA & ARA	14.1oz	97 oz	8	--------	----------	--------	--------	----------	1	5	----------	---------

Partially Breastfeeding/Full Formula 4-5 months									Substantially Breastfeeding 4-5 months		
Formula Type	Powder Max allowed = 960 oz			Concentrate Max allowed = 896 oz			RTF Max allowed = 913 oz		Powder Max = 522 oz	Concentrate Max = 460 oz	RTF Max = 474 oz
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles	Total Cans	Total Cans	Total Bottles
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	34	32 oz	28	5	17	14
Gerber Good Start Soy	12.9 oz	91 oz	10	12.1 oz	24.1oz	37	8.45 oz	27 4-pk	5	17	14 4-pk
Similac Sensitive	12.6 oz	90 oz	10	--------	----------	--------	32 oz	28	5	----------	14
Similac for Spit-Up	12.3 oz	90 oz	10	--------	----------	--------	32 oz	28	5	----------	14
Similac Total Comfort	12.6 oz	90 oz	10	-------	----------	--------	--------	----------	5	----------	14
Alimentum	16 oz	115 oz	8	--------	----------	--------	32 oz	28	4	----------	14
Nutramigen Enflora LGG	12.6 oz	87 oz	11	--------	----------	--------	--------	----------	6	----------	----------
Nutramigen AA	14.1 oz	98 oz	9	--------	----------	--------	--------	----------	5	----------	----------
Neosure	13.1 oz	87 oz	11	--------	----------	--------	32 oz	28	6	----------	14
EnfaCare	12.8 oz	82 oz	11	--------	----------	--------	32 oz	28	6	----------	14
Pregestimil	16 oz	112 oz	8	--------	----------	--------	--------	----------	4	----------	----------
PurAmino	14.1 oz	98 oz	9	--------	----------	--------	--------	----------	5	----------	----------
EleCare	14.1 oz	95 oz	10	--------	----------	--------	--------	----------	5	----------	----------
Neocate Infant DHA & ARA	14.1 oz	97 oz	9	--------	----------	--------	--------	----------	6	----------	----------

Partially Breastfeeding/Full Formula 6-11 months*										Substantially Breastfeeding 6-11 months*		
Formula Type	Powder Max allowed = 696 oz			Concentrate Max allowed = 630 oz			RTF Max allowed = 643 oz			Powder Max = 384 oz	Concentrate Max = 315 oz	RTF Max = 338 oz
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles		Total Cans	Total Cans	Total Bottles
Similac Advance	12.4 oz	90 oz	7	13 oz	26 oz	24	32 oz	20		4	12	10
Gerber Good Start Soy	12.9 oz	91 oz	7	12.1 oz	24.2 oz	26	8.45 oz	19 4-pk		4	13	10 4-pk
Similac Sensitive	12.6 oz	90 oz	7				32 oz	20		4	----------	10
Similac for Spit-Up	12.3 oz	90 oz	7	--------	----------	--------	32 oz	20		4	----------	10
Similac Total Comfort	12.6 oz	90 oz	7	-------	----------	--------	--------	----------		4	----------	----------
Alimentum	16 oz	115 oz	6	--------	----------	--------	32 oz	20		3	----------	----------
Nutramigen Enflora LGG	12.6 oz	87 oz	8	--------	----------	--------	--------	----------		4	----------	----------
Nutramigen AA	14.1 oz	98 oz	7	--------	----------	--------	--------	----------		3	----------	----------
Neosure	13.1 oz	87 oz	8	--------	----------	--------	32 oz	20		4	----------	10
EnfaCare	12.8 oz	82 oz	8	--------	----------	--------	32 oz	20		4	----------	10
Pregestimil	16 oz	112 oz	6	--------	----------	--------	--------	----------		3	----------	----------
PurAmino	14.1 oz	98 oz	7	--------	----------	--------	--------	----------		7	----------	----------
EleCare	14.1 oz	95 oz	7	--------	----------	--------	--------	----------		4	----------	----------
Neocate Infant DHA & ARA	14.1 oz	97 oz	7	--------	----------	--------	--------	----------		4	----------	----------

*When a formula is prescribed and the medical provider does not allow WIC supplemental foods, the formula amount is the same as the amounts in the 4-5 month tables.

Children Age 1-5 and Women								
Formula Type	Powder Max allowed = 910 oz			Concentrate Max allowed = 910 oz			RTF Max allowed = 910 oz	
	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	35	32 oz	28
Gerber Good Start Soy	12.9 oz	91 oz	10	12.1 oz	24.2 oz	37	8.45 oz	26 4-pk
Similac Sensitive	12.6 oz	90 oz	10				32 oz	28
Similac for Spit-Up	12.3 oz	90 oz	10	--------	----------	--------	32 oz	28
Similac Total Comfort	12.6 oz	90 oz	10	--------	----------	--------	--------	----------
Alimentum	16 oz	115 oz	7	--------	----------	--------	32 oz	28
Nutramigen Enflora LGG	12.6 oz	87 oz	10	--------	----------	--------	--------	----------
Nutramigen AA	14.1 oz	98 oz	9	--------	----------	--------	--------	----------
Neosure	13.1 oz	87 oz	10	--------	----------	--------	32 oz	28
Pregestimil	16 oz	112 oz	8	--------	----------	--------	--------	----------
EleCare	14.1 oz	95 oz	9	--------	----------	--------	--------	----------
PurAmino	14.1 oz	98 oz	9	--------	----------	--------	--------	----------
Pediasure w/ or w/o Fiber	---------	----------	---------	--------	----------	--------	8 oz	113
Ensure	---------	----------	---------	--------	----------	--------	8 oz	113
Neocate Junior	14.1 oz	61 oz	14	--------	----------	--------	--------	----------
EleCare Junior	14.1 oz	64 oz	14	--------	----------	--------	--------	----------

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Policy Number: 9.1
Food Delivery System
Effective Date: October 1, 2015

Title: Food Delivery System

Purpose

Federal Regulations authorize a variety of food delivery systems. This chapter serves to describe the system used by the Montana WIC Program and the guidelines for managing that system.

Authority

7 CFR 246.12(b)

Policy

It is the policy of the Montana WIC Program that the retail store system is used for the delivery of food benefits.

I. Authorized Vendors

A. Only those food retailers authorized by the Montana WIC Program may redeem food benefits

B. A list of Montana's WIC-authorized retailers is available at all local agencies.

II. Participants

A. Participants shall receive the WIC Program's supplemental foods free of charge.

B. A participant or their authorized representative must travel to the retailer to redeem their WIC benefits for the authorized food items.

C. A participant may cash their standard WIC benefits with any WIC-authorized retailer in Montana.

D. A participant may cash their WIC Fruit and Vegetable benefits with any WIC-authorized farmer or retailer in Montana.

III. State WIC Agency Responsibilities

A. Provide a uniform WIC benefit which is similar in appearance to a check. This benefit is used by all local programs.

B. Maintain an inventory of WIC benefits on hand and order replacement benefits as needed.

C. Pay vendors in a timely manner. The vendor is reimbursed when he presents the WIC benefit to his bank for payment within 30 days from the last date to use. The WIC benefits are then presented through the Federal Reserve System to Solutran, Howard Lake, MN, with whom the State WIC Agency contracts to perform services.

D. Maintain a contingent revolving fund for the WIC Program at Solutran. Each day the bank presents the State Office with a statement showing the amount of benefits paid. The bank is reimbursed for this amount through the use of a telephone transfer system.

E. Expire all outstanding issued benefits within 90 days of the first day to use.

IV. Local WIC Program Responsibilities

A. Issue WIC benefits to eligible participants for authorized foods

B. Obtain authorized representativesignatures to verify benefits issued.

C. WIC benefits voided and/or returned are to be scanned into participant's record or filed.

D. Keep WIC check stock locked in a secure place. Local programs are responsible for stolen or lost WIC check stock via the Local WIC Agency Agreement.

E. Local WIC agencies are financially responsible for WIC benefits mishandled by local program staff.

V. WIC Benefit Design and Information

A. The WIC benefit lists the prescribed foods by item description, size and quantity. The first and last days to use are listed on the WIC benefit. The benefit number, participant ID number and the participant name are also printed on the benefit.

B. A space is provided for the vendor redeeming the WIC benefit to enter his/her assigned stamp. Space is provided for the signature of the participant. The signature is obtained when the participant purchases the prescribed food and after the clerk enters the purchase total in the "Amount of Sale" block. The signature is used by the retailer for verification of the signature on the ID page of the WIC Participant Program Booklet.

C. WIC benefits contain numbers at the top and bottom of the WIC benefit (magnetic ink character recognition - MICR). These pre-printed numbers identify the Federal Reserve Bank, the local bank and the account number. After the WIC benefit is paid, the amount paid is added by the bank.

Policy Number: 9.2
Store Types Not Authorized
Effective Date: October 1, 2015

Title: Store Types Not Authorized

Purpose

This policy describes 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 meet the needs of the WIC participant's competitive price criteria. This limits the types of stores to grocery and grocery with pharmacy.

I. There are store types that may meet the need of the WIC participants, but are not within the competitive pricing criteria set by the Montana WIC program.

A. Four types include 'WIC Only' stores, 'above 50 percent' stores, 'Stand-alone pharmacies' and stores charging a membership fee.

1. 'WIC Only' stores are stores that sell only WIC-approved foods to WIC participants. New 'WIC-only' stores must be certified by FNS for WIC participation under federal regulations. Montana does not have any 'WIC-only' stores and will not authorize 'WIC-only stores'.

2. 'Above 50 percent' stores are stores that make more than 50-percent of their annual sales from WIC purchases. Under federal regulations, ' above 50% stores' must be certified by FNS.

    a. Based on the FFY2014 TIP report, data and follow-up documentation, Montana has no over 50 percent retailers.
    b. If a retailer reveals itself to be an above 50% retailer, they will be removed from the program.

3. Stand-alone pharmacies are pharmacies that strictly sell pharmaceuticals. Montana WIC works directly with formula manufacturers to obtain special formulas not readily available in the larger combination grocery-pharmacy retailers.

4. Stores charging a membership fee are not eligible to become a WIC authorized retailer.

Title: Retailer Selection Criteria

Purpose

Retailers applying for authorization must meet specific criteria before being approved and must maintain these standards throughout their contract period.

Authority

7 CFR 246.12(g)

Policy

Selection criteria ensure that the Montana WIC Program authorizes an appropriate number and distribution of vendors in order to ensure the lowest feasible food prices consistent with adequate participant access to supplemental foods and to ensure effective State agency management, oversight, and review of authorized vendors.

I. Initial Application Standards – To apply for WIC authorization, the retailer must meet the following criteria:

A. 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.

B. Montana Supplemental Nutrition Assistance Program (SNAP) authorized.

C. Their food prices are equal to or under the maximum allowed for their potential peer group.

D. Their infant formula prices are equal to or under the maximum allowed for their potential peer group.

E. To ensure the safety of infant formula, it must be purchased from the Montana WIC Programs approved list of formula distributors. This list is shared with all authorized WIC retailers at least once every federal fiscal year and is posted on the MT WIC website.

F. The vendor must be a primary retailer of groceries.

G. Has the minimum stock of WIC approved foods required by the Montana WIC Program.

H. Based on Local Agency input and regional assessment, it is determined that there is a need for an authorized WIC retailer in the requested area.

I. No barrier to service exists.

J. Receive or be expected to receive no more than fifty percent (50%) of their total annual food sales from WIC transactions.

K. An owner, officer, or partner of a retailer must not have bought or sold a store in order to avoid a WIC sanction.

L. Inform the Department of any potential or real conflict of interest between WIC staff, either state or local, and Contractor personnel. Conflicts of interest may include, but are not limited to, the following:

1. Employing a state or local WIC agency staff member or spouse, son, daughter, parent or sibling of a local or state WIC agency staff member.

2. Giving a fee or gift to a local or state WIC program staff member in exchange for being provided WIC information, for WIC staff action that would materially benefit the contractor, or for preferentially promoting the contractor. (Note: donations to a promotional event encouraging WIC participation are not considered to create a conflict of interest).
3. Accepting, either directly or through a relative, a substantial gift of financial assistance from a local or state WIC staff member.
4. Entering into a business transaction with a local or state WIC staff member or allowing such a staff member to acquire a financial interest in the contractor.

II. Application Window

A. Retailers new to the Montana WIC Program may apply for authorization at any time during the federal fiscal year.

III. Application Denial

A. Retailers are selected to meet the needs of the Montana WIC Program and its participants. Retailers do not automatically have the “right” to participate. Retailers may not reapply for authorization until 1 year after their denial date

IV. Criteria Waiver

A. Criteria have been established to select WIC retailers. If there are no WIC authorized retailers in an area, denial based upon the selection criteria may be waived. A waiver may be considered for the selection criteria if undue hardship for participant, as determined by the State, would result if this applicant were not approved as a MT WIC retailer.

B. No exceptions will be made for applicants that do not meet the competitive price criteria or the minimum stocking variety and quantity of approved supplemental foods.

V. 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.

VI. 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: 9.4
Initial Retailer Application
Effective Date: October 1, 2015

Title: Initial Retailer Application

Purpose

As the WIC population grows and the WIC retailer base changes, new retailers must be authorized to make WIC foods available. An application process must be in place to expedite the handling of new applications.

Authority

7 CFR 246.12(g), State of Montana WIC 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.

I. New Retailer Authorization

A. New (i.e., not currently participating) retailers must contact the Montana WIC Program to request application consideration.

B. Initial screening will take place and the Local Agency consulted. Based on information gathered, application may or may not be offered.

1. If no application is offered, inform the retailer and Local Agency.

2. If a need is determined, offer application to the retailer and inform the Local Agency.

C. Based upon results of screening, successful inquiries will receive an application packet. The application packet contains a description of the WIC Program, an outline of the criteria, a Food List, stocking level requirements, an application form, and a price survey. Due to the documentation requirement, processing of an application may take up to 90 days.

D. The State will request from the retailer the following supporting documentation: current proof of general liability insurance, current proof of workers' compensation insurance, and current tribal/business license with expiration dates extending into the new contract period.

E. The State reviews the application, ensuring information is complete and correct, supporting insurance documents are in place, minimum selection criteria is met, prices reflected in the price survey are competitive, and a need for a store in the geographic area has been determined. If the application is rejected, inform the retailer with a letter of ineligibility stating the reason for rejection. Inform the Local Agency of the decision.

F. Successful applicants will be sent, by certified mail, three copies of the Montana DPHHS/WIC Retailer MOU. All copies must be signed and returned to the DPHHS Contract Officer.

G. Once all requirements have been met, arrangements will be made for an Initial Store Visit to be conducted and reviewed.

II. Initial Store Visit

A. An initial store 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. It also provides the retailer with training in WIC policies and procedures such as what to expect in a WIC purchase and how to handle benefits.

B. This visit may be made by either state or local agency staff. An inventory will be made of items in stock using the Initial Visit Report. The report will be signed by the WIC staff member and a store representative. This initial visit must be made and documented before the applicant may be authorized as a WIC retailer.

C. The Initial Visit Report will be sent to the Montana WIC Program for review. If the report does not indicate that the required quantities and variety of WIC foods are in stock, a subsequent on-site visit must be made to document and verify the correction.

D. If the retailer passes the visit, they will receive an acceptance letter notifying them they are an authorized WIC retailer and the following:

1. An assigned retailer stamp
2. Two “We Accept WIC Benefits” signs (to be posted near the entrance of the business)
3. A set of WIC shelf tags
4. A supply of “Report of Attempted Program Abuse” forms
5. Additional copies of the “WIC Approved Food List” (in sufficient quantities to place one at each check stand)
6. A copy of the Montana WIC Program Retailer Reference Manual
7. A copy of the Retail Staff Training Guide

E. Once the retailer is authorized to accept and process WIC benefits, they are responsible for training their retail cashiers and bookkeepers in WIC procedures.

F. The new retailer will be reassessed six months after authorization to determine if they are an ‘above 50 percent’ retailer. The SA will verify that the new retailer is not an above-50-percent vendor by comparing the retailer’s food sales with the retailer’s WIC food sales for the past six months since authorization. The retailer’s WIC food sales need to be less than fifty percent of the retailer’s food sales in order for the retailer to meet the Above-50-Percent Criterion. Once completed, a letter is sent to the retailer notifying them that they are not an-above-50-percent vendor. Copies of this letter are retained at the State WIC Office and a copy is sent to the LARC in the retailer’s area.

III. Retailer Authorization

A. Upon successful completion of the initial retailer application the Montana WIC Program will notify the WIC bank, through their automated system, that the retailer has been authorized to process WIC benefits.

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. Follow-up

A. The State will notify the local agency 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 to their list of authorized WIC retailers.

Policy Number: 9.5
Subsequent Retailer Application
Effective Date: October 1, 2015

Title: Retailer Reauthorization

Purpose

As WIC retailer agreements expire, a process must be in place to ensure the continuity of WIC service to participants.

Authority

7 CFR 246.12(g), State of Montana WIC Policy

Policy

It is the policy of the Montana WIC Program to ensure retail continuity in service to WIC participants through the subsequent retailer application process.

I. Subsequent Application Standards

A. In addition to maintaining the standards for the initial application, a subsequent applicant must also meet the following standards:

1. Has attended any required WIC training.

2. 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 requested timeline to avoid expiration of their current authorization.

II. Review Process

A. Review of retailer files due to expire will start at least 120 days (i.e., four months) prior to expiration.

III. 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.

C. The Montana WIC Program is not obligated to offer a retailer a subsequent MOU.

Title: Retailer Stocking and Variety

Purpose

Retailers must stock the required food items at all times in sufficient quantities and varieties to meet WIC participant demand.

Authority

7 CFR 246.12(g) (3)

Policy

It is the policy of the Montana WIC Program that businesses applying to become a WIC retailer must carry and maintain a specific minimum variety and quantity of WIC-approved foods. Authorized retailers must maintain the minimum stocking levels at all times.

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 benefits when they shop at authorized WIC retailers.

II. Infant Formula Purchasing Requirement

A. To ensure the safety of infant formula, it must be purchased from the Montana WIC Programs approved list of formula distributors. This list is sent to all authorized WIC retailers and retailer-pharmacies at least once every federal fiscal year and is posted on the MT WIC website.

III. Stocking Levels

A. A stocking shortage is considered a violation of the retailer contract.

B. Small, rural retailers, who have a limited infant population, may receive an “Infant Formula/Cereal/Baby Food Exemptions”.

IV. Stocking shortages

A. When a shortage is first reported to the state office:

1. Call the retailer to discuss the shortage, the next anticipated delivery date, and resolution;

2. Document the conversation in the retailer file and send a warning letter to the retailer explaining they are out of compliance with their MOU and another stocking violation may result in disqualification from participating in the WIC Program.

3. In the next 30 days, LARC or state agency staff will perform a reassessment of the store to ensure they meet stocking requirements and vendor selection criteria.

4. If the store fails, they will be terminated from the WIC Program.

   a**.** In cases of extreme weather in which delivery trucks are unable to travel, a store in the affected area will be temporarily exempt from the mandatory

stocking requirements.

VIII. Stocking Requirements

See following page.

MINIMUM WIC FOOD STOCKING REQUIREMENTS
For Montana Authorized Retailers in Peer Group 1 & 2

Retailers must have the following items in stock at all times in sufficient quantities to meet WIC participant demand. Quantities are based on the amounts needed to fill a benefit for one pregnant woman, one infant and one child

Refer to the Approved Food List for authorized brands/types.

Food Item	Minimum Requirements
Milk Reduced fat (skim or 1% - choose one) and Whole	3 gallons of each and 3 half-gallons of each
Cheese 16 or 8 oz packages	3 – 16 oz packages of two varieties or 6 – 8 oz packages of two varieties
Eggs dozens only	3 dozen
Breakfast Cereal 12-oz packages or larger cold cereal and 12 – 11 oz packages hot cereal	2 boxes of three varieties cold and 2 boxes of one variety hot (one of the cold or hot varieties must be whole grain)
Whole Grain Items 16 oz loaves whole wheat bread and 16 oz packages brown rice and/or14-16 oz packages instant rice	3 loaves of bread and 3 packages of brown rice and/or 14-16 oz packages instant rice
Juices 12 - 11.5 oz frozen and 64 oz plastic bottles	3 cans of two different flavors – frozen and 3 bottles of two different flavors - bottled
Peanut Butter 18 - 16 oz jars	3 jars
Legumes (mature beans) 16 – 15 oz bags dry and 16 - 15 oz canned legumes	3 packages of two varieties – dry and 10 cans of two varieties - canned
Canned Fish 6 - 5 oz cans	6 cans of light tuna and/or pink salmon
Infant Cereal 8-oz boxes	2 boxes of two different grain varieties
Infant Foods Fruits, 4 oz containers Stage 2 only and Vegetables, 4 oz containers, Stage 2 only and Meats, 2.5 oz jars	20 containers of fruits and vegetables including two flavors of fruits and two flavors of vegetables and 10 jars of baby food meats including two flavors
Infant Formula Powdered format required in size specified Similac Advance Early Shield – 12.4 oz. and Gerber Good Start Soy – 12.9 oz.	6 cans of both varieties
Fresh Fruits and Vegetables	2 different varieties of fresh fruits and 2 different varieties of fresh vegetables

MINIMUM WIC FOOD STOCKING REQUIREMENTS
For Montana Authorized Retailers in Peer Group 3 & Peer Group Supercenters

Retailers must have the following items in stock at all times in sufficient quantities to meet WIC participant demand. Quantities are based on the amounts needed to fill a benefit for one pregnant woman, one infant and one child.

Refer to the Approved Food List for authorized brands/types.

Food Item	Minimum Requirements
Milk Reduced fat (skim or 1% - choose one) and Whole	3 gallons of each and 3 half-gallons of each
Cheese 16 or 8 oz packages	3 – 16 oz packages of two varieties or 6 – 8 oz packages of two varieties
Eggs dozens only	3 dozen
Breakfast Cereal 12-oz packages or larger cold cereal and 12 – 11 oz packages hot cereal	2 boxes of three varieties cold and 2 boxes of one variety hot (one of the cold or hot varieties must be whole grain)
Whole Grain Items 16 oz loaves whole wheat bread and 16 oz packages brown rice and/or 14-16 oz packages instant rice	3 loaves of bread and 3 packages of brown rice and/or 14-16 oz packages instant rice
Juices 12 - 11.5 oz frozen and 64 oz plastic bottles	3 cans of two different flavors – frozen and 3 bottles of two different flavors - bottled
Peanut Butter 18 - 16 oz jars	3 jars
Legumes (mature beans) 16 – 15 oz bags dry and 16 - 15 oz canned legumes	3 packages of two varieties – dry and 10 cans of two varieties - canned
Canned Fish 6 - 5 oz cans	6 cans of light tuna and 6 cans of pink salmon
Infant Cereal 8-oz boxes	2 boxes of two different grain varieties
Infant Foods Fruits, 4 oz jars, Stage 2 only and Vegetables, 4 oz jars, Stage 2 only and Meats, 2.5 oz jars	20 jars of fruits and vegetables including two flavors of fruits and two flavors of vegetables and 10 jars of baby food meats including two flavors
Infant Formula Powdered format required in size specified Similac Advance Early Shield – 12.4 oz. and Gerber Good Start Soy – 12.9 oz.	6 cans of each variety
Fresh Fruits and Vegetables	2 different varieties of fresh fruits and 2 different varieties of fresh vegetables

Title: Infant Formula/Cereal/Baby Food Exemptions

Purpose

In order to encourage retailer participation in smaller communities, an exemption for infant formula and foods may be granted upon State approval of a written request, per the Montana WIC Memorandum of Understanding.

Authority

The Montana WIC Retailer Memorandum of Understanding

Policy

It is the policy of the Montana WIC Program that WIC retailers in rural areas and having an extremely small infant population are allowed to apply for a stocking exemption for infant cereal, infant formula, or baby food. The exemption will be for the length of the current contract period. The exemption may be canceled if the infant population increases significantly.

I. Infant Formula and Food Exemption – This exemption allows a retailer to not stock certain formulas and infant foods unless asked to do so by a participant

A. Retailers receiving an infant formula, infant cereal or baby food stocking exemption must post a sign directing participants to the retailer's contact person.

B. If a participant requests an exempted item from the retailer, the retailer must order the product.

C. . The formula must be available to the participant within 72 hours (three business days).

D. The retailer must continue to have the stock available as long as the participant is in need of the formula or baby food item.

II. Application for exemption

A. The retailer must notify the Montana WIC Program of their interest in applying for an infant food stocking exemption. The only acceptable rationale for a stocking exemption is a small infant population.

1. The State will verify the infant population base for the store and make a determination whether or not to approve the requested exemption.
2. The State will notify the retailer and the LARC of this decision in writing.
3. If approved the State will send to the retailer the Montana WIC Program Infant Formula/Cereal/Baby Food Exemption form. The retailer will complete and sign this form, returning it to the State Office. Upon receipt of this form from the retailer the State Office will also sign this form and include this form in the retailer's file and send the retailer a copy for their records.
4. Only upon receipt of this signed form from the State Office, may the retailer discontinue stocking the specific items.
5. 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.

Title: Substitutions for Approved Foods

Purpose

Approved WIC foods are chosen for reasons specific to supplemental nutrition for women, infants and children.

Authority

7CFR 246.12

Policy

The retailer may provide only the approved supplemental foods listed on the WIC benefit.

I. **Approved Substitutions**

   a. Retailers may exchange a WIC food for another WIC food of the same category on a one-to-one basis if the item is recalled, defective, spoiled or outdated.

   b. Retailers may exchange a WIC formula for another WIC formula of the same type on a one-to-one basis if the item is recalled, defective, spoiled or outdated.

II. **Non-Approved Substitutions**

   III. Rain checks, or credit slips for food purchased with WIC benefits, are not allowed.

   IV. Participants may not exchange WIC foods for non-WIC foods, for other WIC foods, for cash or for credit.

   V. WIC participants are not allowed to purchase larger sizes of a WIC food than specified on their WIC benefits and pay the price difference.

   VI. WIC participants are allowed to purchase larger amounts of fresh fruits and vegetables than is specified on their Fruit and Vegetable Benefit (FVB) and pay the price difference.

   VII. Retailers may not exchange a previously purchased formula for another type of formula. Participants must be referred to the WIC clinic.

Policy Number: 9.9
Benefit Redemption
Revised/Effective Date: October 1, 2014

Title: Benefit Redemption

Purpose

The Montana WIC Program is required to reconcile all benefits issued and identify the disposition of each as to unredeemed, redeemed, lost or stolen, expired, duplicate, voided or not matching issuance records.

Authority

7 CFR 246.12 and 13; the Montana Retailer Memorandum of Understanding

Policy

Montana WIC follows an established plan for the financial management and oversight of issuance and redemption of WIC benefits. The Montana WIC Program contracts with a financial institution independent of Montana government for processing benefits.

I. WIC Checkout Procedures

A. Check that the dates on the WIC benefits are valid. Do not accept WIC benefits before the "First Day of Use" or after the "Last Day to Use." Record the date of redemption in the date box.

B. Retail staff totals the WIC foods purchased, checking that the foods are specified on the WIC benefit and on the Approved Food List. Ask the WIC participant about missing foods before entering a dollar amount on the WIC benefit. The actual purchase price of the foods is then written by the clerk in the "Amount of Sale" box.

C. Once the WIC benefit is correctly completed, the retailer has the participant sign the WIC benefit in the signature box. The signature is then compared to the signature on the ID page of the participant program booklet.

D. Before deposit the retailer stamps the benefit with their WIC identification stamp number.

E. Retailers have 30 days to deposit WIC benefits to their bank, once it has been accepted at the store. In the event that a benefit is returned from the bank for error, the retailer has an additional 30 days to submit the benefit for state approval and re-deposit. This results in a total of 60 days after the "First Day to Use" for a retailer to process and receive payment for their WIC benefits.

II. Store Sales, Specials and Coupons

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.

1. 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, and a violation of the WIC Retailer MOU.

C. The WIC participant will give store "club card" to the store cashier at the time the WIC benefits 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.

F. The WIC participant may receive a Buy-One-Get-One item (free item may or may not be WIC approved)

G. The WIC participant may receive free ounces of a WIC approved product. The free ounces will not be deducted from the total of WIC allowed ounces.

The WIC participant may participate in any promotions offered to the general population.

H. Stores may not offer incentives such as free items, prizes or discounts solely to WIC participants.

III. WIC Benefits Go Over "Not to Exceed" Amount

A. WIC benefits rejected by the WIC bank for "over max 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 amounts will be adjusted accordingly.

B. The retailer may NOT ask or demand the participant to pay the difference of benefits not fully reimbursed by the Montana WIC Program.

IV. Authorized Prices

A. Prices authorized for the WIC benefits are based on the price surveys submitted by the authorized WIC retailers and benefit redemption data.

B. Average prices are calculated by peer group.

C. 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 and compared to the retailers peer group. If necessary, a re-calculation will be done, and a new price entered for the specific food item(s).

V. Reconciliation of WIC Benefits

B. The daily transactions are sent to the bank. This information includes the numbers and maximum value for benefits issued by the local clinics during the day, benefits voided by the local clinics during the day and the most current retailer database approved by the State WIC Agency.

C. Upon receipt of this information, assuming the benefit passes all validations, the bank will pay the benefit.

VI. Handling Bank- Rejected Benefits

A. WIC Benefits may be rejected by the WIC bank for number of reasons

1. No or illegible Retailer Stamp
2. Invalid Retailer Number/Inactive Retailer
3. Missing Signature
4. Early Cashing
5. Late cashing
6. Over Max Price

7. Purchase Price Missing/Illegible
8. Altered $ Amount
9. Not on Issued File
10. Voided WIC benefit
11. Second Presentment
12. Other

B. Benefits stamped with “Over Max $,” “Altered $ Amount” 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 benefit. The benefit will be compared to the transaction for accuracy and approved or adjusted accordingly. Retailers without this ability will have items compared to the most recent price survey.

C. Benefits rejected for “Missing Vendor Stamp” or “Illegible Vendor Stamp” can be corrected by the retailer and resubmitted to the WIC bank.

D. 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.

E. 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 benefit has been redeemed, expired, voided, or payment has been stopped.

F. Records in support of the FNS-798 are maintained in the State WIC Office.

VII. Current Banking Contract

A. Banking Services: Solutran, 451 Lakeview St., Lake Lillian, MN 56253.

VIII. New Banking Contracts

A. Bank Contract

1. 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 benefits, ready for distribution before the contract starts.

B. Sealed Bid Process

1. 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.

Policy Number: 9.10
Retailer Peer Grouping
Effective Date: October 1, 2015

Title: Retailer Peer Grouping

Purpose

The placement of retailers in "peer groups" allows for monitoring of retailer pricing.

Authority

7 CFR 246.12(g) (4) (ii)

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.

I. Retailer Peer Grouping

Federal regulations mandate that all State agencies maintain peer groups which foster competitive pricing and price limitations. Peer groups allow statistically similar retailers with similar pricing to be banded together

II. Peer groups in Montana

A. Montana WIC peer groups are based on geographic location, ownership type, WIC sales, number of cash registers and\or square footage.

   1. Factors used to determine peer group placement may be modified periodically to achieve a more accurate grouping.

B. Competitive pricing is ensured by reviewing a new retailer applicant's price survey and compares the new retailer's prices to others in that peer group. If a retailer's prices are not consistent with those of their peer group, placement will be reviewed and investigated.

C. Benefits with redemption errors will be rejected by the bank if the peer group maximum price is exceeded. Benefits that exceed the maximum price will be reviewed and investigated.

D. Retailers will be notified of peer group criteria and placement upon authorization and if placement should be changed.

III. Review of Retailer Placement

A. New retail applicants will be reviewed for peer group placement at time of authorization and at 6 months.

B. All authorized retailers will be reviewed for peer group accuracy every three years.

IV. Peer Group Average Food Prices

A. Price surveys will be conducted every six months to monitor trends and to determine ongoing competitiveness within the peer groups.

B. Item prices will be averaged within a peer group to determine the peer group average price. An allowable % is added to the average price to determine the maximum allowable reimbursement level.

Title: Cost Containment

Purpose

The Montana WIC Program will endeavor to save USDA food dollars in order to serve more participants through a variety of cost containment approaches.

Authority

7CFR 246.16 (a)

Policy

The Montana WIC Program will enter into an infant formula rebate contract and maintain competitive pricing criteria.

I. Infant Formula Rebate

Montana participates in the Western States Contracting Alliance (WSCA) for infant formula rebate. WSCA will 1) identify the states in the alliance, 2) verify that no additional states are added to the WSCA infant formula cost containment bid solicitation between date of bid and end of contract, 3) bids will be opened and read aloud publicly on the date bids are due, and 4) allow a minimum of 30 days between publication of solicitation and due date of bids. At the time the WSCA bid process is begun, Montana will review the process for these items:

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.

1. **Calculations**

   a. The Montana WIC Program, using the automated system, calculates the number of cans of formula, by brand and type, purchased each month.
   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.

2. **Contracts**

   a. 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.

3. **Time Period**

   a. WSCA has a contract with Abbott Nutrition and Mead Johnson. This contract began on Oct. 1, 2012 and extends to Sept. 30, 2015.

4. **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.

II. Competitive Pricing

Competitive pricing fosters financial integrity and the most efficient use of WIC funds, which enables the program to serve all potential WIC participants with the current food budget.

A. All Retailers are held to competitive prices within their assigned peer group. Shelf prices are collected and prices averaged per peer group, per food item.

B. Retailer shelf prices must remain under the maximum price allowed. The Retailer will be notified and must reduce prices or their benefits will be rejected by the bank for over the maximum allowed.

C. Approved Food List choices are made with consideration to food item costs, availability and participant choice.

D. Education and Monitoring is focused on reducing benefit redemption and processing errors at the participant and retail level.

E. Montana WIC does not authorize above 50% retailers.

Title: 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 (i) (1)

Policy

It is the policy of the Montana WIC Program to offer retailer training annually, to ensure retailers are knowledgeable about changes in the Montana WIC Program, and that those changes are being enforced.

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 a pool of authorized Montana WIC retailers selected for routine monitoring;
6. Any non-compliance with the Montana DPHHS/WIC Retailer Agreement; or
7. Retailer is identified as probable high-risk.

B. Annual retailer education/training may be conducted by the LARC or State Agency and is not required to be interactive.

II. Training Content

A. Both annual and interactive training will include all of 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 benefits;
5. Montana WIC Program retailer sanction system;
6. Method by which retailers may register a complaint;
7. The claims procedure;

8. Infant formula must be purchased from the Montana WIC approved distributor list.
9. The use of incentive items;
10. Any changes since the last education/training effecting retailers.

III. Interactive Training

A. Interactive retailer education/training may take place on-site or off-site at a minimum of every three years. It must be interactive to enable questions from the retailer. Education/training may be conducted by the LARC at the direction of the Montana WIC Program. On occasion, education/training will be conducted by a Retail Services staff member from the Montana WIC Program State Office.

B. Failure to attend interactive required education/training may result in the non-renewal of the Montana DPHHS/WIC Retailer Agreement.

IV. Additional Required Training

A. Other education/training may be required. This education/training may be presented as a result of sanctions and/or a pattern of errors.

Title: Routine Retailer Monitoring Visits

Purpose

Monitoring visits allow the WIC Program to examine actual stocking variety and quantity, to review WIC benefits already accepted that day, and to participate in an educational buy. 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.

Authority

7 CFR 246.12(j)

Policy

A minimum of 5 percent of retailers will be monitored every fiscal year and authorized retailers will receive a minimum of one monitoring visit per contract period.

I. Routine Monitoring Visits

A. Monitoring visits allow the Montana WIC Program to review a retailer "in action." The monitoring visit is performed in accordance with federal regulations.

1. Retail stores are selected for routine monitoring visits every other year.

B. At each monitoring visit, staff will:

1. Verify that the "We Accept WIC Benefits" signs are posted.
2. Verify that food prices are clearly posted, either on the shelves, or on the individual food items.
3. If the retailer is using WIC shelf tags verify that they are being used consistently and accurately on all WIC approved food items.
4. If the retailer has an infant food stocking exemption verify that an exemption sign is clearly posted where WIC participants can view it.
5. Examine actual stocking variety and quantity.
6. Review WIC benefits already accepted by the retailer if available.
7. Participate in an educational buy.
8. Conduct mandatory interactive training.
9. Discuss any problems the retailer has experienced.
10. Use the above information to determine if a potential for fraud or abuse exists.

C. Monitoring Staff

1. Monitoring staff are employees of the WIC Program. The monitoring staff for a routine visit will be an employee of either the WIC State office or WIC Local Agency office.

II. Educational Buy

A. An Educational Buy is defined as an overt purchase made with WIC benefits by WIC staff. The purchase is made with the knowledge of the retailer's management, though not necessarily that of the retailer's staff.

B. The purpose of the educational buy is to educate/train retailer staff in the appropriate WIC redemption procedures. This purchase may help determine problem areas in retailer procedures and identify training needs. Retailers will not be assessed violations or sanctions as a result of this buy, unless a Class A violation occurs.

Title: Violations and Sanctions

Purpose

Program requirements serve to guide participants, local agencies and program staff in administration and participation in the WIC Program as directed by federal guidelines. Violations and sanctions exist to ensure program integrity.

Authority 7CFR 246.12

Policy

The Montana WIC Program shall determine the type and level of sanction to be applied against retailers based upon the severity, nature and pattern of the WIC Program violation.

I. Notification of Violation

A. If the Montana WIC Program finds that a retailer has committed a violation that requires a pattern of occurrences in order to impose a sanction, the Montana WIC Program will notify the retailer of the initial violation in writing prior to documentation of another violation.

B. Notification is not required;

1. For WIC retailer disqualifications or civil money penalties based on Supplemental Nutrition Assistance Program (SNAP) sanctions,

2. For violations that only require one incidence before a sanction is imposed,

3. If such notice could compromise covert investigations being conducted by the Supplemental Nutrition Assistance Program (SNAP), the USDA Office of the Inspector General, the State Police, or an ongoing WIC investigation or other authorities.

    i. Reason for not informing will be documented in the retailer's chart

II. Establishing a Pattern of Violations

A. Mandatory Federal Sanctions identified as requiring a pattern are disqualified based on at least two (2) independent documented repeated violations during any investigation.

B. Montana WIC Program sanctions require documentation of a pattern of the same violation. A pattern of violations can be based on at least two (2) independent documented violations during any compliance investigation, at least three (3) documented independent violations obtained through objective data or other non-compliance purchase investigations or one (1) inventory audit where discrepancies were found.

1. When more than one violation is detected during a single investigation, the disqualification period will be based on the most serious violation.

2. The Montana WIC Program may not accept voluntary withdrawal of a retailer from the WIC Program as an alternative to disqualification.

3. Any retailer who commits fraud or abuse of the Program is liable to prosecution under applicable Federal, State or local laws. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than $25,000 (Public Law 105-336) or imprisonment for not more than five (5) 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 or imprisonment for not more than one (1) year or both. (7 CFR §246.12 (h) (3) (xx))

III. Retailer Noncompliance

A. Montana WIC may initiate administrative action to disqualify or assess a fine against a Retailer for non-compliance on the basis of one incident of a violation or a pattern of violations. An incident is defined as one isolated event in a single point in time or any single occurrence of a violation. A pattern is defined as two or more incidences of a violation.

B. Mandatory sanctions are federal penalties and shall constitute grounds for disqualification from the WIC Program for a minimum of one (1) year and up to permanent disqualification.

C. State sanctions are penalties that shall constitute grounds for disqualification from the WIC Program and may include fines, mandated training, and/or the submission of a corrective action plan.

D. State sanctions will not be added to a federal mandatory sanction within the same investigation unless a mandatory sanction from the same investigation is not upheld on appeal.

IV. Mandatory Violations and Sanctions

Class A and B violations are subject to mandatory federal sanctions and shall constitute grounds for disqualification from the WIC Program for a minimum of one (1) year and up to permanent disqualification.

A. Class A Violations

These violations require one incident and are subject to mandatory federal sanctions as defined in 7 CRF 246.12 and shall constitute grounds for disqualification from the WIC Program for a minimum of three (3) years and up to permanent disqualification:

1. A conviction for trafficking (buying or selling WIC food benefits), conviction of selling firearms, ammunition, explosives, or controlled substances in exchange for WIC food benefits **– Length of disqualification** – **Permanent**

2. One incident of trafficking (buying or selling WIC food benefits), selling firearms, ammunition, explosives, or controlled substances in exchange for WIC food benefits - **Length of disqualification – Six (6) years**.

3. One occurrence of the sale of alcohol, alcoholic beverages or tobacco products in

exchange for WIC benefits – **Length of disqualification – Three (3) years**.

B. **Class B Violations**

These violations require a pattern of violations be documented before a sanction can be imposed. Unless otherwise noted "pattern" is defined as two or more of the same Class B violations which occur during the period the Retailer is under contract. For a single Class B violation the retailer may be given written notice of the violation. When written notice is given the retailer must establish a corrective action plan that includes the retailer's attendance at a mandatory training to be completed within sixty (60) days of the notice.

At the end of the disqualification period a new application for authorization may be submitted. In all cases the Retailer's new application will be subject to the Montana WIC Program's retailer selection criteria in effect at that time.

1. Claiming reimbursement for the sale of any WIC item that exceeds the store's documented inventory of that food item for a specific period of time - **Length of disqualification – 3 years.**

2. Charging WIC participants more for WIC approved foods than non-WIC customers or charging more than the posted shelf price (overcharges) - **Length of Disqualification – 3 years.**

3. Receiving, transacting, and/or redeeming WIC food benefits outside of authorized channels, including the use of an unauthorized retailer and/or an unauthorized person – **Length of disqualification – 3 years.**

4. Charging the WIC Program for WIC foods not received by the WIC participant – **Length of disqualification – 3 years**.

5. Providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances , in exchange for WIC food benefits - **Length of disqualification – 3 years.**

6. Providing unauthorized food items in exchange for WIC food benefits, including Charging for supplemental food provided in excess of items listed on the benefit – **Length of disqualification – 1 year.**

C. **Class C Violations**

These violations require a pattern of violations be documented before a sanction can be imposed. For a single Class C violation the retailer may be given written notice of the violation. When written notice is given the retailer must establish a corrective action plan that includes the retailer's attendance at a mandatory training to be completed within sixty (60) days of the notice. A pattern of Class C violations constitute grounds for disqualification from the WIC Program for one (1) year.

At the end of the disqualification period a new application for authorization may be submitted. In all cases the Retailer's new application will be subject to the Montana WIC Program's retailer selection criteria in effect at that time.

The WIC Program may impose a Class C violation if a mandatory sanction from the same investigation is not upheld on appeal.

1. Failure to stock any WIC approved items in three or more of the WIC approved food categories.

2. Failure to attend mandatory retailer training.

3. Non-payment of a claim for documented overcharges to the WIC Program.

4. Intentionally providing false information on the retailer price survey or the retailer application.

D. **Class D Violations**

A Class D sanction will not be added to a mandatory sanction within the same investigation. The WIC Program may impose a Class D sanction if a mandatory sanction from the same investigation is not upheld on appeal.

First occurrence – The retailer will receive a written warning letter and a request to train staff if training can address the violation.

Second occurrence – (within one year of the first violation) Retailer must establish and conduct a corrective action plan to be completed within sixty (60) days of the notice.

Third occurrence – (within one year of the first violation) Retailer must attend mandatory training or be disqualified for twelve months.

Fourth occurrence – (within one year of first violation) Retailer will be disqualified for twelve months.

Class D violations include:

1. Contacting a WIC customer in an attempt to recover funds for WIC benefits not reimbursed for or for which overcharges were requested.

2. Failure to allow monitoring of the store by WIC staff; failure to provide WIC food benefits or inventory records for review when requested

3. Accepting or requiring a signature before the actual amount of sale is entered on the WIC food benefit.

4. Failing to train all employees who handle WIC transactions and ensuring their knowledge regarding WIC Program procedures set forth in training materials and manuals provided by the State Agency.

5. Failure to submit information requested by the State Agency within the time specified, including, but not limited to, food price survey, food stocking information, sales information and corrective action plans.

6. Failure to provide a WIC customer with an itemized receipt for foods purchased with a WIC benefit.

7. Failure to request the WIC Participant Booklet and to verify the participant's signature.

8. Purchasing infant formula from a source not on the "Infant Formula Wholesalers/Distributors/Retailers/Manufacturers" list.

9. Failure to maintain the minimum stock of WIC approved foods. Must also correct the insufficient inventory within 48 hours and provide verification to the State Agency within 72 hours.

10. Giving change in a WIC transaction or requiring cash to be paid in whole or in part to redeem WIC benefits.

11. Discourteous treatment of WIC participants as documented by the Montana WIC Program.

12. Misuse or unauthorized use of the WIC acronym or WIC logo.

13. Failure to maintain competitive prices on WIC approved items.

14. Failure to display "We Accept WIC Benefits" sign

V. Other Disqualifications

A. The Montana WIC Program shall disqualify a retailer that has been disqualified from SNAP. The WIC disqualification will be for the same length of time as the SNAP disqualification, and the WIC disqualification may begin at a later date than the SNAP disqualification.

B. The Montana WIC Program shall disqualify a retailer who has been assessed a civil money penalty for hardship in SNAP under 7 CFR 278.6. The length of disqualification will correspond to the period for which the retailer would otherwise have been disqualified in SNAP. Such disqualification may not be imposed unless the Montana WIC Program has first determined in its sole discretion that the disqualification would not result in inadequate participant access. If the Montana WIC Program determines that inadequate participant access would result, from the disqualification, then neither a disqualification nor a civil money penalty in lieu of disqualification may be imposed.

VI. Prosecution and Fines

A Retailer committing fraud or abuse of the WIC Program is liable to prosecution under applicable federal, state or local laws.

A. Appeals & Notice

1. A retailer may appeal a denial of authorization. The retailer may also appeal action taken during the course of a contract where the retailer is disqualified or any other adverse action is taken. The exception is that the retailer cannot appeal the expiration of the contract and the Montana WIC Program's participant access determination for a mandatory or Montana WIC Program violation.

B. Civil Money Penalty in Lieu of Disqualification

1. The Montana WIC Program shall consider civil money penalties in lieu of disqualification only as a last resort when there are no other means to provide adequate participant access.

2. Prior to disqualifying a retailer the Montana WIC Program shall determine, in its sole discretion, and document in the retailer file, whether the disqualification would result in inadequate participant access.

3. The Montana WIC Program shall presume that there is adequate access for participants if there is at least one other authorized WIC retailer in the same geographic WIC service area as the violating retailer or in the abutting geographic WIC service area.

C. Calculation of a Civil Money Penalty

1. The amount of the civil money penalty shall equal the average monthly WIC redemptions for the six month period ending with the month immediately preceding the month during which the notice of sanctions dated, multiplied times ten percent (.10) and then multiplied times the number of months for which the retailer would have been disqualified. The civil money penalty cannot exceed $11,000 for each violation and the total penalty cannot exceed $49,000 for each investigation.

D. Failure to pay Fine/Civil Money Penalty

1. If a Retailer does not pay or partially pays a fine and/or CMP within the specified time frames, the Montana WIC Program will disqualify the Retailer for the length of the disqualification corresponding to the original violation.

E. Federal regulations allow the use of retailer and participant collections for any allowable NSA cost. The funds must be used in the fiscal year that:

1. The initial obligation was made

2. The claim arose

3. The funds are collected, or

4. After the funds are collected.

VII. Payment Violation

A. When a payment violation is discovered, that does not merit disqualification, a claim will be submitted by the Montana WIC Program to reclaim those funds.

B. The store has 30 days to pay the claim or arrange a payment plan.

C. An in-store training must take place for all store personnel.

D. Failure to meet these requirements will result in disqualification from the WIC Program.

Title: 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 benefits 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 yearly basis. Such criteria will be applied equally to all retailers.

I. High-risk criteria will include, but not be limited to:

A. Low variance in benefit prices;

B. Large percentage at same price;

C. Total sales outside service area

D. High average price in peer group;

E. Multiple participant complaints;

F. New retailers;

G. Inappropriate volume change.

H. Volume of WIC business

I. High average price compared to Maximum Allowable Reimbursement (MAR)

II. Follow-Up Action

A. High-risk retailers will be ranked to determine which stores receive a compliance investigation. A compliance investigation will consist of either compliance buys or an inventory audit.

Policy Number: 9.16
Compliance Investigations
Effective Date: October 1, 2015

Title: Compliance Investigations

Purpose

Program compliance is mandatory to operate an efficient and effective program.

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. All retailers will be ranked according to the high risk criteria and at least the top 5% will be chosen.

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. Compliance Purchase

A. A compliance purchase is defined as a covert purchase made with WIC benefits by WIC staff or their contracted designee. The purchase is made without the knowledge of the retailer's management or staff.

B. Criteria

1. 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. If the situation does become hostile, leave the store immediately;

   c. Exactly what to purchase, and the procedures for cashing a WIC benefit;

d. The investigator will be issued a WIC ID packet by the State Agency along with WIC benefits.

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. Select the items he/she has been instructed to purchase. The investigator will tell the cashier before the items are rung up that he/she is a WIC participant and will be using WIC benefits. 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 benefits or requested by the retailer.

      1. At the second compliance visit, if possible, a different cashier from the first compliance visit should be used for checkout.

   b. The investigator will take the receipt and the items purchased, leave the store and complete the appropriate documentation.

   c. Following the purchase, the investigator will complete the WIC Compliance Buy Report form. The receipt will be given to the State Agency. The food items purchased will be submitted to the State Agency or photographs of the food items.

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.

5. A letter will be sent to the retailer after each compliance visit, describing the results of the buy. Follow up training and education will be offered as necessary. The retailer will be informed of possible sanctions being assigned if a pattern of violations occur.

D. Number of Compliance Purchases

1. A failed transaction is one in which the retailer commits a Class A or B violation. A successful transaction is one in which no Class A or B violations occur.

2. Two failed transactions will result in the case being closed. Sanctions will be imposed.

3. Two successful 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. These compliance purchases can occur on the same day.
5. If there is one failed and one successful transaction, an additional compliance purchase will have to be made in order to determine if there have been two failed or two successful transactions.

6. In the instance of a failed transaction, retailers should be given at least 30 days from notification prior to an additional transaction to allow for training.

E. Follow-up Action

1. The State Agency will review the benefits used in the compliance purchase after redemption. 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; any document of prior warnings or retailer visits; the letter sent to the retailer notifying the retailer of the compliance purchases; 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.

   b. The retailer will be notified by mail the results of the compliance investigation within 45 days of the initial compliance purchase. If the retailer is under further investigation a letter will not be sent.

   c. The Local Agency will receive a copy of the letter.

F. Adverse Actions

1. The retailer will be notified, by mail, the results of the completed investigation, violations found and the subsequent consequences. If notification would compromise an investigation a letter will not be sent.

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 SNAP.

III. 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 <u>not</u> be given. Failure to respond to this notification may result, in itself, in retailer sanction or disqualification.

B. The retailer can appeal any sanction or disqualification. Retailers must request an Administrative Review from the Montana WIC Program. Retailers have sixty (60) 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 disqualification. If the retailer involved is part of a "chain", the chain's regional/district manager will be notified. The 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 after all appeals have been exhausted or the time period for requesting a fair hearing has expired.

D. Disqualification from the Montana WIC Program may result in disqualification from SNAP.

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.

IV. 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 disqualification. 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 SNAP.

Policy Number: 9.17
Administrative Review
Effective Date: October 1, 2015

Title: 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. 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(b), (c), (d), (e) and (f) 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 allow a retailer an administrative review to contest a punitive decision rendered by the Montana WIC Program.

I. Introduction

A. The Montana WIC Program will provide, upon request, a full administrative review to a retailer who has received the following adverse actions:

B. Denial of authorization based on:

1. Retailer selection criteria for minimum variety and quality of authorized supplemental foods and the vendor is attempting to circumvent a sanction;
2. Termination of an agreement for cause;
3. Disqualification; and
4. Imposition of a fine or a civil money penalty in lieu of a disqualification.

C. A retailer may request an administrative review due to receipt of an adverse action.

D. 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 SNAP. Such disqualification is not subject to administrative or judicial review under SNAP.

E. 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 (LARC) 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.

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 (10) 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. Retain 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.

IV. Procedure for an 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 SNAP 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;
   b. SNAP withdrawal of authorization or disqualification; or

c. failure to meet cost containment requirement.

C. Montana's retailer limiting criteria;

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 SNAP 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.

I. Denial of authorization based on the fact that the retailer was not authorized by SNAP.

J. Application of peer group and above 50% status determination.

V. Denial of Administrative Review

A. The Montana WIC Program will not grant an 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 SNAP;

F. Disputed food instrument payments or retailer claims (other than the opportunity to justify or correct a retailer overcharge or other error).

G. The Montana WIC Program's determination to include or exclude an infant formula manufacturer, wholesaler, distributor or retailer from the State Agency list.

H. The State agencies determination whether to notify a retailer in writing when an investigation reveals an initial violation for which a pattern must be established in order to impose a sanction.

Policy Number: 9.18
Confidentiality of Retailer Information
Revised/Effective Date: October 1, 2014

Title: Confidentiality of Retailer Information

Purpose

Information about any retailer with the exception of name, address, authorization status, telephone number, website and business email address, 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.

I. The release of confidential retailer information to:

A. Persons 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 SNAP, 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 SNAP 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 SNAP regarding SNAP retailers whether or not the retailer is also a WIC retailer.

III. Procedures

A. The release of retailer information beyond retailer name, address, authorization status, telephone number, website and email address, 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 SNAP Retailer.

IV. Who May Authorize

A. The Retail Program Manager or the Montana WIC Program Director will determine the appropriateness of a request for confidential retailer information.

V. Requirements

A. Requests for confidential retailer information from an entity outside of the Montana WIC Program must be in writing.

VI. Timeline

A. The Vendor 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.

VII. Documentation

A. 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.

Policy Number: 9.19
Use of WIC Acronym and Logo
Effective Date: October 1, 2015

Title: Use of WIC Acronym and Logo

Purpose

Ensure enforcement of WIC requirements and protect against infringement of service marks. The WIC acronym and logo are service marks owned by the USDA, and all rights therein and goodwill pertaining thereto belongs exclusively to USDA.

Authority

USDA Policy Memorandum #2009-1

Policy

Montana WIC authorized retailers and food manufacturer contractors are not permitted to use the WIC service mark or logo to avoid giving the impression to the Program participants that the business is affiliated with or sponsored by the State agency, USDA or the WIC Program, when this is not true.

I. WIC acronym, service marks and logo may not be used in a retailer or manufacturer name.

II. WIC acronym, service marks and logo may not be used on a manufacturer's goods label, packaging, tag or container.

III. Authorized retailers and manufacturer contractors may not apply stickers, tags, or labels having the service marks thereon to WIC-approved products.

IV. Retailers may use channel strips or shelf talkers using the service marks to identify WIC-approved products, including shelf tags provided by manufacturers if they have been submitted to the State office and received approval or have been issued by Montana WIC.

V. Retailers may use the WIC acronym, service marks and logo in advertising or promotional materials used to inform the public that the retailer is WIC-authorized, such as the "We Accept WIC" decal provided by Montana WIC. Retailers and manufacturer contractors may not use the acronym, service marks and logo in any other advertising or promotional literature unless it is submitted to and approved by the State WIC office.

Estimation of WIC Eligibles by County, Montana (Model Update: February 28, 2014)

***This data is the most recent available for 2015 until a new census is conducted.**

Percentages are not computed for fewer than 20 participants for statistical reliability and stability.

			CY 2011		CY 2012		CY 2013		CY 2014 Projection	
County	Category	Served/Need	#	Coverage Rate	#	Coverage Rate	#	Coverage Rate	#	Coverage Rate
Beaverhead	Pregnant	Served	16	26.7%	7	12.5%	10	22.7%	5	13.5%
		Need	60		56		44		37	
	Postpartum	Served	6	25.0%	9	37.5%	6	21.8%	7	24.1%
		Need	24		24		28		29	
	Breastfeeding	Served	12	54.5%	12	52.2%	12	46.2%	12	42.9%
		Need	22		23		26		28	
	Infants	Served	23	28.4%	30	39.5%	34	55.7%	40	75.5%
		Need	81		76		61		53	
	Children	Served	76	29.0%	68	25.7%	59	26.4%	51	24.2%
		Need	262		264		223		211	
	Women	Served	34	32.1%	28	27.2%	28	28.6%	24	25.5%
		Need	106		103		98		94	
	Total	**Served**	**133**	**29.6%**	**126**	**28.4%**	**121**	**31.7%**	**115**	**32.1%**
		Need	**449**		**443**		**382**		**358**	
Big Horn	Pregnant	Served	58	31.7%	63	46.0%	64	43.0%	68	55.7%
		Need	183		137		149		122	
	Postpartum	Served	68	74.7%	61	67.8%	60	72.3%	55	68.8%
		Need	91		90		83		80	
	Breastfeeding	Served	36	43.9%	38	44.7%	43	55.1%	46	59.0%
		Need	82		85		78		78	
	Infants	Served	191	77.3%	183	100.0%	185	90.7%	180	107.1%
		Need	247		183		204		168	
	Children	Served	491	52.4%	550	75.5%	478	57.5%	493	67.8%
		Need	936		729		831		727	
	Women	Served	162	45.5%	162	51.9%	167	53.9%	169	60.4%
		Need	356		312		310		280	
	Total	**Served**	**844**	**54.8%**	**895**	**73.2%**	**830**	**61.7%**	**842**	**71.7%**
		Need	**1,539**		**1,224**		**1,345**		**1,175**	

Blaine	Pregnant	Served	22	25.9%	22	25.0%	22	35.5%	22	40.0%
		Need	85		88		62		55	
	Postpartum	Served	15	50.8%	18	62.1%	18	46.8%	20	48.8%
		Need	30		29		39		41	
	Breastfeeding	Served	12	44.4%	18	64.3%	18	50.0%	22	56.4%
		Need	27		28		36		39	
	Infants	Served	57	49.1%	73	60.8%	61	72.6%	68	90.7%
		Need	116		120		84		75	
	Children	Served	178	46.9%	152	37.5%	160	52.4%	145	50.2%
		Need	380		406		306		289	
	Women	Served	49	34.5%	58	40.0%	58	42.3%	64	47.1%
		Need	142		145		137		136	
	Total	**Served**	**284**	**44.6%**	**283**	**42.2%**	**279**	**53.0%**	**277**	**55.5%**
		Need	**637**		**671**		**526**		**499**	
Broadwater	Pregnant	Served	12	34.3%	7	17.9%	9	29.0%	6	19.4%
		Need	35		39		31		31	
	Postpartum	Served	6	Count <20	11	Count <20	7	Count <20	9	Count <20
		Need	12		11		16		17	
	Breastfeeding	Served	7	Count <20	5	Count <20	6	Count <20	5	Count <20
		Need	10		11		15		17	
	Infants	Served	16	34.0%	19	35.8%	20	48.8%	22	53.7%
		Need	47		53		41		41	
	Children	Served	76	52.8%	68	41.8%	57	39.7%	48	32.0%
		Need	144		163		144		150	
	Women	Served	25	43.9%	23	37.7%	22	35.5%	20	30.8%
		Need	57		61		62		65	
	Total	**Served**	**117**	**47.3%**	**110**	**39.7%**	**99**	**40.2%**	**91**	**35.5%**
		Need	**247**		**277**		**246**		**256**	

Carbon	Pregnant	Served	8	18.6%	4	8.3%	6	15.4%	4	10.3%
		Need	43		48		39		39	
	Postpartum	Served	5	22.2%	8	36.4%	4	Count <20	5	Count <20
		Need	23		22		20		18	
	Breastfeeding	Served	6	30.0%	4	19.0%	6	Count <20	5	Count <20
		Need	20		21		19		19	
	Infants	Served	18	30.0%	14	21.5%	18	33.3%	17	31.5%
		Need	60		65		54		54	
	Children	Served	49	27.1%	41	18.1%	34	17.0%	26	11.7%
		Need	181		227		200		222	
	Women	Served	19	22.1%	16	17.6%	16	20.5%	14	18.2%
		Need	86		91		78		77	
	Total	**Served**	**86**	**26.3%**	**71**	**18.6%**	**68**	**20.5%**	**57**	**16.2%**
		Need	**327**		**383**		**332**		**352**	
Carter	Pregnant	Served	0	Count <20	0	Count <20	1	Count <20	1	Count <20
		Need	8		5		8		7	
	Postpartum	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	2		2		4		4	
	Breastfeeding	Served	1	Count <20	0	Count <20	1	Count <20	1	Count <20
		Need	2		2		4		5	
	Infants	Served	1	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	11		7		12		11	
	Children	Served	4	Count <20	4	11.4%	1	4.1%	0	0.0%
		Need	18		35		24		32	
	Women	Served	2	Count <20	1	Count <20	3	Count <20	3	Count <20
		Need	12		9		16		16	
	Total	**Served**	**7**	**17.4%**	**6**	**11.9%**	**6**	**11.6%**	**5**	**8.5%**
		Need	**40**		**51**		**52**		**59**	

Cascade	Pregnant	Served	172	29.6%	145	23.4%	148	25.1%	131	21.7%
		Need	582		620		589		604	
	Postpartum	Served	143	55.3%	164	64.2%	142	53.8%	149	56.2%
		Need	259		256		264		265	
	Breastfeeding	Served	107	45.7%	128	53.3%	123	49.6%	135	52.9%
		Need	234		240		248		255	
	Infants	Served	400	50.8%	466	55.5%	454	56.9%	494	60.3%
		Need	787		839		798		819	
	Children	Served	815	31.6%	893	30.1%	804	28.9%	826	27.7%
		Need	2,576		2,964		2,783		2,981	
	Women	Served	422	39.3%	437	39.2%	413	37.5%	415	37.0%
		Need	1,075		1,116		1,101		1,123	
	Total	**Served**	**1,637**	**36.9%**	**1,796**	**36.5%**	**1,671**	**35.7%**	**1,735**	**35.2%**
		Need	**4,438**		**4,919**		**4,682**		**4,924**	
Chouteau	Pregnant	Served	5	7.1%	2	4.7%	2	6.5%	0	Count <20
		Need	70		43		31		9	
	Postpartum	Served	3	Count <20	3	Count <20	2	6.3%	2	5.3%
		Need	14		14		32		38	
	Breastfeeding	Served	3	Count <20	4	Count <20	4	13.3%	5	13.9%
		Need	12		13		30		36	
	Infants	Served	11	11.3%	11	18.3%	12	28.6%	12	Count <20
		Need	97		60		42		11	
	Children	Served	30	12.5%	36	17.3%	29	17.6%	31	24.0%
		Need	240		208		164		129	
	Women	Served	11	11.5%	9	12.9%	8	8.6%	6	7.2%
		Need	96		70		93		83	
	Total	**Served**	**52**	**12.0%**	**56**	**16.6%**	**49**	**16.4%**	**49**	**22.0%**
		Need	**432**		**338**		**299**		**223**	

Custer	Pregnant	Served	31	41.3%	20	23.0%	25	32.5%	19	23.2%
		Need	75		87		77		82	
	Postpartum	Served	25	78.1%	26	82.5%	23	67.6%	23	65.7%
		Need	32		32		34		35	
	Breastfeeding	Served	15	51.7%	16	53.3%	17	53.1%	18	54.5%
		Need	29		30		32		33	
	Infants	Served	64	63.4%	61	51.7%	70	66.7%	71	63.4%
		Need	101		118		105		112	
	Children	Served	162	48.9%	160	42.7%	157	42.8%	155	39.4%
		Need	331		375		367		393	
	Women	Served	71	52.2%	62	41.6%	65	45.5%	60	40.0%
		Need	136		149		143		150	
	Total	**Served**	**297**	**52.3%**	**283**	**44.1%**	**292**	**47.5%**	**286**	**43.7%**
		Need	**568**		**641**		**615**		**655**	
Daniels	Pregnant	Served	1	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	17		11		14		11	
	Postpartum	Served	2	Count <20	2	Count <20	2	Count <20	2	Count <20
		Need	5		5		8		9	
	Breastfeeding	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	4		4		7		8	
	Infants	Served	5	21.7%	3	Count <20	7	Count <20	7	Count <20
		Need	23		16		18		14	
	Children	Served	18	29.8%	13	18.3%	12	21.6%	8	13.8%
		Need	60		71		56		58	
	Women	Served	4	15.4%	4	20.0%	5	17.2%	5	17.9%
		Need	26		20		29		28	
	Total	**Served**	**27**	**24.8%**	**20**	**18.8%**	**24**	**23.4%**	**21**	**21.0%**
		Need	**109**		**107**		**103**		**100**	

Dawson	Pregnant	Served	15	25.4%	11	18.6%	11	17.5%	8	12.5%
		Need	59		59		63		64	
	Postpartum	Served	10	39.2%	9	36.0%	10	37.0%	10	37.0%
		Need	26		25		27		27	
	Breastfeeding	Served	6	26.1%	5	20.8%	4	16.0%	3	11.5%
		Need	23		24		25		26	
	Infants	Served	34	41.5%	36	45.6%	28	33.3%	27	32.1%
		Need	82		79		84		84	
	Children	Served	70	28.5%	64	21.4%	59	20.7%	53	16.8%
		Need	246		299		285		315	
	Women	Served	31	28.7%	25	23.1%	25	21.7%	21	17.9%
		Need	108		108		115		117	
	Total	**Served**	**135**	**31.0%**	**125**	**25.7%**	**112**	**23.2%**	**101**	**19.6%**
		Need	**435**		**486**		**484**		**516**	
Deer Lodge	Pregnant	Served	22	51.2%	13	33.3%	15	39.5%	10	28.6%
		Need	43		39		38		35	
	Postpartum	Served	15	71.4%	16	76.2%	13	Count <20	13	Count <20
		Need	21		21		20		19	
	Breastfeeding	Served	11	Count <20	9	45.0%	10	Count <20	9	Count <20
		Need	19		20		18		18	
	Infants	Served	45	75.0%	36	69.2%	37	71.2%	31	66.0%
		Need	60		52		52		47	
	Children	Served	102	43.2%	108	46.8%	91	41.7%	89	42.4%
		Need	236		231		218		210	
	Women	Served	48	57.8%	38	47.5%	38	50.0%	31	42.5%
		Need	83		80		76		73	
	Total	**Served**	**195**	**51.4%**	**182**	**50.1%**	**166**	**48.0%**	**152**	**46.2%**
		Need	**379**		**363**		**346**		**329**	

Fallon	Pregnant	Served	3	11.5%	3	11.5%	2	8.3%	2	8.7%
		Need	26		26		24		23	
	Postpartum	Served	3	Count <20	2	Count <20	3	Count <20	3	Count <20
		Need	9		9		12		13	
	Breastfeeding	Served	2	Count <20	2	Count <20	1	Count <20	1	Count <20
		Need	8		8		11		12	
	Infants	Served	7	20.6%	10	29.4%	8	25.0%	9	29.0%
		Need	34		34		32		31	
	Children	Served	21	22.3%	18	14.9%	16	13.0%	13	9.2%
		Need	94		121		123		142	
	Women	Served	8	18.6%	7	16.3%	6	12.8%	5	10.4%
		Need	43		43		47		48	
	Total	**Served**	**36**	**21.1%**	**35**	**17.7%**	**30**	**14.9%**	**28**	**12.7%**
		Need	**170**		**198**		**201**		**221**	
Fergus	Pregnant	Served	20	35.1%	13	17.8%	18	27.7%	15	20.5%
		Need	57		73		65		73	
	Postpartum	Served	14	43.8%	21	66.7%	13	50.0%	15	62.5%
		Need	32		32		26		24	
	Breastfeeding	Served	14	48.3%	16	53.3%	22	91.7%	25	108.7%
		Need	29		30		24		23	
	Infants	Served	40	51.9%	45	45.9%	50	57.5%	55	56.7%
		Need	77		98		87		97	
	Children	Served	132	45.9%	131	42.2%	135	50.4%	136	50.6%
		Need	288		310		268		269	
	Women	Served	48	40.7%	50	37.0%	53	46.1%	55	45.8%
		Need	118		135		115		120	
	Total	**Served**	**220**	**45.6%**	**226**	**41.6%**	**238**	**50.7%**	**246**	**50.6%**
		Need	**483**		**543**		**470**		**486**	

Flathead	Pregnant	Served	185	34.0%	100	16.4%	165	27.9%	130	20.6%
		Need	544		609		592		630	
	Postpartum	Served	100	38.8%	172	67.6%	95	38.5%	117	48.3%
		Need	258		255		247		242	
	Breastfeeding	Served	134	57.5%	142	59.4%	152	65.5%	161	68.8%
		Need	233		239		232		234	
	Infants	Served	346	46.9%	396	48.3%	400	50.0%	435	51.2%
		Need	737		820		800		849	
	Children	Served	784	29.4%	826	27.6%	762	27.6%	769	26.6%
		Need	2,664		2,987		2,756		2,895	
	Women	Served	419	40.5%	414	37.5%	412	38.5%	408	36.9%
		Need	1,035		1,103		1,071		1,106	
	Total	**Served**	**1,549**	**34.9%**	**1,636**	**33.3%**	**1,574**	**34.0%**	**1,611**	**33.2%**
		Need	**4,436**		**4,910**		**4,627**		**4,850**	
Gallatin	Pregnant	Served	79	15.3%	51	8.0%	100	16.9%	98	14.9%
		Need	517		635		592		656	
	Postpartum	Served	46	18.9%	92	38.3%	49	20.9%	65	28.1%
		Need	244		241		235		231	
	Breastfeeding	Served	93	42.1%	106	46.7%	112	50.7%	123	55.2%
		Need	221		227		221		223	
	Infants	Served	182	25.9%	226	26.0%	243	30.4%	278	31.3%
		Need	702		868		800		888	
	Children	Served	466	17.8%	536	17.7%	486	17.1%	516	16.9%
		Need	2,620		3,026		2,843		3,052	
	Women	Served	218	22.2%	249	22.6%	261	24.9%	286	25.8%
		Need	982		1,103		1,048		1,110	
	Total	**Served**	**866**	**20.1%**	**1,011**	**20.2%**	**990**	**21.1%**	**1,080**	**21.4%**
		Need	**4,304**		**4,996**		**4,690**		**5,050**	

Garfield	Pregnant	Served	2	Count <20	1	Count <20	1	Count <20	0	Count <20
		Need	12		11		6		4	
	Postpartum	Served	2	Count <20	1	Count <20	1	Count <20	0	Count <20
		Need	4		4		6		6	
	Breastfeeding	Served	1	Count <20	1	Count <20	0	Count <20	0	Count <20
		Need	3		3		5		6	
	Infants	Served	5	Count <20	3	Count <20	2	Count <20	0	Count <20
		Need	17		14		8		4	
	Children	Served	13	26.1%	12	23.0%	12	28.3%	11	26.8%
		Need	50		52		42		41	
	Women	Served	5	Count <20	3	Count <20	2	Count <20	0	Count <20
		Need	19		18		17		16	
	Total	**Served**	**23**	**27.0%**	**18**	**21.5%**	**16**	**23.9%**	**12**	**19.7%**
		Need	**85**		**84**		**67**		**61**	
Glacier	Pregnant	Served	79	44.9%	67	43.2%	51	39.5%	38	35.8%
		Need	176		155		129		106	
	Postpartum	Served	65	80.2%	57	71.3%	72	90.6%	72	91.1%
		Need	81		80		80		79	
	Breastfeeding	Served	23	31.5%	18	24.0%	25	33.3%	24	31.6%
		Need	73		75		75		76	
	Infants	Served	185	78.1%	160	76.9%	181	104.0%	171	119.6%
		Need	237		208		174		143	
	Children	Served	484	57.2%	498	65.3%	467	66.1%	466	73.7%
		Need	847		762		707		632	
	Women	Served	167	50.6%	142	45.8%	148	52.1%	133	50.8%
		Need	330		310		284		262	
	Total	**Served**	**836**	**59.1%**	**800**	**62.5%**	**796**	**68.4%**	**771**	**74.4%**
		Need	**1,414**		**1,280**		**1,165**		**1,036**	

Golden Valley	Pregnant	Served	1	Count <20	2	Count <20	1	Count <20	1	Count <20
		Need	3		5		8		10	
	Postpartum	Served	1	Count <20	0	Count <20	1	Count <20	1	Count <20
		Need	3		3		2		1	
	Breastfeeding	Served	0	Count <20	1	Count <20	1	Count <20	2	0.0%
		Need	3		3		1		0	
	Infants	Served	1	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	4		6		11		14	
	Children	Served	1	Count <20	4	Count <20	5	21.8%	7	29.2%
		Need	17		14		23		24	
	Women	Served	2	Count <20	3	Count <20	3	Count <20	4	Count <20
		Need	9		11		11		12	
	Total	**Served**	**4**	**13.3%**	**8**	**25.8%**	**10**	**22.5%**	**13**	**26.5%**
		Need	**30**		**31**		**44**		**49**	
Granite	Pregnant	Served	5	Count <20	1	Count <20	2	Count <20	0	Count <20
		Need	18		11		12		8	
	Postpartum	Served	2	Count <20	2	Count <20	2	Count <20	2	Count <20
		Need	6		6		8		9	
	Breastfeeding	Served	1	Count <20	3	Count <20	3	Count <20	4	Count <20
		Need	6		6		8		9	
	Infants	Served	5	20.8%	6	Count <20	5	Count <20	5	Count <20
		Need	24		15		16		10	
	Children	Served	19	33.7%	14	18.2%	15	25.8%	12	18.5%
		Need	56		77		58		65	
	Women	Served	8	26.7%	6	26.1%	7	25.0%	6	24.0%
		Need	30		23		28		25	
	Total	**Served**	**32**	**29.0%**	**26**	**22.6%**	**27**	**26.5%**	**23**	**22.8%**
		Need	**110**		**115**		**102**		**101**	

Hill	Pregnant	Served	57	35.8%	55	34.8%	56	40.3%	55	41.7%
		Need	159		158		139		132	
	Postpartum	Served	37	47.7%	57	74.5%	48	66.7%	58	82.9%
		Need	78		77		72		70	
	Breastfeeding	Served	30	42.9%	21	29.2%	27	39.7%	23	33.8%
		Need	70		72		68		68	
	Infants	Served	127	59.6%	147	68.4%	153	81.0%	168	92.3%
		Need	213		215		189		182	
	Children	Served	318	44.2%	317	45.4%	286	46.1%	275	47.3%
		Need	719		699		620		581	
	Women	Served	124	40.4%	133	43.3%	131	47.0%	136	50.4%
		Need	307		307		279		270	
	Total	**Served**	**569**	**46.0%**	**597**	**48.9%**	**570**	**52.4%**	**580**	**56.1%**
		Need	**1,238**		**1,220**		**1,088**		**1,033**	
Jefferson	Pregnant	Served	14	29.2%	6	10.5%	11	21.2%	7	12.5%
		Need	48		57		52		56	
	Postpartum	Served	9	34.6%	8	31.4%	9	40.9%	9	42.9%
		Need	26		26		22		21	
	Breastfeeding	Served	10	43.5%	7	29.2%	9	42.9%	8	38.1%
		Need	23		24		21		21	
	Infants	Served	31	47.7%	21	26.9%	31	43.7%	28	36.4%
		Need	65		78		71		77	
	Children	Served	73	27.1%	81	26.5%	64	25.0%	64	24.3%
		Need	270		306		256		263	
	Women	Served	33	34.0%	21	19.6%	29	30.5%	24	24.5%
		Need	97		107		95		98	
	Total	**Served**	**137**	**31.7%**	**123**	**25.1%**	**124**	**29.4%**	**115**	**26.3%**
		Need	**432**		**490**		**422**		**438**	

Judith Basin	Pregnant	Served	2	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	13		17		8		8	
	Postpartum	Served	1	Count <20	2	Count <20	2	Count <20	3	Count <20
		Need	5		5		6		6	
	Breastfeeding	Served	1	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	5		5		5		5	
	Infants	Served	1	Count <20	2	8.0%	5	Count <20	7	Count <20
		Need	17		25		10		10	
	Children	Served	11	15.8%	12	15.4%	12	30.7%	13	40.6%
		Need	69		78		39		32	
	Women	Served	4	17.4%	4	14.8%	6	Count <20	7	Count <20
		Need	23		27		19		19	
	Total	**Served**	**16**	**14.6%**	**18**	**13.8%**	**23**	**33.8%**	**26**	**42.6%**
		Need	**109**		**130**		**68**		**61**	
Lake	Pregnant	Served	81	33.8%	65	26.5%	77	36.2%	70	34.0%
		Need	240		245		213		206	
	Postpartum	Served	59	61.1%	82	85.9%	63	58.1%	72	64.3%
		Need	97		96		109		112	
	Breastfeeding	Served	45	51.7%	60	66.7%	48	47.1%	54	50.0%
		Need	87		90		102		108	
	Infants	Served	180	55.6%	218	64.9%	207	72.6%	229	83.0%
		Need	324		336		285		276	
	Children	Served	515	42.5%	459	40.6%	433	42.3%	387	41.4%
		Need	1,211		1,131		1,023		934	
	Women	Served	185	43.6%	207	48.0%	188	44.3%	196	46.0%
		Need	424		431		424		426	
	Total	**Served**	**880**	**44.9%**	**884**	**46.6%**	**828**	**47.8%**	**812**	**49.6%**
		Need	**1,959**		**1,898**		**1,732**		**1,636**	

Lewis & Clark	Pregnant	Served	118	33.0%	69	16.0%	109	26.8%	90	20.2%
		Need	358		430		406		446	
	Postpartum	Served	81	46.8%	108	63.2%	75	46.3%	82	51.9%
		Need	173		171		162		158	
	Breastfeeding	Served	68	43.3%	73	45.3%	80	52.3%	86	56.2%
		Need	157		161		153		153	
	Infants	Served	229	46.9%	247	42.4%	264	48.0%	282	46.8%
		Need	488		582		550		602	
	Children	Served	583	32.4%	589	28.0%	499	25.5%	473	22.3%
		Need	1,798		2,104		1,960		2,117	
	Women	Served	267	38.8%	250	32.8%	264	36.6%	257	33.9%
		Need	688		762		721		757	
	Total	**Served**	**1,079**	**36.3%**	**1,086**	**31.5%**	**1,027**	**31.8%**	**1,012**	**29.1%**
		Need	**2,974**		**3,448**		**3,231**		**3,476**	
Liberty	Pregnant	Served	2	8.7%	1	Count <20	1	Count <20	0	Count <20
		Need	23		15		18		14	
	Postpartum	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	6		6		11		12	
	Breastfeeding	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	5		5		10		12	
	Infants	Served	2	6.5%	3	15.0%	4	16.0%	5	Count <20
		Need	31		20		25		19	
	Children	Served	14	18.3%	11	14.5%	6	9.3%	2	3.3%
		Need	77		76		65		60	
	Women	Served	4	11.8%	3	11.5%	3	7.7%	2	5.3%
		Need	34		26		39		38	
	Total	**Served**	**20**	**14.1%**	**17**	**14.0%**	**13**	**10.1%**	**10**	**8.5%**
		Need	**142**		**122**		**128**		**117**	

Lincoln	Pregnant	Served	28	23.9%	29	26.4%	39	38.6%	43	46.2%
		Need	117		110		101		93	
	Postpartum	Served	27	59.3%	35	77.8%	21	39.6%	22	40.0%
		Need	46		45		53		55	
	Breastfeeding	Served	23	56.1%	29	69.0%	24	48.0%	26	49.1%
		Need	41		42		50		53	
	Infants	Served	73	46.2%	93	60.8%	85	62.5%	96	75.6%
		Need	158		153		136		127	
	Children	Served	212	39.6%	214	41.5%	199	43.6%	195	46.1%
		Need	536		515		457		423	
	Women	Served	78	38.2%	93	47.2%	84	41.2%	91	45.0%
		Need	204		197		204		202	
	Total	**Served**	**363**	**40.5%**	**400**	**46.2%**	**368**	**46.2%**	**382**	**50.9%**
		Need	**897**		**865**		**797**		**751**	
Madison	Pregnant	Served	3	11.1%	3	9.7%	4	Count <20	4	Count <20
		Need	27		31		9		4	
	Postpartum	Served	4	Count <20	6	Count <20	2	Count <20	2	Count <20
		Need	12		11		12		12	
	Breastfeeding	Served	4	Count <20	10	Count <20	7	Count <20	10	Count <20
		Need	10		11		11		12	
	Infants	Served	11	28.2%	16	39.0%	14	Count <20	17	Count <20
		Need	39		41		12		4	
	Children	Served	25	15.4%	26	14.5%	24	39.6%	24	75.0%
		Need	163		180		61		32	
	Women	Served	11	22.4%	19	35.8%	13	40.6%	16	57.1%
		Need	49		53		32		28	
	Total	**Served**	**47**	**18.8%**	**61**	**22.3%**	**51**	**48.8%**	**57**	**89.1%**
		Need	**250**		**274**		**105**		**64**	

McCone	Pregnant	Served	1	Count <20	1	Count <20	0	0.0%	0	0.0%
		Need	12		12		50		63	
	Postpartum	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	4		4		6		6	
	Breastfeeding	Served	1	Count <20	1	Count <20	0	Count <20	0	Count <20
		Need	3		4		5		6	
	Infants	Served	1	Count <20	1	Count <20	2	2.9%	2	2.4%
		Need	16		16		68		85	
	Children	Served	13	26.2%	9	15.9%	6	2.3%	2	0.6%
		Need	50		56		266		341	
	Women	Served	3	Count <20	3	15.0%	1	1.6%	0	0.0%
		Need	19		20		61		75	
	Total	**Served**	**17**	**20.1%**	**13**	**14.1%**	**9**	**2.3%**	**5**	**1.0%**
		Need	**85**		**92**		**395**		**501**	
Meagher	Pregnant	Served	2	Count <20	3	Count <20	2	Count <20	2	Count <20
		Need	18		18		9		6	
	Postpartum	Served	2	Count <20	2	Count <20	1	Count <20	1	Count <20
		Need	8		8		8		8	
	Breastfeeding	Served	1	Count <20	2	Count <20	3	Count <20	4	Count <20
		Need	7		7		8		8	
	Infants	Served	9	37.5%	7	29.2%	7	Count <20	6	Count <20
		Need	24		24		12		8	
	Children	Served	27	36.1%	22	22.3%	23	37.4%	20	30.8%
		Need	75		99		61		65	
	Women	Served	5	15.2%	7	21.2%	6	24.0%	7	31.8%
		Need	33		33		25		22	
	Total	**Served**	**41**	**31.1%**	**36**	**23.1%**	**36**	**36.6%**	**33**	**34.7%**
		Need	**132**		**156**		**98**		**95**	

Mineral	Pregnant	Served	12	52.2%	6	24.0%	10	47.6%	7	33.3%
		Need	23		25		21		21	
	Postpartum	Served	5	Count <20	14	Count <20	7	Count <20	11	Count <20
		Need	14		14		10		9	
	Breastfeeding	Served	6	Count <20	9	Count <20	8	Count <20	10	Count <20
		Need	12		13		10		10	
	Infants	Served	23	76.7%	24	70.6%	25	89.3%	26	89.7%
		Need	30		34		28		29	
	Children	Served	70	52.1%	63	59.0%	57	55.6%	50	60.2%
		Need	134		107		102		83	
	Women	Served	23	46.9%	29	55.8%	25	61.0%	28	71.8%
		Need	49		52		41		39	
	Total	**Served**	**116**	**54.5%**	**116**	**60.4%**	**107**	**62.4%**	**104**	**68.4%**
		Need	**213**		**192**		**171**		**152**	
Missoula	Pregnant	Served	235	39.6%	120	17.4%	233	34.7%	194	26.6%
		Need	593		689		672		730	
	Postpartum	Served	129	46.3%	234	84.9%	113	42.1%	143	54.2%
		Need	279		276		269		264	
	Breastfeeding	Served	160	63.2%	198	76.4%	194	76.7%	218	85.5%
		Need	253		259		253		255	
	Infants	Served	380	47.3%	469	50.3%	484	52.9%	548	55.0%
		Need	803		933		915		996	
	Children	Served	1,257	43.9%	1,297	39.5%	1,182	39.6%	1,170	37.0%
		Need	2,866		3,287		2,983		3,163	
	Women	Served	524	46.6%	552	45.1%	540	45.2%	555	44.4%
		Need	1,125		1,224		1,194		1,250	
	Total	**Served**	**2,161**	**45.1%**	**2,318**	**42.6%**	**2,206**	**43.3%**	**2,273**	**42.0%**
		Need	**4,793**		**5,443**		**5,092**		**5,408**	

Musselshell	Pregnant	Served	5	Count <20	4	15.4%	4	Count <20	3	13.6%
		Need	18		26		19		22	
	Postpartum	Served	5	Count <20	5	Count <20	2	Count <20	1	Count <20
		Need	13		13		8		6	
	Breastfeeding	Served	2	Count <20	6	Count <20	5	Count <20	7	Count <20
		Need	12		12		7		5	
	Infants	Served	14	58.3%	17	47.2%	14	56.0%	15	51.7%
		Need	24		36		25		29	
	Children	Served	46	38.9%	40	33.1%	37	30.8%	32	26.2%
		Need	118		121		120		122	
	Women	Served	12	27.9%	15	29.4%	11	32.4%	12	35.3%
		Need	43		51		34		34	
	Total	**Served**	**72**	**38.9%**	**72**	**34.6%**	**62**	**34.6%**	**59**	**32.1%**
		Need	**185**		**208**		**179**		**184**	
Park	Pregnant	Served	11	15.5%	8	9.9%	11	15.5%	10	13.5%
		Need	71		81		71		74	
	Postpartum	Served	7	20.9%	12	36.4%	11	34.4%	14	45.2%
		Need	34		33		32		31	
	Breastfeeding	Served	7	23.3%	7	22.6%	12	40.0%	14	46.7%
		Need	30		31		30		30	
	Infants	Served	23	23.5%	30	27.3%	37	38.9%	44	44.9%
		Need	98		110		95		98	
	Children	Served	70	18.6%	68	16.3%	71	17.8%	71	16.9%
		Need	376		416		398		419	
	Women	Served	25	18.5%	27	18.6%	34	25.6%	38	27.9%
		Need	135		145		133		136	
	Total	**Served**	**118**	**19.4%**	**125**	**18.6%**	**142**	**22.7%**	**152**	**23.3%**
		Need	**609**		**671**		**626**		**652**	

Petroleum	Pregnant	Served	1	Count <20	1	Count <20	1	Count <20	1	0.0%
		Need	5		3		2		0	
	Postpartum	Served	0	Count <20	1	Count <20	1	Count <20	2	Count <20
		Need	1		1		3		3	
	Breastfeeding	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	1		1		2		2	
	Infants	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	7		4		2		-1	
	Children	Served	3	Count <20	3	Count <20	3	Count <20	3	Count <20
		Need	11		11		8		7	
	Women	Served	2	Count <20	3	Count <20	3	Count <20	4	Count <20
		Need	7		5		7		6	
	Total	**Served**	**6**	**24.4%**	**7**	**Count <20**	**7**	**Count <20**	**8**	**Count <20**
		Need	**25**		**20**		**17**		**11**	
Phillips	Pregnant	Served	8	32.0%	7	24.1%	7	25.9%	6	20.7%
		Need	25		29		27		29	
	Postpartum	Served	6	Count <20	7	Count <20	7	Count <20	8	Count <20
		Need	11		11		11		11	
	Breastfeeding	Served	8	Count <20	5	Count <20	7	Count <20	6	Count <20
		Need	10		10		11		11	
	Infants	Served	19	57.6%	21	53.8%	25	67.6%	28	70.0%
		Need	33		39		37		40	
	Children	Served	57	50.9%	58	46.6%	54	49.4%	53	46.9%
		Need	112		125		109		113	
	Women	Served	22	47.8%	19	38.0%	21	42.9%	20	39.2%
		Need	46		50		49		51	
	Total	**Served**	**98**	**51.5%**	**98**	**46.0%**	**100**	**51.2%**	**101**	**49.5%**
		Need	**190**		**213**		**195**		**204**	

Pondera	Pregnant	Served	14	35.9%	12	27.3%	11	22.9%	9	17.0%
		Need	39		44		48		53	
	Postpartum	Served	9	45.0%	13	65.0%	14	Count <20	17	Count <20
		Need	20		20		18		17	
	Breastfeeding	Served	10	Count <20	10	Count <20	9	Count <20	9	Count <20
		Need	18		19		17		17	
	Infants	Served	32	61.5%	35	59.3%	36	56.3%	38	54.3%
		Need	52		59		64		70	
	Children	Served	107	50.9%	106	45.2%	96	45.3%	92	41.6%
		Need	210		235		212		221	
	Women	Served	33	42.9%	35	42.2%	34	41.0%	35	40.2%
		Need	77		83		83		87	
	Total	**Served**	**172**	**50.7%**	**176**	**46.7%**	**166**	**46.3%**	**165**	**43.7%**
		Need	**339**		**377**		**359**		**378**	
Powder River	Pregnant	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	6		15		5		8	
	Postpartum	Served	1	Count <20	1	Count <20	0	Count <20	0	Count <20
		Need	3		3		3		3	
	Breastfeeding	Served	1	Count <20	0	Count <20	1	Count <20	1	Count <20
		Need	2		2		3		3	
	Infants	Served	1	Count <20	2	10.0%	1	Count <20	1	Count <20
		Need	8		20		6		9	
	Children	Served	6	16.7%	5	13.0%	5	19.8%	4	17.4%
		Need	36		38		25		23	
	Women	Served	3	Count <20	2	10.0%	2	Count <20	1	Count <20
		Need	11		20		11		14	
	Total	**Served**	**10**	**18.4%**	**9**	**11.6%**	**8**	**19.1%**	**7**	**15.2%**
		Need	**54**		**78**		**42**		**46**	

Powell	Pregnant	Served	14	42.4%	6	18.8%	3	12.5%	-3	-14.3%
		Need	33		32		24		21	
	Postpartum	Served	10	Count <20	6	Count <20	5	Count <20	2	Count <20
		Need	14		14		15		15	
	Breastfeeding	Served	9	Count <20	5	Count <20	6	Count <20	4	Count <20
		Need	13		13		14		14	
	Infants	Served	25	55.6%	22	52.4%	17	53.1%	13	48.1%
		Need	45		42		32		27	
	Children	Served	55	36.1%	40	23.5%	41	24.6%	31	17.5%
		Need	153		170		167		177	
	Women	Served	33	55.0%	17	28.8%	14	26.4%	2	4.0%
		Need	60		59		53		50	
	Total	**Served**	**113**	**43.9%**	**79**	**29.1%**	**72**	**28.6%**	**47**	**18.5%**
		Need	**258**		**271**		**252**		**254**	
Prairie	Pregnant	Served	1	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	10		8		6		4	
	Postpartum	Served	1	Count <20	2	Count <20	2	Count <20	3	Count <20
		Need	3		3		5		5	
	Breastfeeding	Served	2	Count <20	2	Count <20	2	Count <20	2	Count <20
		Need	3		3		4		4	
	Infants	Served	4	Count <20	3	Count <20	9	Count <20	10	Count <20
		Need	13		12		8		6	
	Children	Served	15	40.2%	10	28.1%	12	38.9%	9	32.1%
		Need	37		36		31		28	
	Women	Served	4	Count <20	5	Count <20	6	Count <20	7	Count <20
		Need	16		14		15		14	
	Total	**Served**	**23**	**34.7%**	**18**	**29.2%**	**27**	**50.6%**	**27**	**57.4%**
		Need	**66**		**62**		**53**		**47**	

Ravalli	Pregnant	Served	69	29.7%	35	15.5%	69	34.0%	58	30.4%
		Need	232		226		203		191	
	Postpartum	Served	35	31.5%	72	65.5%	37	35.2%	50	48.5%
		Need	111		110		105		103	
	Breastfeeding	Served	55	54.5%	68	66.0%	73	73.7%	83	83.8%
		Need	101		103		99		99	
	Infants	Served	133	42.8%	142	46.6%	164	59.4%	177	67.6%
		Need	311		305		276		262	
	Children	Served	478	42.1%	505	46.8%	434	43.0%	428	45.1%
		Need	1,135		1,079		1,009		949	
	Women	Served	159	35.8%	175	39.9%	179	44.0%	191	48.6%
		Need	444		439		407		393	
	Total	**Served**	**770**	**40.7%**	**822**	**45.1%**	**777**	**45.9%**	**797**	**49.7%**
		Need	**1,890**		**1,823**		**1,692**		**1,604**	
Richland	Pregnant	Served	9	14.8%	9	10.7%	11	11.1%	12	10.1%
		Need	61		84		99		119	
	Postpartum	Served	8	32.7%	6	24.5%	8	28.6%	7	24.1%
		Need	25		25		28		29	
	Breastfeeding	Served	6	27.3%	5	21.7%	5	19.2%	4	14.3%
		Need	22		23		26		28	
	Infants	Served	29	34.9%	28	24.3%	25	18.5%	23	14.1%
		Need	83		115		135		163	
	Children	Served	62	21.9%	50	14.6%	46	13.4%	37	9.6%
		Need	282		343		344		385	
	Women	Served	23	21.3%	20	15.2%	24	15.7%	23	13.1%
		Need	108		132		153		176	
	Total	**Served**	**114**	**24.1%**	**98**	**16.6%**	**95**	**15.0%**	**83**	**11.5%**
		Need	**473**		**590**		**632**		**724**	

Roosevelt	Pregnant	Served	48	28.7%	20	14.4%	53	42.4%	45	44.1%
		Need	167		139		125		102	
	Postpartum	Served	18	27.1%	47	71.8%	20	26.5%	30	38.5%
		Need	67		66		76		78	
	Breastfeeding	Served	10	16.7%	16	25.8%	14	19.7%	17	22.7%
		Need	60		62		71		75	
	Infants	Served	151	68.0%	148	79.6%	150	88.8%	149	107.2%
		Need	222		186		169		139	
	Children	Served	367	51.3%	344	56.5%	325	53.8%	303	57.1%
		Need	716		609		604		531	
	Women	Served	76	25.9%	83	31.1%	87	32.0%	93	36.3%
		Need	294		267		272		256	
	Total	**Served**	**594**	**48.2%**	**575**	**54.2%**	**562**	**53.8%**	**545**	**58.9%**
		Need	**1,232**		**1,061**		**1,044**		**925**	
Rosebud	Pregnant	Served	45	48.9%	32	34.0%	46	53.5%	42	49.4%
		Need	92		94		86		85	
	Postpartum	Served	33	71.0%	43	93.5%	25	59.5%	26	65.0%
		Need	47		46		42		40	
	Breastfeeding	Served	35	83.3%	39	90.7%	33	84.6%	34	89.5%
		Need	42		43		39		38	
	Infants	Served	104	83.9%	112	87.5%	102	87.9%	104	90.4%
		Need	124		128		116		115	
	Children	Served	340	77.6%	322	74.0%	293	76.9%	271	75.1%
		Need	438		435		381		361	
	Women	Served	113	62.4%	114	62.3%	104	62.3%	101	62.0%
		Need	181		183		167		163	
	Total	**Served**	**557**	**75.0%**	**548**	**73.5%**	**499**	**75.2%**	**477**	**74.6%**
		Need	**743**		**746**		**664**		**639**	

Sanders	Pregnant	Served	19	30.2%	14	24.6%	23	35.9%	23	37.1%
		Need	63		57		64		62	
	Postpartum	Served	11	40.7%	18	67.9%	16	56.1%	20	69.0%
		Need	27		27		29		29	
	Breastfeeding	Served	18	75.0%	13	52.0%	21	77.8%	20	71.4%
		Need	24		25		27		28	
	Infants	Served	40	47.6%	44	57.1%	58	68.2%	65	78.3%
		Need	84		77		85		83	
	Children	Served	162	45.6%	132	43.9%	109	43.1%	81	40.5%
		Need	355		301		253		200	
	Women	Served	48	42.1%	45	41.3%	60	50.0%	63	52.5%
		Need	114		109		120		120	
	Total	**Served**	**250**	**45.2%**	**221**	**45.4%**	**227**	**49.7%**	**210**	**52.2%**
		Need	**553**		**486**		**457**		**402**	
Sheridan	Pregnant	Served	3	12.5%	5	14.3%	2	Count <20	2	9.5%
		Need	24		35		19		21	
	Postpartum	Served	4	Count <20	4	Count <20	3	Count <20	3	Count <20
		Need	8		8		11		12	
	Breastfeeding	Served	4	Count <20	3	Count <20	2	Count <20	1	Count <20
		Need	7		7		10		11	
	Infants	Served	15	46.9%	14	29.2%	12	48.0%	11	39.3%
		Need	32		48		25		28	
	Children	Served	41	51.4%	25	23.8%	18	24.6%	5	6.3%
		Need	80		105		73		79	
	Women	Served	11	28.2%	12	24.0%	7	17.5%	6	13.6%
		Need	39		50		40		44	
	Total	**Served**	**67**	**44.6%**	**51**	**25.2%**	**37**	**26.8%**	**22**	**14.6%**
		Need	**150**		**203**		**138**		**151**	

Silver Bow	Pregnant	Served	73	34.0%	59	26.2%	60	30.8%	51	26.6%
		Need	215		225		195		192	
	Postpartum	Served	60	54.5%	67	61.8%	57	58.5%	58	62.4%
		Need	110		109		98		93	
	Breastfeeding	Served	35	35.0%	46	45.1%	40	43.5%	45	50.0%
		Need	100		102		92		90	
	Infants	Served	172	59.1%	193	63.5%	181	68.0%	191	72.9%
		Need	291		304		266		262	
	Children	Served	348	35.1%	358	33.9%	347	34.1%	350	33.3%
		Need	991		1,056		1,019		1,050	
	Women	Served	168	39.5%	172	39.4%	157	40.8%	155	41.3%
		Need	425		436		385		375	
	Total	**Served**	**688**	**40.3%**	**723**	**40.3%**	**685**	**41.0%**	**696**	**41.3%**
		Need	**1,707**		**1,796**		**1,669**		**1,687**	
Stillwater	Pregnant	Served	6	12.2%	5	10.0%	6	11.8%	6	11.5%
		Need	49		50		51		52	
	Postpartum	Served	6	26.1%	5	21.7%	6	27.3%	6	27.3%
		Need	23		23		22		22	
	Breastfeeding	Served	4	19.0%	3	13.6%	3	14.3%	2	9.5%
		Need	21		22		21		21	
	Infants	Served	18	27.3%	19	28.4%	19	27.5%	20	28.6%
		Need	66		67		69		70	
	Children	Served	49	19.5%	44	15.9%	33	14.7%	26	11.6%
		Need	252		277		224		224	
	Women	Served	16	17.2%	13	13.7%	15	16.0%	14	14.7%
		Need	93		95		94		95	
	Total	**Served**	**83**	**20.2%**	**76**	**17.3%**	**67**	**17.3%**	**59**	**15.2%**
		Need	**411**		**439**		**387**		**389**	

Sweet Grass	Pregnant	Served	1	Count <20	3	13.0%	1	Count <20	2	10.0%
		Need	16		23		17		20	
	Postpartum	Served	1	Count <20	2	Count <20	4	Count <20	5	Count <20
		Need	8		8		7		7	
	Breastfeeding	Served	1	Count <20	2	Count <20	1	Count <20	1	Count <20
		Need	7		7		7		7	
	Infants	Served	6	28.6%	8	25.8%	9	39.1%	11	40.7%
		Need	21		31		23		27	
	Children	Served	12	12.8%	11	12.1%	9	11.5%	8	11.1%
		Need	94		91		78		72	
	Women	Served	3	9.7%	7	18.4%	6	19.4%	8	24.2%
		Need	31		38		31		33	
	Total	**Served**	**21**	**14.4%**	**26**	**16.3%**	**24**	**18.2%**	**27**	**20.3%**
		Need	**145**		**160**		**132**		**133**	
Teton	Pregnant	Served	7	15.2%	5	9.6%	6	14.6%	5	12.2%
		Need	46		52		41		41	
	Postpartum	Served	4	20.0%	5	Count <20	4	19.5%	4	19.0%
		Need	20		20		21		21	
	Breastfeeding	Served	3	Count <20	8	Count <20	5	25.0%	7	33.3%
		Need	18		19		20		21	
	Infants	Served	13	21.3%	20	28.6%	16	28.6%	19	33.3%
		Need	61		70		56		57	
	Children	Served	45	26.9%	41	21.3%	45	29.2%	44	27.8%
		Need	167		192		154		158	
	Women	Served	14	16.7%	18	19.8%	15	18.3%	17	20.2%
		Need	84		91		82		84	
	Total	**Served**	**72**	**23.1%**	**79**	**22.4%**	**76**	**26.1%**	**80**	**26.8%**
		Need	**312**		**353**		**291**		**298**	

Toole	Pregnant	Served	9	25.0%	4	14.3%	9	30.0%	7	28.0%
		Need	36		28		30		25	
	Postpartum	Served	6	Count <20	6	Count <20	7	Count <20	7	Count <20
		Need	16		16		17		17	
	Breastfeeding	Served	2	Count <20	5	Count <20	6	Count <20	8	Count <20
		Need	14		14		15		15	
	Infants	Served	17	35.4%	20	51.3%	21	51.2%	23	63.9%
		Need	48		39		41		36	
	Children	Served	36	24.6%	39	27.9%	39	30.7%	41	34.7%
		Need	146		140		127		118	
	Women	Served	17	25.8%	15	25.9%	22	35.5%	23	39.7%
		Need	66		58		62		58	
	Total	**Served**	**70**	**27.0%**	**74**	**31.3%**	**82**	**35.7%**	**87**	**41.2%**
		Need	**260**		**236**		**229**		**211**	
Treasure	Pregnant	Served	2	Count <20	0	Count <20	1	Count <20	0	Count <20
		Need	2		7		5		8	
	Postpartum	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	2		2		1		1	
	Breastfeeding	Served	2	Count <20	1	Count <20	1	Count <20	0	Count <20
		Need	1		1		1		1	
	Infants	Served	2	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	3		9		7		10	
	Children	Served	11	Count <20	6	28.2%	6	Count <20	3	13.6%
		Need	18		21		20		22	
	Women	Served	5	Count <20	2	Count <20	3	Count <20	1	Count <20
		Need	5		10		7		9	
	Total	**Served**	**18**	**70.1%**	**9**	**22.6%**	**11**	**32.4%**	**6**	**14.3%**
		Need	**26**		**40**		**34**		**42**	

Valley	Pregnant	Served	9	19.1%	6	12.0%	8	15.4%	7	12.7%
		Need	47		50		52		55	
	Postpartum	Served	6	Count <20	14	Count <20	11	52.4%	15	68.2%
		Need	20		20		21		22	
	Breastfeeding	Served	8	Count <20	5	Count <20	7	35.0%	6	28.6%
		Need	18		18		20		21	
	Infants	Served	26	40.0%	24	35.3%	47	68.1%	53	74.6%
		Need	65		68		69		71	
	Children	Served	79	38.5%	83	40.4%	79	44.6%	80	47.6%
		Need	205		205		177		168	
	Women	Served	23	27.1%	25	28.4%	26	28.0%	28	28.9%
		Need	85		88		93		97	
	Total	**Served**	**128**	**36.1%**	**132**	**36.6%**	**152**	**44.8%**	**161**	**47.8%**
		Need	**354**		**361**		**339**		**337**	
Wheatland	Pregnant	Served	2	Count <20	1	Count <20	2	Count <20	2	Count <20
		Need	17		16		17		17	
	Postpartum	Served	2	Count <20	3	Count <20	2	Count <20	2	Count <20
		Need	6		6		8		9	
	Breastfeeding	Served	3	Count <20	3	Count <20	4	Count <20	4	Count <20
		Need	6		6		7		7	
	Infants	Served	9	36.0%	5	23.8%	10	43.5%	9	42.9%
		Need	25		21		23		21	
	Children	Served	12	15.1%	22	28.6%	19	23.8%	25	31.6%
		Need	79		77		80		79	
	Women	Served	7	24.1%	7	25.0%	8	25.0%	8	24.2%
		Need	29		28		32		33	
	Total	**Served**	**28**	**21.0%**	**34**	**27.0%**	**37**	**27.5%**	**42**	**31.6%**
		Need	**133**		**126**		**135**		**133**	

Wibaux	Pregnant	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	2		7		11		16	
	Postpartum	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	2		2		1		1	
	Breastfeeding	Served	1	Count <20	1	Count <20	1	Count <20	1	Count <20
		Need	2		2		1		1	
	Infants	Served	2	Count <20	1	Count <20	3	Count <20	3	14.3%
		Need	3		10		15		21	
	Children	Served	6	22.1%	6	Count <20	4	Count <20	3	Count <20
		Need	27		20		20		15	
	Women	Served	3	Count <20	3	Count <20	3	Count <20	3	Count <20
		Need	6		11		13		17	
	Total	**Served**	**11**	**30.8%**	**10**	**24.8%**	**10**	**21.0%**	**9**	**16.7%**
		Need	**36**		**40**		**48**		**54**	
Yellowstone	Pregnant	Served	273	27.9%	203	17.1%	244	23.9%	211	19.1%
		Need	979		1,187		1,019		1,102	
	Postpartum	Served	213	47.8%	284	64.5%	184	41.4%	198	44.8%
		Need	446		441		444		442	
	Breastfeeding	Served	165	40.8%	195	47.0%	194	46.4%	214	50.2%
		Need	404		415		418		426	
	Infants	Served	641	48.3%	710	44.0%	702	50.9%	745	50.0%
		Need	1,328		1,612		1,378		1,489	
	Children	Served	1,392	30.6%	1,469	28.0%	1,408	28.3%	1,439	26.8%
		Need	4,542		5,254		4,978		5,361	
	Women	Served	651	35.6%	682	33.4%	622	33.1%	623	31.6%
		Need	1,829		2,043		1,881		1,970	
	Total	**Served**	**2,684**	**34.9%**	**2,861**	**32.1%**	**2,732**	**33.2%**	**2,807**	**31.8%**
		Need	**7,698**		**8,908**		**8,237**		**8,820**	

MT State	Pregnant	Served	1,922	29.6%	1,334	18.8%	1,781	27.4%	1,538	22.9%
		Need	6,499		7,082		6,507		6,704	
	Postpartum	Served	1,336	45.4%	1,850	63.5%	1,295	44.0%	1,453	49.5%
		Need	2,946		2,912		2,945		2,937	
	Breastfeeding	Served	1,227	46.0%	1,390	50.6%	1,417	51.1%	1,535	54.2%
		Need	2,669		2,745		2,773		2,831	
	Infants	Served	4,200	47.7%	4,648	48.4%	4,761	54.1%	5,097	56.2%
		Need	8,799		9,600		8,806		9,072	
	Children	Served	10,908	35.4%	11,083	33.3%	10,163	32.9%	9,973	31.3%
		Need	30,794		33,317		30,925		31,813	
	Women	Served	4,485	37.0%	4,574	35.9%	4,493	36.7%	4,525	36.3%
		Need	12,129		12,754		12,237		12,480	
	Total	Served	**19,593**	37.9%	**20,305**	36.5%	**19,417**	37.4%	**19,596**	36.7%
		Need	**51,707**		**55,656**		**51,956**		**53,357**	

Data Limitations and Interpretation:

Vital Statistics Data for 2013 is preliminary and Census estimates for 2014 are not yet released. Subsequently, all estimates and projections for years >2012 should be considersed preliminary.

-Data from the MT Office of Vital Statistics (annual births, 2013)

-US Census (population estimates, 2012)

- **Lack of data for TANF, SNAP/Food Stamp for infants and children by county and by age, may affect the estimates for infant and children because infants and children not enrolled in certain programs such as Medicaid and TANF, but who are receiving SNAP/Food Stamp are adjunctively eligible for WIC. Medicaid data are included in the model but not TANF, SNPA/Food Stamp data.**
- **US Census yearly figures are estimates based on a survey based data. Therefore, the model may not provide the most definate number since the "projected numbers" are based on population estimated numbers.**
- **2009 WIC participation data may be affected by M-Spirit system implementation and other WIC programmatic changes causing substantial increase or decrease compared to estimates from prior to 2009.**
- **WIC clients may attend a WIC clinic in a different county than the actual county the client resides in, possibly scwing the estimation numbers of WIC participation per county.**
- **Counties with a very small WIC participation are difficult to provide meaningful statistical information such as the rate of participation**
- **WIC participants may change categories i.e., infant to child during the course of the year causing fluctuations from year to year by WIC category. For example, infants dropped from 6,599 in 2008 to 4,970 in 2009 (-1,629) causing children category to increase from 16,943 in 2008 to 18,812 in 2009 (+1,869).**
- **Estimated need for "Breastfeeding" is a more accurate than the three subpopulations. This is because the model assumes that each eligible woman does not change subpopulations during the course of a year. In actuality, Breastfeeding who deliver during the year will.**

***Disclaimer: Model is based on County Level and Calendar Year not Federal Fiscal Year. Be cautious when interpreting and comparing these data with other WIC data obtained from elsewhere.**

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See ***Affirmative Action WIC ELIGIBLES BY COUNTY*** **AS AN ADDENDUM TO THIS PLAN**

Montana WIC Affirmative Action Plan Information

Description of Method of WIC Participation and Potentially Eligibles

Given the goals of improving access overall among counties, as well as the federal government's intent that States strive to serve all eligible clients, this method for estimating eligible WIC Participation is based on caseload distribution (WIC participation) and historical data from other sources.

This approach builds upon aspects of an estimation methodology developed originally for Washington State by the *Clegg & Associates and Calculated Risk (C&A and CR)* consulting groups. The *C&A and CR* conducted research, reviewed methods used by other states, and incorporated certain adjustment factors set forth in the Panel to Review the USDA Methodology for Estimating Eligibility and Participation for the WIC Program. This method includes enhancements that reflect population characteristics and data sources specific to Montana State. Estimates from this method represent of potentially eligible individuals over a 12-month calendar year by county of residence.

Part I: Estimating Eligible Infants (ages 0 up to 1 year)

The estimates of the number of WIC-eligible infants are the basis for subsequent estimates of eligible children and women.

A. Baseline Count – Infants (Annual Births)

The methodology starts with the annual number of births as recorded by the Department of Public Health and Human Services (DPHHS). These records are organized according to the mothers' county of residence at the time of birth.

B. Adjustment Procedure to Improve the Count Accuracy – Infants

The methodology introduces an adjustment for county-specific counts. We do this in the following way:

> *Step 1:* We arrive at county-specific estimates of children ages 1-4 as the sum of all live births for the appropriate prior 4 years based on DPHH birth records, and add to the annual birth count for given year.
> *(Example: births from: 06+07+08+09+10 (children aged: 1yr, 2yrs, 3ry, 4yrs, <1yr)=total children 0-4yrs in 2010)*
>
> *Step 2:* We obtain county-specific estimates of children ages 0-4 from the inter-US Census year population.
>
> *Step 3:* We compare county-specific totals based on birth records of children ages 0-4 (step 1) to the county-specific estimates of children ages 0-4 from inter-US Census (step 2).

Step 4: We interpret the difference between these two population counts. The estimated numbers may increase or decrease to reflect the percentage deviation existing between DPHH and US Census projections for the 0-4 age group.
(Example: 100-200= (-100), estimate of #Net In/(Out) Migration; 100/200=50% Estimate of % Net In/(Out) Migration)
These adjustments occur at the county level for all counties.

C. Estimating Infants in Poverty – Infants

After deriving county-level estimates of infants under age one, we next approximate the percentage in households below 185% Federal Poverty Level (FPL). We refer to the 2010 Census as a starting point. By matching census counts by county for the 0-4 age group with similar counts for the 0%-185% FPL stratum, we calculate a poverty rate for each county. We apply this percentage to the estimated number of infants derived above, assuming that the poverty rate for infants is the same as the poverty rate for children ages 0-4. Because these poverty rates may have increased since the 2000 Census, we refer to the March Supplement of the Current Population Survey (CPS), which reflects economic conditions from the previous year. For each county, we compare the poverty rate derived from the 2000 Census with the more current CPS percentage of children under 185% of FPL for Montana State. If the CPS percentage is higher than the percentage from the census, we instead use the CPS poverty rate for the county. Note that because the CPS is a survey, it is less comprehensive and accurate than the census. We therefore construct a confidence range that reflects the survey's sample size. In order to forecast WIC eligible more inclusively, we use the upper limit of this range when comparing the CPS and census poverty rates.
Lack of annual data by county and by age for infants and children <185% Federal Poverty Level (FPL), does not allow to accurately account for the number of infants and children who live in households <185% FPL.

D. Increase for **Adjunctive Eligibility** - Infants

Infants on Medicaid, TANF (Temporary Assistance for Needy Families), and the Food Stamp Program are eligible for the WIC Program regardless of their households' income status. We begin by using the adjunctive eligibility factor recommended in the Panel to Review the USDA Methodology for Estimating Eligibility and Participation for the WIC Program. This static and national adjustment factor increases the number of infants eligible for WIC by 31%
We initially boost our county-specific estimates of infants in poverty by this factor. Next, we refer to two separate tallies of infants: (1) the unique enrollment counts by county for Montana State infants (up to one year old) in all Categorically Needy and Medically Needy program categories, and (2) the unique counts by county for infants who are not enrolled in Medicaid but are receiving food stamps. For each county, we sum these two tallies of non-overlapping infants. If the sum exceeds the county-specific results obtained from applying only the USDA panel adjustment for adjunctive eligibility above, we use Medicaid enrollment plus Food Stamp Program participants to reflect those infants potentially eligible for WIC. This step assumes that WIC-eligible people under 185% of FPL are already enrolled in these Medicaid programs. It also assumes that TANF enrollees are contained within the Categorically Needy programs.

E. Increase for Eligibility using **Monthly vs. Annual Income** – Infants

Monthly income is more volatile than annual income, especially for the poor. As a result, more people are eligible for WIC when evaluated using monthly income rather than annual income. Our use of poverty rates from the census represents annual income. To account for the increased eligibility that would result from evaluating monthly income for program applicants, we adopt a recommendation from the previously referenced USDA panel report. It boosts the number of eligible infants by 18%.

Part II: Estimating Eligible Children (ages 1 through 4 years)

A. Baseline Counts - Children

We estimate the number of children ages 1-4 as the sum of all live births for the appropriate prior four years based on DPHH birth records. As with the infant baseline estimates, these estimates are county-specific.

B. Adjustment Procedure to Improve the Count Accuracy – Children

The methodology introduces an adjustment for county-specific counts. We do this in the following way:

Step 1: We arrive at county-specific estimates of children ages 1-4 as the sum of all live births for the appropriate prior 4 years based on DPHH birth records, and add to the annual birth count for given year.
(Example: births from: 06+07+08+09+10 (children aged: 1yr, 2yrs, 3ry, 4yrs, <1yr)=total children 0-4yrs in 2010)

Step 2: We obtain county-specific estimates of children ages 0-4 from the inter-US Census year population.

Step 3: We compare county-specific totals based on birth records of children ages 0-4 (step 1) to the county-specific estimates of children ages 0-4 from inter-US Census (step 2).

Step 4: We interpret the difference between these two population counts. The estimated numbers may increase or decrease to reflect the percentage deviation existing between DPHH and US Census projections for the 0-4 age group.
(Example: 100-200= (-100), estimate of #Net In/(Out) Migration; 100/200=50% Estimate of % Net In/(Out) Migration)
These adjustments occur at the county level for all counties.

C. Estimating Children in Poverty - Children

After deriving county-level estimates of children ages 1-4, we next approximate the percentage in households below 185% FPL. We refer to the 2000 Census as a starting point. By matching census counts by county for the 0-4 age group with similar counts for the 0%-185% FPL stratum, we calculate a poverty rate for each county. We apply this percentage to our estimated number of children ages 1-4 derived above. We assume that

the poverty rate for children ages 1-4 is the same as the poverty rate for children ages 0-4. Because these poverty rates may have increased since the 2000 Census, we refer to the March Supplement of the CPS, which reflects economic conditions from the previous year. For each county, we compare the poverty rate derived from the 2000 Census with the more current CPS percentage of children under 185% of FPL for Montana State. If the CPS percentage is higher than the percentage from the census, we instead use the CPS poverty rate for the county. Note that because the CPS is a survey, it is less comprehensive and accurate than the census. We therefore construct a confidence range that reflects the survey's sample size. In order to forecast WIC eligible more inclusively, we use the upper limit of this range when comparing the CPS and census poverty rates.

D. Increase for **Adjunctive Eligibility** - Children

Children on Medicaid, TANF, and the Food Stamp Program are eligible for the WIC Program, regardless of their households' income status. We begin by using the adjunctive eligibility factor recommended in the Panel to Review the USDA Methodology for Estimating Eligibility and Participation for the WIC Program. This static and national adjustment factor increases the number of children eligible for WIC by 23%. We initially boost our county specific estimates of children in poverty by this factor. Next, we refer to two separate tallies of children ages 1-4: (1) the unique enrollment counts by county for Montana State children in all Categorically Needy and Medically Needy program categories and (2) the unique counts by county for children who are not enrolled in Medicaid but are receiving food stamps.
For each county, we sum these two tallies of non-overlapping children. If the sum exceeds the county-specific results obtained from applying only the USDA panel adjustment for adjunctive eligibility above, we use the Medicaid enrollment plus Food Stamp Program participants to reflect those children potentially eligible for WIC. This step assumes that WIC-eligible people under 185% of FPL are already enrolled in these Medicaid programs. It also assumes that TANF enrollees are contained within the Categorically Needy programs.

E. Increase for Eligibility using **Monthly vs. Annual Income** - Children

Monthly income is more volatile than annual income, especially for the poor. As a result, more people are eligible for WIC when evaluated using monthly income rather than annual income. Our use of poverty rates from the census represents annual income. To account for the increased eligibility that would result from evaluating monthly income for program applicants, we adopt a recommendation in the previously referenced USDA panel report. It boosts the number of eligible infants by 1%.

Part III: Estimating Eligible Women

The estimated number of women eligible for WIC in a given year is inferred from the number of WIC-eligible infants derived in Methodology, Part I. WIC-eligible women can be split into three non-overlapping sub-groups:

1. Women who are pregnant at any time during the year
2. Breastfeeding, post-partum mothers who gave birth during the prior year
3. Non-breastfeeding, post-partum mothers who gave birth during the prior year

Rather than assume all infants born in a given year had different mothers, the method uses county-specific plural birth data made available by DPHHS to reduce slightly the number of women relative to infants. This approach does not directly account for miscarriages or maternal deaths. The USDA conclude that multiple and fetal and infant deaths do nearly cancel each other. [1] Because of the confidence ranges that surround the "point estimates" produced by this methodology, we are confident that the error associated with miscarriages and deaths will be contained within the range, so long as the confidence range is chosen reasonably.

1. **Women Who are Pregnant at Any Time in the Year**

   The number of eligible infants resulting from Methodology, Part I are used. Using the overall rate of plural births recorded for each county, we calculated the number of pregnant women associated with the infants born in the given year.

   To this figure, we add an estimate of the number of women pregnant in the current year but who will not give birth until the following year. We estimate this component by allowing that 39/52 (75%) (39 weeks average pregnancy in MT/52 weeks in calendar year), of WIC-eligible women who become pregnant during the current year will deliver in the current year. The 39 week delivery term is based on Montana births from 2006 to 2009. The selection of "39 weeks" in this case is a user-defined variable in the model. Note that there is no allowance for seasonality in deliveries made using this approach.

2. **Breastfeeding, Post-Partum Women Who Gave Birth in the Prior Year**

   We multiply the 6-month breastfeeding rate from the Pediatric Nutrition Surveillance System (PedNSS) specific for Montana with the annual number of eligible infants from Methodology, Part I, to estimate the number of breastfeeding women. The MT OVS plural births are employed to slightly reduce the number of women associated with newborns.

3. **Non-Breastfeeding, Post-Partum Women Who Gave Birth in the Prior Year**

   We multiply the 6-month non-breastfeeding rate from the Pediatric Nutrition Surveillance System (PedNSS) specific for Montana with the annual number of eligible infants from Methodology, Part I, to estimate non-breastfeeding women. The MT OVS plural births are employed to slightly reduce the number of women associated with newborns. The total is reduced by one-half to recognize the shorter, six-month WIC eligibility period for non-breastfeeding, postpartum women.

---

[1] USDA, The National Research Council. *Estimating Eligibility and Participation for the WIC Program.* Final Report. 2004;69.

Montana WIC Program
Alternate Means of Signature for WIC Benefits

I, _____ have received the following WIC Benefits.
Printed Name of Participant

1. _____ _____ To _____
Participant Name Starting Number Ending Number

2. _____ _____ To _____
Participant Name Starting Number Ending Number

3. _____ _____ To _____
Participant Name Starting Number Ending Number

4. _____ _____ To _____
Participant Name Starting Number Ending Number

5. _____ _____ To _____
Participant Name Starting Number Ending Number

6. _____ _____ To _____
Participant Name Starting Number Ending Number

_____ _____
Signature of: Date
Participant
Parent/Guardian
Proxy
Authorized Representative

INSTRUCTIONS: Scan completed form (both sides) into appropriate participant folder(s).

(OVER)

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity provider and employer.

Montana WIC Program
Anemia Cut-Off Values
1998 CDC Guidelines

Hemoglobin/Hematocrit Cut-Off Values

At sea-level, non-smoking

Age	HGB (<g/dL)	HCT (<%)
Infant		
• 6 to 12 mos.	11.0	33
Child		
• 1 to < 2 yrs.	11.0	33
• > 2 to 5 yrs.	11.1	33
Non-Pregnant		
• 12 to < 15 yrs.	11.8	36
• 15 to < 18 yrs.	12.0	36
• > 18 yrs.	12.0	36
Pregnant		
• 1st Trimester	11.0	33
• 2nd Trimester	10.5	32
• 3rd Trimester	11.0	33

INSTRUCTIONS: To use this form use the “at sea-level, non-smoking” values for HGB and HCT initially based on the participants category and age. If the clinic location is at a higher elevation, add the adjustment value from the “adjustment for altitude” table (upper right). If the participant smokes, add the adjustment value from the “adjustment for smoking status” table (lower right).

Adjustment for Altitude

Long-term residency at a high altitude (greater than or equal to 3,000 feet) causes a generalized upward shift in hemoglobin concentration and hematocrit values. The cutoff values should be adjusted for this factor.

Altitude (feet)	HGB (<g/dL)	HCT (<%)
0-2999 ft	-	-
3000-3999 ft	+0.2	+0.5
4000-4999 ft	+0.3	+1.0
5000-5999 ft	+0.5	+1.5
6000-6999 ft	+0.7	+2.0

Adjustment for Smoking Status

Packs of Cigarettes Smoked Per Day	HGB (<g/dL)	HCT (<%)
0.5 - < 1.0	+0.3	+1.0
1.0 - < 2.0	+0.5	+1.5
>= 2.0	+0.7	+2.0

Supplemental Nutrition Program for Women, Infants and Children
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. Supplemental Nutrition Assistance Program (SNAP):_____

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 Progra

Supplemental Nutrition Program for Women, Infants and Children
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. Special Nutrition Assistance Program (SNAP):

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 Implement WIC Program

Montana WIC Program
Benefit Stock Disposal Form

On ___/___/20____, _____ reams + sheets of WIC Food Benefits were physically destroyed.

WIC Clinic: _____ Date: _____

These benefits were numbered:

_____ _____ _____

_____ _____ _____

_____ _____ _____

The checks were destroyed by (check appropriate):

1. _____ SHREDDING
2. _____ INCINERATION
3. _____ OTHER

Explanation: _____

REMEMBER: TWO WITNESSES ARE REQUIRED.

WIC Program: _____

_____ _____
WIC Staff Signature Date

_____ _____
WIC Staff Signature Date

INSTRUCTIONS: 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

Montana WIC Program
Benefit Void/Reissue Form

Participant Name: _____ Participant ID#: _____

Clinic Name/Number: _____ Date of Void/Reissue: _____

Benefits to be voided:

_____ _____

_____ _____

_____ _____

Benefits that were reissued: LDTU of benefit(s):

_____ _____

_____ _____

_____ _____

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 participant's folder and send the original to the State WIC Office, PO BOX 202951, Helena, MT 59620.

WIC Staff Signature: _____ Date: _____

Montana WIC Program
Blood Screening Procedures Form

Prior to Sampling

Step #	Procedure
1	Assemble supplies needed – vial of cuvettes, alcohol pad (or alcohol bottle if to be put on gauze, lancet, gauze, Band-aid.
2	Check expiration date of cuvettes.
3	Seat the participant comfortably. If her/his hands are cold, it is a good idea to warm the hand from which the sample will be taken.
4	Have the participant remove any rings on the finger to be used.
5	Put on gloves. Close the cuvette vial.
6	Remove only one cuvette for immediate use and close the cuvette vial.

Sampling technique

Step #	Procedure
1	Use only the middle finger or ring finger for sampling.
2	Clean the puncture site with an alcohol swab and wipe off the alcohol used or allow the finger to air dry.
3	Take the participant's hand with your thumb on top. 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. Select the sample site on the top of either side of the finger. Place an appropriate lancet firmly on the finger. Perform the finger stick, maintaining pressure on the finger.
4	Using a dry absorbent pad, wipe away the first blood and another two or three good–sized drops of blood. Release pressure on the finger and gently rock it to achieve a good size drop, but avoid "milking" the finger.
5	Place the tip of the cuvette into the drop of blood down to the skin. Fill the cuvette completely in one continuous motion.
6	Wipe excess-blood on the tip of the cuvette with gauze. Make sure that no blood is sucked out of the cuvette. Check the cuvette for air bubbles.

Using a HemoCue®

Step #	Procedure
1	Insert the filled cuvette in the HemoCue® machine.
2	Record the blood hemoglobin value displayed in the window.
3	Dispose of the lancet, cuvette and other supplies in appropriate containers.
4	Remove gloves and dispose of properly.
5	Wash hands.
6	If another participant is to be tested, select new gloves and begin the process again.

Montana WIC

Nutrition Program for Women, Infants and Children

Breastfeeding Education Plan

Fiscal Year: 2016

Local Agency: | WIC Director:

Complete all sections of plan and submit to the state office

I. Briefly describe prior year activities including any successes or challenges:

II. Describe needs of local clinic, participant population, and/or staff:

Updated 4/22/15

Montana WIC

III. Choose at least one area of focus for Breastfeeding Education in your local agency:

Please use local agency breastfeeding data to direct your plan

___ Staff competency: Provide staff with training in breastfeeding

___ Community: Collaborate with local providers and groups to support breastfeeding mothers

___ Targeted Education: Develop or identify evidence-based materials to use in education about breastfeeding (initiation, duration or overcoming barriers)

Describe (in detail) activities associated with focus area, including outreach and promotion:

Attention: Lacy Little, Nutrition Coordinator
Montana State WIC Program
PO Box 2052951
Helena, MT 59620-2951
(406) 444-5923 or email: Lalittle@mt.gov

Montana WIC Program
Civil Rights Complaint Form

Participant Name: _____

Address: _____

_____

_____

Telephone Number: _____

Nature of Complaint: _____

_____

_____

_____

_____

Market or Farmer Name (if applicable): _____

Witness Name: _____

Witness Contact Information: _____

_____

_____

Local WIC Program: _____

Does the participant believe discrimination occurred based on:

□race □color □national origin □age □disability □sex

Date(s) when the alleged discrimination occurred: _____

Montana WIC Program
1400 Broadway, Cogswell Building C305
Helena, MT 59620
1-800-433-4298

USDA, Director
Office of Adjudication and Compliance
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

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 Coordinator, Cogswell Bldg., Helena, MT 59620 (406) 444-5533.

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.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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CIVIL RIGHTS IMPACT ANALYSIS

A Civil Rights Impact Analysis is required before closing or relocating a local agency. This template provides guidance on the information to be gathered. It should be provided to USDA-FNS at least 60 days prior to closure or relocation. Additional pages may be included if needed.

State Agency: **STATE OF MONTANA**

Local Agency/Clinic Name: _____

Current Location_____ New Location_____

1. When will the move occur?	
2. Distance from the old clinic to the new clinic?	
3. Amount of advance notice to participants? How will clients be notified?	
4. Will the clinic remain non-smoking? Provide assurance	
5. Demographic assessment comparing old and new location. Include available information. Demographic map Racial composition of affected neighborhoods Census data	
6. Is the new location in an area where at risk populations or low income housing are located?	
7. Is the new location accessible for clients with disabilities? Is public transportation also available?	

8. Participation By category Women Infants Children By race/ethnicity White American Indian/Alaska native Hispanic/Latino Asian Black/African American Native Hawaiian Pacific Islander Average participation for last 6 months	
9. Availability of other community resources including other local agencies	
10. Consideration of Affirmative Action Plan Information The relative position of the area or special Population served in the Affirmative Action Plan How much of the current need is met at each priority level and participant category? The potentially eligible individuals in the area	
11. Place in local agency priority system	
12. Public notification What methods are being used (such as radio, phone calls, text messages, flyers etc.?)	

13. Cost effectiveness	
14. Participant Access: Describe the State agency's Participant Access Criteria Are there access issues for the new clinic location? Are there access issues for the availability of authorized vendors such as geographic barriers?	
Signature of reviewer _____ Date _____	
As of date for assessment _____	

Montana WIC
Nutrition Program for Women, Infants and Children

MONTANA
Department of Public Health & Human Services

Montana WIC Program
1400 Broadway, Cogswell Building C305
PO Box 202951
Helena MT 59620-2951
1-800-433-4298

Montana WIC

WIC – Building Healthy & Strong Families

Program Complaint Form

Use this form for taking a complaint from a participant/local agency/retailer. Document the name, clinic/city and phone number and well as follow-up of the complaint.

Name: _____ Clinic: _____

Address: _____ City: _____ Phone: _____
(optional)

Complaint:

_____

_____

_____

_____

_____

_____

_____
Signed Date

Follow-Up:

_____

_____

_____

_____

_____

_____
Signed Date

Offer participant/local agency the opportunity for a "Fair Hearing" as per guidance in WIC State Plan.

Response:

_____

_____

_____

_____

_____

_____
Signed Date

Offer participant/local agency the opportunity for a "Fair Hearing" as per guidance in WIC State Plan.

Montana WIC Program

End of Certification/Notice of Ineligibility

The WIC certification for _____ will expire on _____ for the following reason:
(Name) (Date)

	Your infant or child is due for re-certification - Please make your next appointment!
	Your child is over five (5) years of age.
	You are a non-breastfeeding woman more than 6 months postpartum.
	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.
	Program Fraud/Abuse:
	Other:

If your circumstances change and you would like to re-apply, please contact your local WIC office.

For questions or information call: _____

_____ _____ _____ _____
Participant/Guardian Signature Date WIC Staff Signature Date

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   - You may be represented by an attorney or anyone at the hearing.
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   - 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.

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Montana WIC Program

Approved Food List

July 1, 2015

Use your WIC benefit as a shopping list. Only items listed on the benefit may be purchased. Select the size and quantity listed to receive the maximum nutritional value.

MILK – Pasteurized and Fortified

Store Brand if available
Buy only the milk type and size specified on benefit

Skim, 1%, 2% | Whole | Lactose-free
Nonfat Dry | Evaporated | Meyenberg Goat Milk

Two ½ gallons may be substituted for one gallon
No flavor added, enhanced or organic milk
No pints
Quarts only if specified on the benefit or when larger size of Lactose-free milk is unavailable.

SOY BEVERAGE

8th Continent Soymilk Beverage
½ gal cartons, ultra pasteurized
Original flavor only

Silk Soymilk
½ gallon cartons
Original flavor only

Pacific Natural Foods Ultra Soy Beverage
Aseptic Quarts (32 ounces)
Plain and Vanilla only

PEANUT BUTTER

Store Brand, Adams, Peter Pan, Jif or Skippy only
18 to 16 ounce jar
Unflavored Regular or Natural - smooth, chunky or honey roasted
No jelly, honey, chocolate or marshmallow crème added
No peanut butter spread (examples: reduced-fat, natural)
No organic or enhanced peanut butter

CHEESE – Domestic

Store Brand, Cache Valley, Crystal Farms, Kraft, or Wega Star Dairy
Regular, low-fat or reduced fat, in 16 or 8 ounce package

Colby-Monterey Jack | Cheddar
Monterey Jack | Colby
Mozzarella | Swiss

Two 8 ounce packages may be substituted for one 16 ounce package
No string cheese, cheese foods, products, spread, cubed, shredded, sliced, flavor added (i.e. Pepper Jack), imported, service deli, imitation cheese products or individually wrapped slices/strings sold as singles
No organic

YOGURT

Store Brand, Dannon, Mountain High or Yoplait
Buy only the fat type specified on benefit
32 ounce containers
Plain or Vanilla
No other flavors, fruit added, organic or Greek yogurt

BEANS, PEAS, AND LENTILS

16 to 15 ounce packages/cans
Any Brand: dry beans, split peas or lentils
Any Brand: canned beans (legumes)
No soup mixes, flavorings or meat added (pork & beans, refried)
No cans of green or yellow beans
No organic
NOTE: Canned beans may be purchased ONLY if specified on benefit

BREAKFAST CEREALS for Women and Children -- Whole grain cereals

COLD CEREAL

SPECIFIED BRANDS ONLY
REGULAR FLAVOR UNLESS SPECIFIED
No fruit filled
No organic

Corn Flakes
Essential Everyday, Flavorite, Great Value, IGA, Kellogg's, Kroger, Our Family, Safeway or Western Family

Corn Squares/Bitz/Pockets
Essential Everyday, Flavorite, General Mills (Corn Chex*), Great Value, IGA*, Kroger, Our Family, Safeway or Western Family

Corn Balls/Puffs
General Mills (Kix)

Crispy Rice
Essential Everyday, Flavorite, Great Value, IGA, Kellogg's (Rice Krispies), Kroger, Malt-O-Meal, Our Family, Safeway or Western Family

Frosted Mini Wheat Biscuits
Essential Everyday, Flavorite, Great Value, IGA, Kellogg's, Kroger, Malt-O-Meal, Our Family, Safeway or Western Family
No "Post"
No fruit filled or flavored frosting
No plain shredded wheat Biscuits

Fiber Flake Cereals (Bran)
Enriched Bran Flakes:
Essential Everyday, Flavorite, General Mills (Wheaties Original or Total Original), Great Value, IGA, Kellogg's (All Bran Complete Wheat), Kroger, Post (Bran Flakes), Western Family
No fruit added (Raisin Bran) or Low-carb

Nugget
Post (Grape Nuts)

Rice Squares/Bitz/Pockets
Essential Everyday, Flavorite, General Mills (Rice Chex*), Great Value, IGA*, Kroger, Our Family, Safeway or Western Family

Toasted Oat Rings
(Plain or Multi-Grain)
Essential Everyday, Flavorite, General Mills (Cheerios), Great Value, IGA, Kroger, Our Family, Safeway or Western Family
No sugar-frosted, honey-nut or fruit added

Wheat Squares/Pockets
General Mills (Wheat Chex), Great Value, Our Family, Safeway or Western Family

HOT CEREAL

HOT CEREAL
Cream of Rice*
Cream of Wheat Regular
Cream of Wheat Whole Grain
Great Value Quick Farina
Malt-O-Meal Original
Western family

INSTANT OATMEAL – Regular
Individual Packets Only
12 to 11 ounce packages
Essential Everyday, Great Value, IGA, Our Family, Kroger, Safeway or Western Family
No flavored
No large/bulk packages allowed
No organic

WHOLE GRAIN CHOICES

Gluten-free items are marked with an *

WHOLE GRAIN BREAD

One pound (16 ounce) loaf only
Franz 40 Calorie per Slice Whole Wheat
Franz 100% Whole Wheat
Safeway Kitchens 100% Whole Wheat
Sara Lee Classic 100% Whole Wheat
Smith's 100% Whole Wheat
Village Hearth 100% Whole Wheat
Wheat Montana 100% Whole Wheat

BROWN RICE

Any brand – box or bag
Plain Brown Rice-regular cooking 16 oz.
Plain Brown Rice-quick or instant cooking 16 – 14 oz.
No organic

TORTILLAS – SOFT

One pound (16 ounces) only
Yellow Corn – **Mission***
White Corn – **Don Pancho*** or **Guerrero**
Whole Wheat – **Don Pancho, Guerrero,** or **Mission**

WHOLE WHEAT PASTA

100% whole wheat
Any Brand – 16 ounce only
No other organic, enhanced (for example omega-3 added) or vegetable pasta

100% JUICE

64 ounce Plastic Bottles - Children

100% Juice Only
Specific Flavors - Authorized Brands
Apple: Essential Everyday, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway, Tree Top, Western Family
Grape – purple: Essential Everyday, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway, Welch's, Western Family
Grape – white: Essential Everyday, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway, Welch's, Western Family
Orange: Essential Everyday, Flavorite, Old Orchard, Our Family, Western Family
Tomato: Campbell's, Everyday Essentials, Western Family
Vegetable: Essential Everyday, Great Value, IGA/Shoppers Valu, Kroger, Safeway, V-8 (Original or Healthy Request, no Fusion) Western Family
No sugar added
No juice blends, drinks or cocktails
No refrigerated
No organic or DHA added

16 ounce Frozen Concentrate - Children

100% Juice Only
Specific Flavors – Authorized Brands
Orange: Essential Everyday, Flavorite, IGA/ Shoppers Valu, Kroger, Minute Maid, Our Family, Safeway, Western Family
No sugar added
No juice blends, drinks or cocktails
No organic or DHA added

Some stores may not carry every WIC approved food because of cost or availability.

12 to 11.5 ounce Frozen Concentrate - Women

100% Juice Only
Specific Flavors - Authorized Brands
Apple: Essential Everyday, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Old Orchard, Our Family, Safeway, Tree Top, Western Family
Grape – purple: Essential Everyday, Great Value, Kroger, Old Orchard, Welch's, Western Family
Grape – white: Essential Everyday, Old Orchard, Welch's
Orange: Essential Everyday, Flavorite, Great Value, IGA/Shoppers Valu, Kroger, Minute Maid, Old Orchard, Our Family, Safeway, Western Family
Pineapple – Kroger, Old Orchard
No sugar added
No juice blends, drinks or cocktails
No organic or DHA added

No 48-46 ounce juices are allowed.

EGGS

Large – One dozen white "AA" or "A"
Any Brand
No enhanced, hormone-free, specialty or brown eggs
No free range or cage free eggs
No organic

CANNED FISH

Any brand
Light Tuna – water packed only, light - solid or chunk
6 to 5 ounce cans
Pink Salmon – water packed only, may contain bones and skin
5 to 6 and 14.75 ounce cans
No "diet" pack, white, albacore, "vacuum-sealed" packs, flavorings added and red salmon

INFANT FORMULA

Only brand, type and size specified on benefit
No substitutions at store
No organic

INFANT CEREAL

Beech-nut, Goya or Gerber only
Plain varieties only: Barley, Corn, Mixed Grain, Oatmeal, Rice or Whole Wheat
8 and 16 ounce containers are allowed
One 16 ounce container may be substituted for two 8 ounce containers
No formula, flavoring, fruit or DHA added
No jars or packs

BABY FOOD MEATS

Beech-nut, Goya or Gerber only
2.5 ounce jars
Single variety meats only
May have added broth or gravy
No dinners
No meat sticks
No organic or DHA added

BABY FOODS – VEGETABLES/FRUITS

Beech-nut, Goya or Gerber only
4 ounce containers, jars or twin packs only
Vegetable and Fruit – single or mixed varieties
No dinners or desserts
No organic or DHA added

Approved Foods List for Fruit and Vegetable Benefit

Fresh Vegetables & Fruits

Allowed:

- Any variety of fresh vegetables and fruits
- Bagged salad mixtures (no dressing, croutons, nuts or meat added)
- Bagged vegetables (no dressing or dip)
- Tubs of cut fruit or vegetables (no dressing or dip)
- Garlic, sprouts
- Fresh salsa (no added sugar, fat or oil)
- Organic

Not Allowed:

- Added sugars, fats or oils
- Items from the deli, salad bar, party trays, fruit baskets, decorative vegetables and fruits, dried fruit
- Nuts, including peanuts, fruit/nut mixtures
- Salad dressing
- Herbs (like basil, cilantro, parsley)
- Spices (like vanilla beans, cinnamon sticks)

Frozen Vegetables

Frozen vegetables may not be purchased with an infant fruit and vegetable benefit

Allowed:

- Any brand
- Any plain single or plain mixed vegetable
- Any package type (bag, box)
- Any size
- Organic

Not Allowed:

- Vegetables with added sugars, fats, oils or coatings (many French fried potato products have added fats or coatings)
- Vegetables with sauces
- Vegetables mixed with pasta, rice, or any other non-vegetable ingredient
- Frozen Fruit
- Cheese sauce or any other type of sauce
- Seasoned, flavored, breaded
- Packets of sauces and/or seasonings included

No canned fruits or vegetables or frozen fruit may be purchased.

Montana WIC Program - Approved Food List April 2015
1-800-433-4298
The WIC Program is an equal opportunity provider and employer.

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How Much Formula Should I Issue?

The following table is designed to help you issue an amount of formula close to the amount the baby is taking. The table is based on the can size of WIC's standard formulas (94 - 95 oz.). For other can sizes, divide the number of ounces needed based on the number of ounces each can makes. The table is based on 31 days per month.

If the baby is drinking…	Total amount per month	Number of Cans to Issue
4 oz./day	124 oz.	2 cans **
6 oz/day	186 oz.	2 cans **
8 oz./day	248 oz.	3 cans
12 oz./day	372 oz.	4 cans
16 oz/day	496 oz.	6 cans
20 oz./day	620 oz.	7 cans
24 oz/day	744 oz.	8 cans
28 oz/day or more	868 oz.	10 cans

** Assess if the mother would prefer receiving the enhanced food package vs. this small amount of formula

Montana WIC Program
High-Risk Participant Referrals

RD/LN	Registered Dietitian/Licensed Nutritionist
LC	Lactation Counselor/Lactation Consultant
HCP	Health Care Provider
DNT	Dental Services
SS/MHP	Social Services/Mental Health Care Provider
*	Only refer to LC if participant is breastfeeding
**	Only refer if participant is not actively receiving prenatal care
***	WIC RD to coordinate with outside RD, HCP or other specialist involved in the care of the participant

Code	Description	RD/LN	LC*	HCP	DNT	SS/MHP
101	**UNDERWEIGHT WOMEN** if pregnant	X				
103	**UNDERWEIGHT OR AT RISK FOR UNDERWEIGHT** if child, infant, or breastfeeding	X	X	X		
111	**OVERWEIGHT WOMEN** if pregnant	X				
113	**OBESE** if child	X		X		
114	**OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT** if child	X		X		
121	**SHORT STATURE** if infant	X		X		
131	**LOW MATERNAL WEIGHT GAIN** in second and/or third trimester	X		X		
132	**MATERNAL WEIGHT LOSS DURING PREGNANCY** if mother loses more than 5 pounds from pre-pregnancy weight	X		X		
133	**HIGH MATERNAL WEIGHT GAIN** if pregnant woman gains more than 7 pounds per month	X		X		
134	**FAILURE-TO-THRIVE*** ** all with diagnosis	X	X			

Code	Description	RD/LN	LC*	HCP	DNT	SS/MHP
135	**INADEQUATE GROWTH** for infants and children for two consecutive measures.	X	X	X		
141	**LOW BIRTHWEIGHT** if infant with feeding difficulties or problems with weight gain	X	X	~~X~~		
142	**PREMATURITY**	X	X	~~X~~		
201	**LOW HEMATOCRIT/LOW HEMOGLOBIN** if not at or above the established cut-off value upon recheck	X		X		
301	**HYPERMESIS GRAVIDARUM**	X				
302	**GESTATIONAL DIABETES** refer to outside RD	X				
303	**HISTORY OF GESTATIONAL DIABETES****	X		X		
304	**HISTORY OF PREECLAMPSIA****	X		X		
311	**HISTORY OF PRETERM DELIVERY**** if pregnant	X		X		
312	**HISTORY OF LOW BIRTH WEIGHT**** if pregnant	X		X		
331	**PREGNANT AT A YOUNG AGE**	X				
335	**MULTIFETAL GESTATION** if pregnant or breastfeeding	X				
338	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** if concerns about nutritional needs are present	X				

Code	Description	RD/LN	LC*	HCP	DNT	SS/MHP
341	**NUTRIENT DEFICIENCY DISEASE*** **	X				
342	**GASTROINTESTINAL DISORDERS*** **	X				
343	**DIABETES MELLITUS*** **	X				
344	**THYROID DISORDERS*** **	X				
346	**RENAL DISEASE*** **	X				
347	**CANCER*** **	X				
348	**CENTRAL NERVOUS SYSTEM DISORDERS*** **	X				
349	**GENETIC AND CONGENITAL DISORDERS*** **	X				
351	**INBORN ERRORS OF METABOLISM*** **	X				
352	**INFECTIOUS DISEASES*** **	X				
353	**FOOD ALLERGIES*** **	X				
354	**CELIAC DISEASE*** **	X				
358	**EATING DISORDERS*** ** if effecting dental health	X		X	X	X
360	**OTHER MEDICAL CONDITIONS*** **	X				
362	**DEVELOPMENTAL, SENSORY OR MOTOR DISABILITIES INTERFERING WITH THE ABILITY TO EAT*** **	X	X	X		

Code	Description	RD/LN	LC*	HCP	DNT	SS/MHP
381	**ORAL HEALTH CONDITIONS (except early childhood caries)** if one or more food groups are being eliminated	X			X	
382	**FETAL ALCOHOL SYNDROME** if feeding difficulties or problems with weight gain	X		X		
411	**INAPPROPRIATE INFANT FEEDING** if infant is not being fed breast milk or infant formula as primary source of nutrients during the first 6 months of life	X		X		
425	**INAPPROPRIATE FEEDING PRACTICES FOR CHILDREN** if routine diet is very low in calories and/or essential nutrients, pica	X		X		
427	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** if consuming a diet very low in calories and/or essential nutrients, pica	X		X		
602	**BREASTFEEDING COMPLICATIONS FOR WOMEN**		X			
603	**BREASTFEEDING COMPLICATIONS FOR INFANT** if infant shows signs of breastfeeding jaundice, weak or ineffective suck, inadequate weight gain		X	X		
801	**HOMELESSNESS**					X
901	**RECIPIENT OF ABUSE**					X
902	**WOMAN OR PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD**					X

Montana WIC Program
Homeless Facility Statement

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.

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.

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.

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

WIC INCOME ELIGIBILITY GUIDELINES

July 1, 2015 - June 30, 2016

185% Poverty

Household Size	Annual	Monthly	2 x Monthly	Bi-weekly	Weekly
1	$21,775	$1,815	$908	$838	$419
2	$29,471	$2,456	$1,228	$1,134	$567
3	$37,167	$3,098	$1,549	$1,430	$715
4	$44,863	$3,739	$1,870	$1,726	$863
5	$52,559	$4,380	$2,190	$2,022	$1,011
6	$60,255	$5,022	$2,511	$2,318	$1,159
7	$67,951	$5,663	$2,832	$2,614	$1,307
8	$75,647	$6,304	$3,152	$2,910	$1,455
Each Additional Member Add	+$7,696	+$642	+$321	+$296	+$148

Region #	Co. Code	Lead Agency	Clinic	Contact	Contact's Email	Mailing Add	Physical Add	City	St	Zip	Phone	Fax
2	04101	**Broadwater**	Townsend WIC Program (Broadwater Co.)			124 N Cedar	124 N Cedar	Townsend	MT	59644	266-5209	266-3940
3	07101	**Cascade**	Great Falls WIC Program (Cascade Co.)	Jo Viviane Jones		115 4th St So	115 4th St So	Great Falls	MT	59401	454-6953	453-3357
4	09101	**Custer (Rosebud)**	Miles City WIC Program (Custer Co.)			2200 Box Elder Ste 151	2200 Box Elder Ste 151	Miles City	MT	59301	234-6034	234-7018
5	11101	**Dawson**	Glendive WIC Program (Dawson Co.)		obrienp@dawsoncountymail.com	207 West Bell	207 West Bell	Glendive	MT	59330	377-5215	377-2022
6	12101	**Deer Lodge**	Anaconda WIC Program (Deer Lodge Co.)	Kitty Basirico	publichealth@anacondadeerlodge.mt.gov	PO Box 970	115 W Commercial Ave	Anaconda	MT	59711	563-7862	563-2387
7	14101	**Fergus**	Lewistown WIC Program (Fergus Co.)	Shirley Ernst	sernst@hrdc6.org	300 First Ave North	300 First Ave North	Lewistown	MT	59457	535-7488	535-2843
8	15101	**Flathead**	Kalispell WIC Program (Flathead Co.)	Jeannine Lund RD	jlund@flathead.mt.gov	1035 First Ave West	1035 First Ave West	Kalispell	MT	59901	751-8172	751-8171
9	16101	**Gallatin**	Bozeman WIC Program (Gallatin Co.)	Darcy Hunter	darcy.hunter@gallatin.mt.gov	215 N Mendenhall	215 N Mendenhall	Bozeman	MT	59715	582-3116	582-3112
10	21101	**Hill**	Havre WIC Program (Hill Co.)	Nicole Hungerford	nhungerford@mt.gov	315 4th St	Courthouse Annex, 302 4th St	Havre	MT	59501	265-5481, x266	265-6976
11	24101	**Lake**	Polson WIC Program (Lake Co.)	Gina Lozar	glozar@mt.gov	802 Main Street		Polson	MT	59860	883-7308	883-7290

Region #	Co. Code	Lead Agency	Clinic	Contact	Contact's Email	Mailing Add	Physical Add	City	St	Zip	Phone	Fax
12	25101	**Lewis & Clark**	Helena WIC Program (Lewis & Clark Co.)	Drenda Niemann	dniemann@lccountymt.gov	1930 9th Ave.		Helena	MT	59601	457-8912	
13	27101	**Lincoln**	Northwest Community Health	Jackie Nagle	nicky.willey@northwestchc.org			Libby	MT	59923	283-6900	293-4122
14	32101	**Missoula**	Missoula WIC Program (Missoula Co.)	Arwyn Welander, Office Manager	awelander@co.missoula.mt.us	301 West Alder Street		Missoula	MT	59801	258-4843	258-4906
15	41101	**Ravalli**	Hamilton WIC Program (Ravalli Co.)	Jackie Cenis	jacenis@mt.gov	205 Bedford Ste P		Hamilton	MT	59840	375-6685	375-6690
17	45101	**Sanders**	Thompson Falls WIC Program (Sanders Co.)	Karen Morey		PO Box 519	1111 Main St., Rm 105	Thompson Falls	MT	59873	827-6931	827-4388
18	46101	**Sheridan**	Plentywood WIC Program (Sheridan Co.)	Susan Tefre R	stefre@co.sheridan.mt.us	100 West Laurel Ave	Public Health Dept.	Plentywood	MT	59254	765-3473 or 3410	765-3495
19	47101	**Silver Bow**	Butte WIC Program (Silver Bow Co.)	Jamie Paul, Director	jpaul@bsb.mt.gov	25 West Front Street		Butte	MT	59701	497-5060	782-8150
20	50101	**Teton**	Chouteau WIC Program (Teton Co.)	Diane Kalanick	dkalanick@mt.gov	905 4th St NW		Choteau	MT	59422	466-2562	466-5292
21	53101	**Valley**	Glasgow WIC Program (Valley Co.)	Julie Lawson	julie.lawson@fmdh.org	621 Third St S	Frances Mahon Deaconess Hosp	Glasgow	MT	59230	228-3626 or	228-3559

Region #	Co. Code	Lead Agency	Clinic	Contact	Contact's Email	Mailing Add	Physical Add	City	St	Zip	Phone	Fax
22	56101	**Yellowstone**	Billings WIC Program (Yellowstone Co.)	Gayle Espeseth	gayle.esp@riverstonehealth.org	PO Box 35033	123 S 27th St	Billings	MT	59107	247-3370	247-3340
23	57101	**Fort Peck Tribal Health Dept**	Poplar Ft. Peck Tribe WIC Program	Irene Evanson, WIC Aide	Ievanson@mt.gov	PO Box 1027	Vern Gibbs Health Ctr., 107 H St E	Poplar	MT	59255	768-3491	768-5780
24	58101	**Northern Cheyene Tribe (Lame Deer)**	Northern Cheyenne WIC Program	Tom Mexicancheyenne	tmexicancheyenne@hotmail.com	Hwy 39, Box 67	Northern Cheyenne Board of Health 100 Cheyenne Ave	Lame Deer	MT	59043	477-4501	477-4504
25	59101	**Blackfeet Tribe**	Blackfeet WIC Program	Dorthy Champine	Dchampine@mt.gov	PO Box 2969	Blackfeet Tribal Health Dept. House #4 Government Square	Browning	MT	59417	338-5311 after 3:30	338-7530
26	60101	**Crow Tribe**	Crow WIC Program	Margo Stops	mstops@mt.gov	PO Box 670	Little Big Horn Health Dept/Little Big Horn Casino Complex	Crow Agency	MT	59022	638-4220	638-3635
27	61101	**Confederated Salish & Kootenai Tribes (Flathead Res)**	Salish & Kootenai WIC Program	Lindsey O'Neil	Lindsey R. O' Neill <lindsey.oneill@cskthealth.org>	PO Box 880	WIC/Tribal Health & Human Svcs, 308 Mission Drive	St. Ignatius	MT	59865	745-3525	745-4235 or 4719
28	62101	**Ft. Belknap Community Council**	Ft. Belknap Harlem WIC Program	Barb Skoyen	bskoyen@ftbelknap.org	Fort Belknap Agency, RR 1, Box 67	456 Gros Ventre Ave	Harlem	MT	59526-9705	353-3157	353-4267
29	63101	**Rocky Boy WIC**	Rocky Boy WIC	Allie Sunchild	asunchild@mt.gov	Rocky Boy Route, Box 664	135 clinic Road	Box Elder	MT	59521	395-4902	395-4781

Region #	Co. Code	Lead Agency	Clinic	Contact	Contact's Email	Mailing Add	Physical Add	City	St	Zip	Phone	Fax

Medically Necessary WIC Approved Formula Request Form

Participant Name: _____ Date of Birth: _____ Today's Date: _____

Please complete **Parts A and B** to prescribe a **Medical Formula**. All requests are subject to WIC staff approval.

A. Medical Formulas/Nutritional Products

Please check the requested formula, specify the amount, include the diagnosis, and the length of time the formula is necessary.

Prescribed Amount: ☐ Maximum Allowable OR _____ per day

Infant Products:

Hypoallergenic:

- ☐ Alimentum
- ☐ Elecare
- ☐ Neocate
- ☐ Nutramigen Enflora LGG
- ☐ Pregestimil
- ☐ PurAmino

Premature/Low Birth Weight:

- ☐ Enfacare
- ☐ Neosure

Contract Formula:

- ☐ Enfamil Prosobee (exp. 9/30/2015)
- ☐ Gerber Good Start Soy (Starts 10/1/2015)
- ☐ Similac Advance
- ☐ Similac Sensitive
- ☐ Similac for Spit Up
- ☐ Similac Total Comfort

Other:

- ☐ _____

Pediatric and Adult Products:

- ☐ Boost Kid Essentials
- ☐ Boost Original (adult)
- ☐ Bright Beginnings Pediatric Drink (Soy)
- ☐ Carnation Breakfast Essentials
- ☐ Compleat Pediatric
- ☐ Elecare Junior
- ☐ Ensure (adult)
- ☐ EO28 Splash
- ☐ Neocate Junior
- ☐ Nutren Junior
- ☐ Nutramigen Toddler
- ☐ Pediasure
- ☐ Pediasure Peptide
- ☐ Peptamen Junior
- ☐ Tolerex
- ☐ Vivonex Pediatric
- ☐ Other: _____

Specify special versions of formula (i.e 1.5 kcal/oz., with fiber, enteral, etc.)

Diagnosis:

- ☐ Milk protein allergy
- ☐ Soy protein allergy
- ☐ Malabsorption
- ☐ Prematurity
- ☐ Low or Very Low Birth Weight
- ☐ Tube Feeding
- ☐ Oral Motor Feeding Problems
- ☐ Other (please specify):

_____

Length of Time Formula is Requested:

- ☐ Months of Age*: _____
- ☐ To 1 year adjusted age
- ☐ To the end of certification
- ☐ Other Date: _____

**Infants should be re-assessed at 6 months for supplemental food readiness*

B. Supplemental Foods (for Infants 6 months and older, Children and Women)

Please review the food packages to be issued on the back and check the appropriate issuance for the participant below, or;

☐ **Defer to Local WIC Registered Dietitian to determine appropriate supplemental foods and length of time of their issuance.**

Infants (6-12 months)

- ☐ Provide full food package
- ☐ Issue medical formula only (no foods)

Delete the following items from the food package:

- ☐ Infant cereal
- ☐ Infant vegetables/fruit
- ☐ Fruit/Vegetable Benefit 9-11 mo (partial substitution)
- ☐ Infant meats

Children and Women

- ☐ Provide full food package
- ☐ Issue Whole Milk (children >2 and women) ***in addition to*** medical formula (Part A)
- ☐ Issue medical formula only (no foods)

Delete the following items from the food package:

- ☐ Cow's Milk
- ☐ Peanut Butter
- ☐ Eggs
- ☐ Whole Grains
- ☐ Tuna/Salmon
- ☐ Cheese
- ☐ Cereal
- ☐ Fruits/Vegetables
- ☐ Dry/Canned Beans
- ☐ Juice

Special Instructions/Restrictions

- ☐ Substitute soy beverage for cow's milk
- ☐ Substitute goat's milk for cow's milk
- ☐ Substitute infant cereal for child
- ☐ Substitute infant fruits/vegetables for fruits/vegetables cash benefit child or woman
- ☐ Other:

Health Care Provider Name And Credentials(Printed):_____ **(Signature):**_____ **Phone Number:** _____

Effective 07/01/2015

Prescribing Medical Formula and Supplemental Foods
for Montana WIC Participants

WIC participants with qualifying medical conditions are eligible to receive medical formula with the maximum amount based on the participant's age and category. Infants six months and older, children and women may also receive supplemental foods for their category, as listed below.

If a participant may receive the full amount of formula as listed below, please check the "Maximum Allowable" box under Medical Formula (Part A) on the front page. If a participant is to receive less, or an item is to be deleted, please indicate the item in the same box.

For Supplemental Foods, Part B, please review the WIC supplemental foods below and indicate on the front page which foods to delete or substitute for the participant. If a participant may receive the full food package, please mark the box indicating this. Please add any special instructions or information if you would prefer to have the WIC RD select and assign the supplemental foods please check the box in part B..

	0-3 months	4-5 months	6-11 months	6-11 months (when solids are contraindicated)
Infant Formula:				
Powder (reconstituted)	Up to 870 oz.	Up to 960 oz.	Up to 696 oz.	Up to 960 oz.
Concentrate (reconstituted)	Up to 823 oz.	Up to 896 oz.	Up to 630 oz.	Up to 896 oz.
Ready-to-feed	Up to 832 oz.	Up to 913 oz.	Up to 643 oz.	Up to 913oz.
Infant Foods:				
Infant Cereal	None	None	3 8 oz. containers	None
Infant Vegetables/Fruits	None	None	32 4-oz. jars (formula fed) 64 4-oz. jars (fully breastfed)	None
Infant Meats (Fully breastfed only)	None	None	31 4-oz. jars	

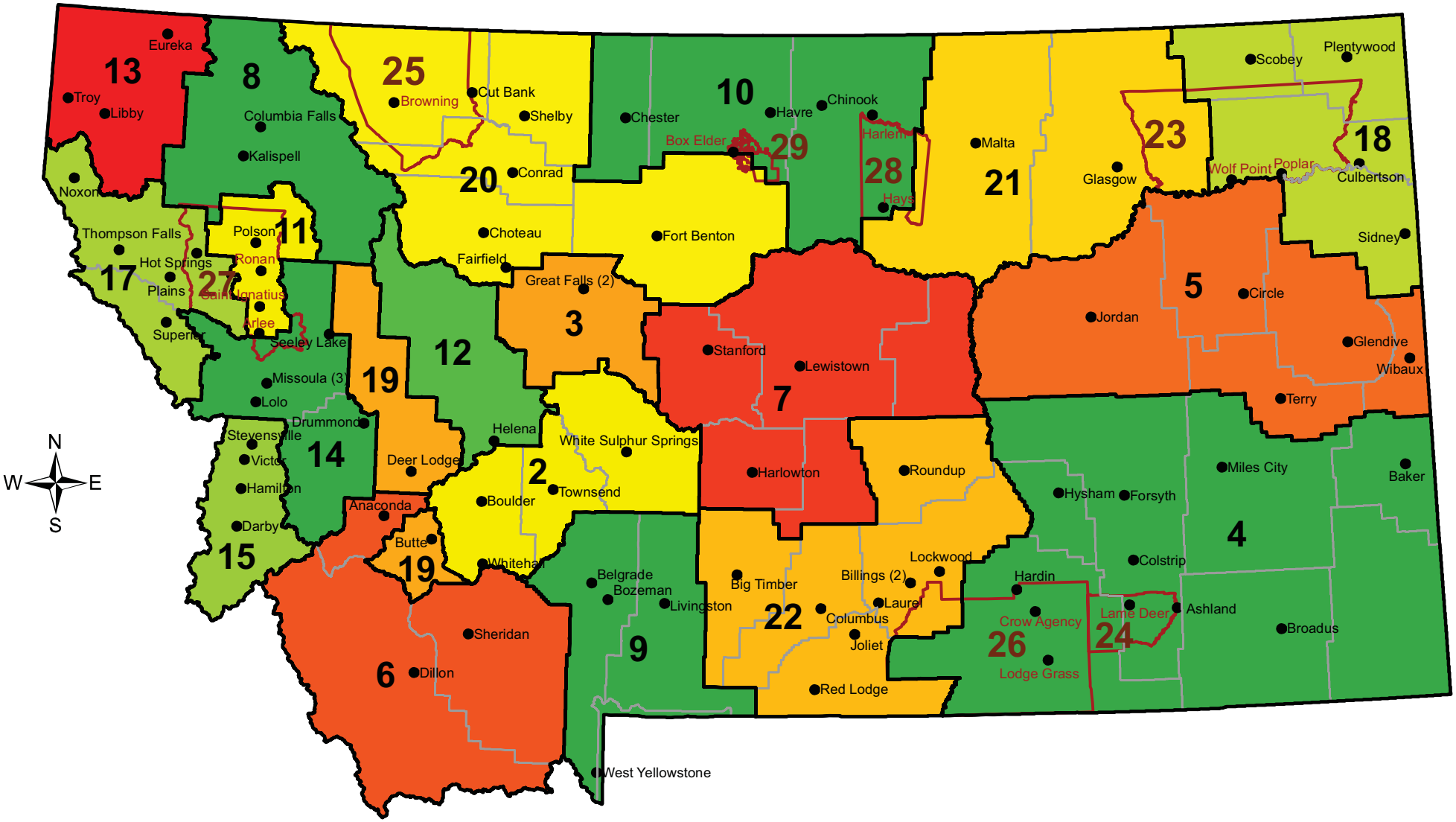
Children 1-5 years
Up to 910 oz. formula
4 gallons milk*
2 64-oz. bottles juice
36 oz. cereal
1 dozen eggs
$8 fruit and vegetable benefit
18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. canned beans
2 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas

*Cheese may be substituted for some milk.

Fully Breastfeeding Women	Pregnant or Substantially Breastfeeding Women	Partially and Non-Breastfeeding Women
Up to 910 oz. formula	Up to 910 oz. formula	Up to 910 oz. formula
6 gallons milk and 1 lb. cheese	5 1/2 gallons milk*	4 gallons milk*
3 12-oz. juice (frozen)	3 12-oz. juice (frozen)	2 12-oz. juice (frozen)
36 oz. cereal	36 oz. cereal	36 oz. cereal
2 dozen eggs	1 dozen eggs	1 dozen eggs
$11 fruit and vegetable benefit	$11 fruit and vegetable benefit	$11 fruit and vegetable benefit
18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter AND 1 lb. dry beans or 4 16-oz. cans beans	18 oz. peanut butter or 1 lb. dry beans or 4 16-oz. cans beans
1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	1 lb. whole wheat bread or brown rice or whole wheat tortillas or soft corn tortillas	None
30 oz. tuna or pink salmon	None	None

Please contact your local WIC agency with any questions.

Montana WIC Clinics



Source: WIC/Nutrition Program, Montana, 2011
Created by: Maternal and Child Health Epidemiology Unit, 02.18.2011

Montana WIC Program
Negative Income Statement

I_____ declare that I have negative income (invested income that produced a loss) and have presented WIC staff with supporting documentation.

I attest that if I knowingly falsify information in order to receive benefits, I am subject to disqualification from the Montana WIC Program.

_____ _____
Participant's Signature Date

_____ _____
WIC Staff Signature Date

INSTRUCTIONS: Scan into participant folder along with supporting documentation.

Montana WIC

Nutrition Program for Women, Infants and Children

Nutrition Education Plan

Fiscal Year: 2015-2016

Local Agency: _____ WIC Director: _____

Complete all sections of plan and submit to the state office

I. Which methods of nutrition education are used in your agency, check all that apply:

___ Individual (face to face only) with qualified staff (CPA and/or trained aide)

___ Use of distance technology, such as Webex or Facetime, with qualified staff (CPA and/or trained aide)

___ Phone contact with qualified staff (CPA and/or trained aide)

___ Use of online education with wichealth.org

___ Group Classes, please specify_____

___ Use of other methods (self-paced lessons), please specify _____

II. How are Registered Dietitian Services provided for high-risk participants, check all that apply:

___ RD on staff in clinic

___ Contract with outside RD, select method of service delivery: Webex/Facetime, via phone, in-person

Describe how referral system works:

Updated 4/22/15

Montana WIC

III. Briefly explain prior year activities, including any successes or challenges :

IV. Describe needs of local clinic, participant population and/or staff:

V. Choose at least one area of focus for Nutrition Education in your local agency:

Please use local agency data (BMI, Breastfeeding or Smoking Cessation) to direct your plan

___ Staff competency: Provide staff with training to increase effectiveness of counseling

___ Community: Collaborate with local health care providers, social service agencies and/or community groups to better serve participants through referrals and outreach

___ Targeted Education: Develop or identify evidence-based materials to use in education about selected topic (healthy weight/growth, breastfeeding initiation or duration, or smoking cessation for women)

Describe (in detail) activities associated with focus area:

Attention: Lacy Little, Nutrition Coordinator
Montana State WIC Program
PO Box 2052951
Helena, MT 59620-2951
(406) 444-5923 or email: Lalittle@mt.gov

Montana WIC Program Nutrition Risk Codes

Nutrition risk codes requiring a diagnosis by a qualified healthcare provider (HCP).

134 Failure to Thrive
151 Small for Gestational Age
153 Large for Gestational Age
301 Hyperemesis Gravidarum
302 Gestational Diabetes
303 History of Gestational Diabetes
304 History of Preeclampsia
337 History of Birth of a LGA infant
339 History of Birth with Nutrition Related Congenital or Birth Defect
341 Nutrient Deficiency Diseases
342 Gastrointestinal Disorders
343 Diabetes Mellitus
344 Thyroid Disorders
345 Hypertension and Pre-Hypertension
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352 Infectious Diseases
353 Food Allergies
354 Celiac Disease
355 Lactose Intolerance
357 Drug Nutrient Interaction
358 Eating Disorders
360 Other Medical Conditions
361 Depression
362 Developmental, Sensory/Motor Disabilities Interfering with the Ability to Eat
363 Pre-Diabetes
382 Fetal Alcohol Syndrome

Assignment of these risk codes will have a formal diagnosis from a physician, or alternatively, a person working under a physician's orders, such as a physician's assistant, nurse practitioner or State identified medical authority.

The participant may state the diagnosis.

Non-traditional health care providers are not considered to be physicians or a diagnosing authority in Montana whose diagnosis can be accepted for establishing the eligibility of an applicant for WIC benefits.

Category/ Priority					Code	Description
P	**B**	**N**	**I**	**C**		
1	**1**	**6**			**101***	**UNDERWEIGHT WOMEN** Pregnant Women: Pre-pregnancy BMI < 18.5. Non-Breastfeeding Women: Pre-pregnancy or Current BMI < 18.5. Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy or Current BMI < 18.5. Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI < 18.5.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	103*	**UNDERWEIGHT OR AT RISK OF UNDERWEIGHT –INFANTS AND CHILDREN** **Underweight** ≤ 2.3rd percentile weight-for-length for infants or children birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. ≤ 5th percentile BMI for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. **Risk of Underweight** > 2.3rd percentile and ≤ 5th percentile weight for length birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. > 5th percentile and ≤ 10th percentile Body Mass Index (BMI) for age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.
1	1	6			111*	**OVERWEIGHT WOMEN** Pregnant Women: Pre-pregnancy BMI ≥ 25.0. Non-Breastfeeding Women: Pre-pregnancy BMI ≥ 25.0. Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy BMI ≥ 25.0. Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI ≥25.0.
				3	113*	**OBESE (CHILDREN 2 – 5 YEARS)** A child age 2-5 years whose BMI is ≥ 95th percentile as plotted on the 2000 CDC age/gender specific growth charts.
			1	3	114°	**OVERWEIGHT OR AT RISK OF OVERWEIGHT – INFANTS AND CHILDREN** **Overweight** ≥ 85th and < 95th percentile for Body Mass Index (BMI) for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.

Category/ Priority					Code	Description
P	B	N	I	C		
						Risk of Overweight Biological mother with a BMI of ≥ 30 at time of conception or any point in the first trimester for an infant less <12 months*. Biological mother with a BMI of ≥ 30 at the time of certification for a child age 1 year and older. (If the mother is pregnant or ≤ 6 months post-partum use her pre-pregnancy weight to assess.)* Biological father with a BMI ≥ 30 at the time of certification for birth to 5 years.* * BMI must be based on self-reported weight and height by the parent in attendance. One parent may not "self-report" for the other parent. Weight and height measurements may also be taken by staff at the time of the visit.
			1	**3**	**115***	**HIGH WEIGHT FOR LENGTH – INFANTS AND CHILDREN < 24 MONTHS OF AGE** ≥97.7 percentile weight-for-length for gender for children < 24 months of age as plotted on the CDC birth to 24 months gender specific growth charts.
			1	**3**	**121***	**SHORT STATURE OR AT RISK OF SHORT STATURE** **Short Stature:** ≤ 2.3rd percentile length-for-age for birth to 24 months as plotted on the CDC birth to 24 months gender specific growth charts. ≤ 5th percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. **At Risk of Short Stature:** > 2.3rd percentile and ≤ 5th percentile length-for-age for birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. > 5th percentile and ≤ 10th percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. For infants and children birth to 24 months of, assignment of this risk criterion will be based on adjusted gestational age once the infant has reached the equivalent age of 40 weeks gestation.

Category/ Priority					Code	Description
P	B	N	I	C		
1					**131***	**LOW MATERMAL WEIGHT GAIN** Low maternal weight gain is defined as: 1. A low rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies: • Underweight women gain <1 pound per week • Normal weight women gain <0.8 pound per week • Overweight women gain <0.5 pounds per week • Obese women gain <0.4 pounds per week OR 2. Low weight gain at any point in pregnancy, such that a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range, according to the Institute of Medicine (IOM)-based weight gain grid, for her respective pre-pregnancy weight category as follows: Pre-pregnancy Weight Groups / BMI Definition / Total Weight Gain Range (lbs) Underweight <18.5 28 – 40 Normal Weight 18.5 to 24.9 25 – 35 Overweight 25.0 to 29.9 15 – 25 Obese >30.0 11 – 20 This risk code **may not** be assigned for multi-fetal pregnancies (twin, triplets, etc.). For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.
1					**132***	**MATERNAL WEIGHT LOSS DURING PREGNANCY** Any weight loss below pre-pregnancy weight during the 1st trimester or weight loss of 2 or more pounds in the 2nd and 3rd trimesters.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			**133***	**HIGH MATERNAL WEIGHT GAIN** **Pregnant Women**: 1. A high rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies: • Underweight women gain >1.3 pounds per week • Normal weight women gain >1 pound per week • Overweight women gain > .7 pounds per week • Obese women gain >.6 pounds per week OR 2. High weight gain at any point in the pregnancy, such that a pregnant woman's weight plots above the top line of the appropriate weight gain range for her respective pre-pregnancy weight category. **Breastfeeding/Non-Breastfeeding Women (most recent pregnancy):** Total gestational weight gain exceeding the upper limit of the recommended range based on Pre-pregnancy BMI as follows: Pre-pregnancy Weight Groups / BMI Definition / Cut-off Value Underweight / < 18.5 BMI / > 40 lbs Normal Weight / 18.5 to 24.9 BMI / > 35 lbs Overweight / 25.0 to 29.9 BMI / > 25 lbs Obese / ≥ 30.0 / > 20 lbs This risk code may not be assigned for multi-fetal pregnancies (twin, triplets, etc.) For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.
			1	3	**134**	**FAILURE-TO-THRIVE** Presence of failure to thrive.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	**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 • Not back to birth weight by 2 weeks of age. For infants from birth to 6 months: • Based on 2 weights taken at least 1 month apart, weight gain less than calculated weight gain based on the following table: Age — Average Weight Gain Birth – 1 mo. 18g/day 4½ oz/wk 19 oz./mo. 1 lb 3 oz/mo 1 – 2 mo. 25g/day 6¼ oz/wk 27 oz./mo. 1 lb 11oz/mo 2 – 3 mo. 18g/day 4½ oz/wk 19 oz/mo. 1 lb 3 oz/mo 3 – 4 mo. 16g/day 4 oz/wk 17 oz./mo. 1 lb 1 oz/mo 4 – 5 mo . 14g/day 3½ oz/wk 15 oz./mo. 15 oz/mo 5 – 6 mo . 12g/day 3 oz/wk 13 oz./mo. 13 oz/mo For infants from 6 months to 59 months of age: • Based on 2 weights taken at least 3 months, weight gain less than expected weight gain from the following table: Age — Average Weight Gain 6 – 12 mo 9g/day 2¼ oz/wk 9½ oz/mo 3 lbs 10 oz/6 mo 12 – 59 mo 2½g/day 0.6 oz/wk 2.7 oz/mo 1 lb/6 mo
			1	3	**141***	**LOW BIRTH WEIGHTAND VERY LOW BIRTH WEIGHT< 24 MONTHS OF AGE** Low Birth Weight: Birth weight ≤ 5 pounds 8 oz. at birth. (≤ 2500 g) Very Low Birth Weight: Birth weight ≤ 3 pounds 5 ounces (≤ 1500 g) Growth of VLBW infants may be monitored using Infant Health and Development Program (IHPD) charts in addition to the 2000 CDC Growth Charts.

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	142*	**PREMATURITY <24 MONTHS OF AGE** Born at ≤ 37 weeks gestation.
			1	3	151	**SMALL FOR GESTATIONAL AGE <24 MONTHS OF AGE**
			1		153	**LARGE FOR GESTATIONAL AGE** Birth weight ≥ 9 pounds (≥ 4000g); or presence of large for gestational age (diagnosed).
1	1	6	1	3	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. See Attachment Anemia Cut-Off Values.
1	1	6	1	3	211*	**ELEVATED BLOOD LEAD LEVELS** Blood lead level of ≥5 μg/dL within the last 12 months. Subject to modification of M-SPIRIT
1					301	**HYPEREMESIS GRAVIDARUM** Severe nausea and vomiting to the extent the pregnant woman becomes dehydrated and acidotic.
1					302°	**GESTATIONAL DIABETES** Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.
1	1	6			303°	**HISTORY OF GESTATIONAL DIABETES** History of diagnosed gestational diabetes mellitus (GDM).
1	1	6			304°	**HISTORY OF PREECLAMPSIA**

Category/ Priority					Code	Description
P	**B**	**N**	**I**	**C**		
						History of diagnosed preeclampsia.
1	**1**	**6**			**311***	**HISTORY OF PRETERM DELIVERY** Birth of an infant born at ≤37 weeks of gestation. Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	**1**	**6**			**312***	**HISTORY OF LOW BIRTH WEIGHT** Birth of an infant born weighing ≤5 lbs 8 oz (≤2500 g~~m~~). Pregnant Women: Any Pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy
1	**1**	**6**			**321***	**HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** Two or More Spontaneous Abortions: Two or more spontaneous terminations of gestation at <20 weeks gestation or a fetus weighing <500g. Fetal Death: Spontaneous termination of a gestation at ≥20 weeks. Neonatal Death: Death within 28 days of birth. Pregnant Women: Any Pregnancy. Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. Non-Breastfeeding Women: Most recent pregnancy.
1	**1**	**3**			**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	1	6			332*	**SHORT INTERPREGNANCY INTERVAL** Less than 18 months from the date of a live birth to the conception of the subsequent pregnancy. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy. Subject to modification of M-SPIRIT
1	1	6			333*	**HIGH PARITY AND YOUNG AGE** Under age 20 at date of conception with 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			335°	**MULTIFETAL GESTATION** More than one (> 1) fetus. Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			337°	**HISTORY OF A BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** Any History of giving birth to an infant weighing ≥ 9 lbs. (≥4000 g).
1					338	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** Pregnant woman currently breastfeeding.
1	1	6			339	**HISTORY OF BIRTH WITH NUTRITION RELATED CONGENTIAL OR BIRTH DEFECT** A woman who has given birth to an infant with a congenital or birth defect which current research links to inappropriate nutritional intake, (i.e., inadequate folic acid – neuron tube defect, cleft lip and palate; excess vitamin A – cleft lip and palate). Pregnant Women: Any pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	341	**NUTRIENT DEFICIENCY DISEASES** Diagnosis of nutritional deficiency or a disease caused by insufficient dietary intake of macro or micro nutrients, i.e., protein energy malnutrition, scurvy, rickets, osteomalacia, vitamin K deficiency, pellagra, cheilosis, menkes disease, and xerophthalmia.
1	1	6	1	3	342	**GASTROINTESTINAL DISORDERS** Disease and/or condition that interferes with the intake-or absorption of nutrients. The diseases and/or conditions include, but are not limited to: • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract diseases
1	1	6	1	3	343°	**DIABETES MELLITUS** Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Does not include Gestational Diabetes.
1	1	6	1	3	344	**THYROID DISORDERS** Thyroid dysfunctions that occur in pregnant or postpartum women, during fetal development, and in childhood that are caused by the abnormal secretion of thyroid hormone. Medical conditions include, but are not limited to: • Hyperthyroidism (excess thyroid hormone production, includes congenital hyperthyroidism) • Hypothyroidism (low secretion of thyroid hormone, includes congenital hypothyroidism) • Postpartum thyroiditis
1	1	6	1	3	345	**HYPERTENSION AND PRE-HYPERTENSION** Presence of hypertension or pre-hypertension. This condition must be

Category/ Priority					Code	Description
P	B	N	I	C		
						current, i.e. not gestational hypertension which has resolved by the postpartum appointment.
1	1	6	1	3	346	**RENAL DISEASE** Any renal disease including pyelonephritis and persistent proteinuria, but excluding urinary tract infections (UTI) involving the bladder.
1	1	6	1	3	347	**CANCER** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without usual biological restraints. The current condition must be severe enough to affect nutrition status.
1	1	6	1	3	348	**CENTRAL NERVOUS SYSTEM DISORDERS** Condition which affects energy requirements, ability to feed self, or alters nutritional status metabolically, mechanically, or both. Includes, but is not limited to: • Epilepsy • Cerebral palsy • Neural tube defects • Parkinson's disease, and • Multiple sclerosis (MS)
1	1	6	1	3	349	**GENETIC AND CONGENITAL DISORDERS** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia, and • Muscular dystrophy
1	1	6	1	3	351	**INBORN ERRORS OF METABOLISM** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate or fat. Generally refers to gene mutations or gene deletions that alter metabolism in the body, includes, but not limited to:

Category/ Priority					Code	Description
P	B	N	I	C		
						• Galactosemia, • Tyrosinemia, • Homeocystinuria, • Phenylketonuria (PKU) • Maple syrup urine disease, and • Glycogen storage disease Call the WIC State Nutritionist to discuss other possible disorders.
1	**1**	**6**	**1**	**3**	**352**	**INFECTIOUS DISEASES** A disease caused by growth of pathogenic microorganisms in the body, within the past six months, severe enough to affect nutritional status. Includes, but is not limited to: • 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)
1	**1**	**6**	**1**	**3**	**353**	**FOOD ALLERGIES** An adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food. Common food allergens include: cow's milk, peanuts, wheat, eggs, fish, tree nuts, shellfish and soy. This code may not be used for food intolerances or sensitivity.
1	**1**	**6**	**1**	**3**	**354**	**CELIAC DISEASE** An autoimmune disease precipitated by the ingestion of gluten (a protein found in wheat, rye, barley, and other food products) that results in damage to the small intestine and malabsorption of the nutrients from food. Celiac disease is also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical sprue.
1	**1**	**6**	**1**	**3**	**355**	**LACTOSE INTOLERANCE** Lactose intolerance occurs when there is insufficient production of the enzyme lactase. Characteristic~~s~~ symptoms include: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after ingestion of lactose

Category/ Priority					Code	Description
P	B	N	I	C		
						containing products.
1	1	6	1	3	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			358	**EATING DISORDERS** Eating disorders (anorexia nervosa or bulimia nervosa) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including: 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.
1	1	6	1	3	359	**RECENT MAJOR SURGERY, TRAUMA, BURNS** Major surgery (including c-sections), trauma or burns severe enough to compromise nutritional status. 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.
1	1	6	1	3	360	**OTHER MEDICAL CONDITIONS** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. Includes, but is not limited to: • Juvenile rheumatoid arthritis (JRA), • Lupus erythematosus • Cardiorespiratory disease • Heart disease • Cystic fibrosis, and • Persistent asthma (moderate or severe) requiring daily medication This criterion will usually not be applicable for infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under criterion #352. Current condition(s), or treatment for the condition(s), must be severe

Category/ Priority					Code	Description
P	B	N	I	C		
						enough to affect nutritional status. Documentation in the participant record must include the condition(s) and the clearly defined effect on nutritional status.
1	1	6	1	3	361	**DEPRESSION** Clinical depression.
1	1	6	1	3	362	**DEVELOPMENTAL, SENSORY OR MOTOR DISABILITIES INTERFERING WITH THE ABILITY TO EAT** 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.
	1	6			363	**PRE-DIABETES** Presence of impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT). These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.
1	1	6			371*	**MATERNAL SMOKING** Any smoking of tobacco in cigarettes, pipes and cigars.
1	1	6			372°	**ALCOHOL AND ILLEGAL DRUG USE** **Pregnant Women**: Any alcohol or illegal drug 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 • Binge drinking of ≥ 5 drinks on the same occasion on at least one day in the last 30 days; or • Heavy drinking, i.e., drinks ≥ 5 drinks on the same occasion on ≥ 5 days in the last 30 days; or • Any illegal drug use

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	**381**	**ORAL HEALTH CONDITIONS** Oral health conditions includes, but is not limited to: • Dental caries ("cavities", "tooth decay") • Periodontal disease ("gingivitis, "periodontis") • Tooth loss, ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.
			1	3	**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.
4	4	6		5	401	**FAILURE TO MEET USDA/US DEPARTMENT OF HEALTH AND HUMAN SERVICES DIETARY GUIDELINES FOR AMERICANS** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for *failure to meet Dietary Guidelines for Americans [Dietary Guidelines]* (1). Based on an individual's estimated energy needs, the *failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans).
			4		**411**	**INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. For an infant, routine use of any of the following: • Using a substitute(s) for breast milk or for FDA fortified formula as the primary nutrient source during the first year of life. Examples include: Feeding goat's milk, sheep's milk, cow's milk, evaporated milk, sweetened condensed milk, imitation milk, substitute milks or low iron formula • Using nursing bottles or cups improperly. Examples include: using a bottle to feed fruit juice; feeding any sugar-containing fluids; allowing the infant to fall asleep or be put to bed with a bottle; allowing use of bottle without restriction; propping

Category/ Priority					Code	Description
P	B	N	I	C		
						the bottle when feeding; allowing an infant to carry around and drink throughout the day with a covered training cup; adding any food to the infant's bottle. • Offering complimentary foods or other substances that are inappropriate in type or timing. Examples include: adding any sweet agents (sugar, honey, or syrups) to any beverage or prepared food, or used on pacifier. • Using feeding practices that disregard the developmental needs or stage of the infant. Examples: inability to recognize or insensitivity to infant's feeding cues (hunger or satiety); feeding foods of inappropriate consistency, texture, size or shape that may put them at risk of choking; not supporting the infant's need for growing independence with self-feeding. • Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples: unpasteurized fruit or vegetable juice, dairy products; honey' raw or undercooked meat, fish, poultry, or eggs; raw vegetable sprouts, undercooked or raw tofu; and deli meats, hot dogs, and processed meats (unless heated until steaming hot) • Feeding inappropriately diluted formula. Examples: failure to follow manufacturer's instructions for mixing formula or failure to mix according to accompanying prescription. • Limiting the frequency of nursing of the exclusively breastfed infant when breast milk is the sole source of nutrients. Examples: scheduled feedings instead of demand feedings; less than 8 feedings per 24 hours if less than 2 months of age; and, less than 6 feedings per 24 hours if between 2 and 6 months of age. • Feeding a diet very low in calories and/or essential nutrients, such as vegan or macrobiotic diet. • Using inappropriate sanitation in preparation, handling, and storage of breastmilk or formula. Examples: limited or no access to fresh water supply, heat source or refrigerator; failure to properly prepare, handle, and store formula or to properly prepare and handle expressed breastmilk. • Feeding dietary supplements with potentially harmful consequences (i.e. in excess).

Category/ Priority					Code	Description
P	B	N	I	C		
						Examples: Single or multi-vitamins, minerals, and herbal or botanical supplements/remedies/teas. • Not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. Examples: Infants who are 6 months of age and older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3ppm fluoride; infants who are exclusively breastfed, or who are ingesting less than 1 liter per day of vitamin D fortified infant formula and are not taking a supplement of 400 IU of vitamin D. * These justifications apply only if the infant is developmentally correct for age. Documentation in the participant folder must include the basis for code selection.
		5			**425**	**INAPPROPRIATE FEEDING PRACTICES FOR CHILDREN** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. For a child, routine use of any of the following: • Feeding inappropriate beverages as the primary milk source Examples: Non-fat or reduced fat milks (between 12-24 months of age only) unless the appropriate tailoring of the food package has been assigned, sweetened condensed milk or inadequately fortified imitation milk (soy, rice, almond) • Feeding a child any sugar-containing fluids • Using nursing bottles, cups, or pacifiers improperly Examples: using a bottle to feed fruit juice, cereal or other foods; allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime; allowing the child to use a bottle without restriction; and, using a bottle for feeding or drinking beyond 14 months of age • Using feeding practices that disregard the developmental needs or stages of the child Example: allowing the child to carry around and drink throughout the day from a covered or training cup.

Category/ Priority					Code	Description
P	B	N	I	C		
						• Feeding foods to a child that could be contaminated with harmfull microorganisms Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; undercooked or raw tofu; and, deli meats, hot dogs and processed meats that are not heated until steaming hot • Feeding a diet very low in calories and/or essential nutrients Examples: vegan or macrobiotic diet • Feeding dietary supplements with potentially harmful consequences (when fed in excess of recommended amount) Examples: single or multi-vitamin, mineral or herbal supplements/remedies or teas • Not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements Examples: providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 pp, fluoride; providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; and, not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (1 quart) of vitamin D fortified milk or formula. • Ingestion of non-food items (pica) Documentation in the participant folder must include the basis for code selection.
4	**4**	**6**			**427**	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below. • Consuming dietary supplements with potentially harmful consequences (in excess of recommended amounts) • Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery

Category/ Priority					Code	Description
P	B	N	I	C		
						• Compulsively ingesting non-food items (pica) • Inadequate vitamin/mineral supplementation recognized as essential by national public health policy Examples: Consumption of less than 27 mg of iron as a supplement daily by pregnant woman; consumption of less than 150 mcg of supplemental iodine per day by pregnant and breastfeeding women; and, consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. • Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; undercooked or raw tofu; and, deli meats, hot dogs and processed meats that are not heated until steaming hot Documentation in the participant folder must include the basis for code selection.
			4	**5**	**428**	**<u>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES</u>** For infants ≥ 4 months of age and children < 24 months of age at date of certification is at risk of inappropriate complementary feeding when he/she has begun to or is expected to begin to: • Consume complementary foods and beverages. • Eat independently. • Be weaned from breast milk or infant formula. • Transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans.* A complete nutrition assessment, including a for risk #411, Inappropriate Nutrition Practices for Infants, or #425 Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	3	1	3	502*	**TRANSFER OF CERTIFICATION** A participant transferring from outside of Montana with a valid WIC Verification of Certification (VOC) from another state agency. This code shall be assigned in cases where the VOC does not specify another nutrition risk criteria, or if the risk criteria specified is not in use in Montana.
1 2 4	1 2 4				601	**BREASTFEEDING MOTHER OF PRIORITY I, II OR IV INFANT** A breastfeeding mother whose infant has a nutrition risk code with a higher priority than she does. Subject to modification of M-SPIRIT
1	1				602	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (WOMEN)** A breastfeeding woman with any of the following complications or potential complications: • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age ≥ 40 • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) A woman experiencing breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her health care provider. Subject to modification of M-SPIRIT

Category/ Priority					Code	Description
P	B	N	I	C		
			1		603	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (INFANT)** A breastfed infant with any of the following complications or potential complications: • 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). • 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 (as determined by a physician or other health care professional) and/or wet diapers (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.
			2		701°	**INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY** • An infant < 6 months of age at date of certification whose mother was a Montana WIC participant during her pregnancy. • 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.
			1 4		702	**BREASTFEEDING INFANT OF PRIORITY I OR IV MOTHER** A breastfed infant whose mother has a higher priority, as determined by nutrition risk codes, than the infant does.
4	4	6	4	5	801°	**HOMELESSNESS** Categorically eligible women, infants or children who meet the definition of a homeless person. Homeless - A homeless individual is defined as 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

Category/ Priority					Code	Description
P	B	N	I	C		
						exceed 365 days) or staying in a place not designated as a regular sleeping accommodation.
4	4	6	4	5	802°	**MIGRANCY** Categorically eligible women, infants or children who meet the definition of migrant farm worker. Migrant – 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.
4	4	6	4	5	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	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.

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6	4	5	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.
1	1	6	1	3	904*	**SECONDHAND SMOKE EXPOSURE** Exposure to smoke from tobacco products inside the home.

*** Computer generated code.**

° Both CPA and computer generated code.

Referral required for High-Risk code.

Montana WIC

Nutrition Program for Women, Infants and Children

WIC Clinic Outreach Plan

Fiscal Year: 2016

Local Agency: | | WIC Director: | |

**Complete all sections of plan and submit to the state office as soon as possible, retaining a copy for your records.*

I. Briefly describe prior year activities including any successes or challenges:

II. Describe any special needs of your local clinic, participants or community:

Montana WIC

III. Federal Regulations and the State Plan specify that all local clinics must do a media campaign annually (newspaper, public service announcement, etc.). Please refer to the current State Plan, Chapter 4, Policy 4.9, I. A. for what needs to be included to meet this requirement.

This list can serve as a springboard for ideas to use for any specific local needs your agency might wish to address:

- person-to-person outreach
- targeting special groups
- creating referral systems (especially intra-agency- Medicaid, SNAP, etc.)
- media – print or media community calendar listings – any changes at clinic, let people know!
- increasing accessibility
- a list of organizations for networking

Describe activities completed for the required media outreach and any other types of outreach considered by your local agency to try this coming fiscal year.

Attention: Administrative Specialist
Montana State WIC Program
PO Box 2052951
Helena, MT 59620-2951
(406) 444-0909 or email: blahr@mt.gov

Montana WIC Program
Participant Compliance Form

Local Agency: _____ Clinic Site: _____

WIC Staff: _____ Date Reported: _____

Participant/Guardian's Name: _____ Participant ID#: _____

Benefit #'s	Date Issued

Type of Alleged Participant Abuse
INSTRUCTIONS: Check the box that applies

	Knowing falsified eligibility information.		Deliberate alteration of WIC benefit.
	Dual participation.* Assessment of a claim of $100* Assessment of second claim of any amount * ***Mandatory disqualification for 1 year**		Purchased or attempted to purchase more WIC food than authorized.
	Stole WIC benefits from local clinic or other participant.		Purchased or attempted to purchase unauthorized food with WIC purchase.
	Verbal abuse of WIC staff, food retail staff or farmer.		Benefit cashed outside of valid dates. (Early or late cashing)
	Received or attempted to receive change from WIC purchase.		Redeeming WIC benefit(s) at store nor listed as an authorized retailer.
	Returned or attempted to return WIC foods for cash.		"No signature" on benefit – did not respond to clinic notification to go to store to sign benefit.
	Redeemed or attempted to redeem benefits reported lost or stolen.		Other (explain)
	Intent to sell WIC foods and/or benefits.		

Complaint: Briefly describe how complaint was received. Attach copies of benefits, retailer complaint or other documents supporting case.

_____

_____

Participant Statement:

_____

_____

_____

Decision:

_____ Keep participant on program, evidence does not support fraud and abuse allegations.

_____ Keep participant on program, education and warning letter given. (Attach copy of Warning Letter).

_____ Keep participant on program until DPHHS resolves.

_____ Disqualify participant for ____ months. (Attach copy of Notice of Ineligibility/End of Certification Form).

_____ Other. Specify: _____

Additional Comments:

_____

_____

_____

_____ _____
Participant Signature Date

_____ _____
WIC Staff Signature Date

INSTRUCTIONS: Scan into participant folder.

Send originals to: Montana WIC Program
Retail Services
Dept. of Public Health and Human Services
PO Box 202951
Helena, MT 59602-2951

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

USDA is an equal opportunity provider and employer.

Montana WIC Program
Participant Rights and Responsibilities Form

INSTRUCTIONS: Please read this form, and then sign. If you do not understand any part of it, please ask for help.

I Agree To:

- Attend and be on time for all appointments.
- Let WIC staff know in advance if I cannot keep an appointment.
- Provide accurate and correct information to WIC.
- Let the WIC staff know if my address, phone number or income changes, if I am going to move away or if I no longer have custody of the child.
- Bring my Program Booklet to all appointments and to the store.
- Handle my WIC benefits carefully – like they are cash. If I lose my benefits, they cannot be replaced.
- Report benefits that are lost, stolen or destroyed and **not** use the benefits later if I find them.
- Follow the shopping guidelines for using WIC benefits as specified in the Program Booklet.
- Treat WIC staff and retail staff with respect and courtesy.
- Train my authorized representatives and proxies on WIC procedures and policies. I am accountable for their actions.

I Understand That:

- WIC will give me benefits to buy certain foods from WIC authorized retailers each month and it is important that the benefits are picked up on time. If benefits are not picked up for two months in a row, I may be removed from the Program.
- The local WIC program will make nutrition education and referral to health services available to me or my child. I am encouraged to use these services.
- My WIC information may be released to other Department of Public Health and Human Service (DPHHS) programs to determine eligibility, conduct outreach, enhance health education, streamline administrative procedures or access and evaluate participant health care needs and outcomes. For a list of DPHHS Programs that may receive your information, please ask WIC staff.
- **Receiving benefits from more than one WIC clinic at a time is illegal. (Dual participation)**
- I may lose my WIC benefits if I or an authorized individual make changes on my WIC benefit; return WIC foods for cash or non-WIC foods; sell, trade, or give away WIC foods; buys non-WIC foods; use an unauthorized retailer; or verbally or physically abuse WIC or retail staff. I also may be required to repay benefits.
- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
- I have 60 days to appeal any decision made by the local agency regarding my eligibility for the Program. A fair hearing will be conducted by a fair and impartial official according to 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 statutory and regulatory provisions governing the WIC Program in Montana.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

This institution is an equal opportunity provider.

I have read and understand my rights and responsibilities for participation in the Montana WIC Program:

_____ _____

Signature of Participant/Authorized Representative Date

Montana WIC Program
1400 Broadway, Cogswell Building C305
PO Box 202951
Helena MT 59620-2951

1-800-433-4298

WIC Is An Equal Opportunity Provider

Compliments of the Nebraska WIC Program
October 2010
Form 50

MONTANA
Department of Public Health & Human Services

Montana WIC
Nutrition Program for Women, Infants and Children

Passport to Military Income

Montana WIC

Determining Family Size & Income for Military Families

Tip 1: Service members deployed overseas or stationed in a location separate from their families are counted as part of the family here when determining income.

Tip 2: Children in the temporary care of friends or relatives— There are 3 options to determine income:

- If absent parent(s) income is known, count the child(ren) as a family. Use the parent(s) income for the child(ren).
- If the parent is providing an allotment for the child(ren) consider the child(ren) their own family and count the allotment as the only income for the child(ren).
- When neither of the two previous options are applicable the children are considered a part of the family of the person(s) they are residing with.

Tip 3: When pay is received on a temporary basis, you may choose to consider the income of the family during the past 12 months as a more accurate indicator of the family's income status, as opposed to calculating income using the "current" rate.

Tip 4: Military Reserves & National Guards called to active duty may experience a drop in income so that they may become income eligible for WIC. The families current rate of income while on active duty should be used when determining income in most cases.

Tip 5: Lump sum payments such as retention bonuses and clothing allowances received in the current month should be averaged for 12 months. Many times these payments may put the family over income and ineligible for benefits. In these cases they may reapply the following month. At that time their income would be assessed using the current month's income that does not include the bonuses or other allowances.

NOTES

Calculating Military Pay Using the Long Method

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

Snoopy the WWII Pilot — 1-30 APR 10

ENTITLEMENTS		DEDUCTIONS		SUMMARY	
Base Pay	2414.40	Federal Taxes	2.69	+ TOT END	10742.86
BAS	233.87	FICA-Soc Sec	00.00	- TOT DED	537.27
BAH	1077.00	FICA-Medicare	77.00	- TOT ALMT	1389.69
Fly Pay	150.00	SGLI		= NET AMT	8815.9
Spec Duty Pay	450.00	State Taxes	89.86	CR FWD	
SRB	6035.99			= EOM PAY	8815.9
Clothing	381.60				
TOTAL	10742.86	537.27	1389.69		

Possible Combat Pay Ask 3 Questions to determine if it counts as income.

Do Not Count as Income – Subtract from Total Entitlements

Clothing Allowance & Bonus covering more than one month:
- **Subtract from Total Entitlements**
- **Divide payments by 12 (for monthly amount)**
- **Add monthly amount to Total Entitlements**

Step 1: Check Entitlements for exclusions using **Military Code Chart**.

Step 2: Subtract the amount of any exclusions from total entitlements.
$10,742.86 – $1077.00 = *$9665.86*

Step 3: Subtract any one time entitlements from the final amount in Step 2.
$9665.86 - **$6035.99** = $3629.87 - **$381.60** = ***$3248.27***

Step 4: Add all one time entitlements and divide by 12 to find the monthly amount.
$6035.99 + **$381.60** = $6417.59 / 12 = **$534.79**

Step 5: Add the monthly amount of the one time Entitlements to the Total Entitlements value found in Step 3.
$3248.27 + **$534.79** = **$3783.06**

Step 6: Using this number complete income assessment for the family.

Reading a Leave & Earnings Statement (LES)

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
4	5	6	7	8	9		
						+ TOT END	0
						- TOT DED	0
						- TOT ALMT	0
						= NET AMT	0
						CR FWD	
						= EOM PAY	0
TOTAL	10	0		0			

1	Service members name. Last, First, middle initial
2	Branch of service member is in. (Army, Air Force, etc.)
3	Period covered by the individual LES. Normally one month
4	Entitlements. Types of pay and allowances are listed here.*
5	Dollar amount paid for each entitlement
6	Deductions. Includes insurance, taxes, mid-month pay.*
7	Dollar amount deducted for each item.
8	Allotments. Includes savings and/or checking accounts, or bonds.*
9	Dollar amount of each allotment.
10	Total dollar amount of all entitlements.

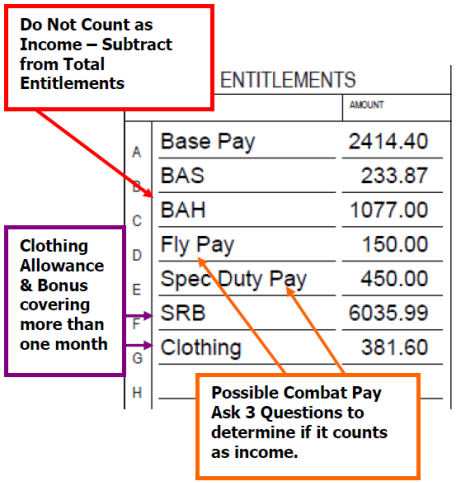
* Up to 15 can be listed here. More than 15 items are listed in REMARKS

Military Codes

Count as Income | Caution Ask Questions | Do Not Count

Code	Definition
AB	Accession Bonus
ACIP	Aviation Career Incentive Pay
ACP	Aviation Continuation Pay
ASP	Additional Special Pay
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
	Base Pay
BMA	Basic Maintenance Allowance
BCP	Board Certified Pay Special Pay
CCA	Civilian Clothing Allowance
BRA	Basic Replacement Allowance
	Continuation Pay
CCCA	Continuing Civilian Clothing Allowance
CCRA	Cash Clothing Replacement Allowance
CEFIP	Career Enlisted Flyer Incentive Pay
CIP	Combat-related Injury & Rehabilitation
COLA	Cost of Living Allowance Cash
CRA	Clothing Replacement Allowance
CSP	Career Sea Pay
CSP-P	Career Sea Pay – Premium
CSRB	Critical Skills Retention Bonus
CVI	Conditional Voluntary Indefinite Status
DLA	Dislocation Allowance
	Dive Pay
FDP	Foreign Duty Pay
FLPP	Foreign Language Proficiency Pay
	Flight or Fly Pay
FSA	Family Separation Allowance
FSH	Family Separation Housing
FSSA	Family Subsistence Supplemental Allowance
HALO	High Altitude/Low Altitude
HDIP	Hazardous Duty Incentive Pay -- May receive up to 2/month Parachute Duty, Flight Deck Duty, Demolition Duty, Experimental Stress Duty, Toxic Fuels Duty, Toxic Pesticides Duty, Dangerous Viruses Lab Duty, Chemical Munitions Duty, Polar Region Flight Operations Duty
HDP – Involuntary Extension	Hardship Duty Pay
HDP-L	Hardship Duty Pay – Location
HDP-M	Hardship Duty Pay – Mission
HFP/IDP	Hostile Fire/Imminent Danger Pay
HFP-L	Hostile Fire Pay – Location
ICCA	Initial Civilian Clothing Allowance
	Maternity Clothing Allowance

Calculating Military Income



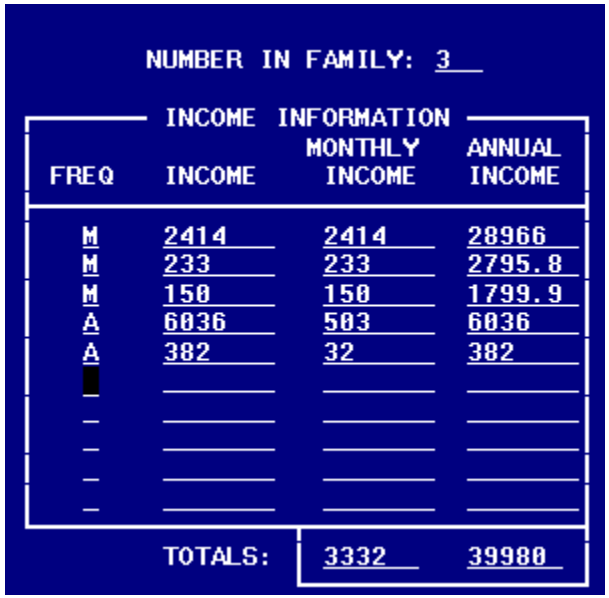
Step 1: Check Entitlements for Exclusions using **Military Code Chart**.

Step 2: Determine if caution codes qualify as combat pay by asking 3 questions.

Step 3: Mark each exclusion.

Step 4: Determine how often each entitlement is paid.

Step 5: Using the income calculator in the computer enter the frequency & amount of each pay type.



NUMBER IN FAMILY: 3

INCOME INFORMATION

FREQ	INCOME	MONTHLY INCOME	ANNUAL INCOME
M	2414	2414	28966
M	233	233	2795.8
M	150	150	1799.9
A	6036	503	6036
A	382	32	382
TOTALS:		3332	39980

Combat Zones

DESIGNATED COMBAT ZONES (continued)	
COUNTRY	***AREA***
Lebanon	land
Liberia	land
Malaysia	land
Montenegro	land and airspace
Oman	land
Pakistan	land
Phillipines	land
Qatar	land and airspace
Rwanda	land
Saudi Arabia	land and airspace
Serbia	land and airspace
Somolia	land and airspace
Sudan	land and airspace
Syria	land
Tajikistan	land
Turkey	land
Uganda	land
United Arab Emirates	land
Uzbekistan	land
Yemen	land
Arabian Sea	north of 10 deg north lat, west of 68 deg east long.
Gulf of Aden	sea
Gulf of Oman	sea
Persian Gulf	sea and airspace
Somalia Basin	sea

Military Codes

Count as Income Caution Ask Questions Do Not Count

Code	Definition
ISP	Incentive Special Pay
LQA	Living Quarters Allowance
MIHA - Miscellaneous	Moving Housing Allowance
MIHA - Rent	Moving Housing Allowance - Rent
MIHA – Security	Moving Housing Allowance
MRB	Multiyear Retention Bonus
MSP	Multiyear Special Pay
NIB	Nuclear Career Annual Incentive Bonus
NPAB	Nuclear Power Accession Bonus
	Nuclear –Continuation Pay
OEP	Overseas Extension Pay
OHA	Overseas Housing Allowance
OCONUS COLA	Overseas Cost of Living Allowance
OTEIP	Army Overseas Tour Extension Incentive Pay
OVERSEAS COLA	Overseas Cost of Living Allowance
	Overseas Extension Pay
PCCA	Partial Civilian Clothing Allowance
RBMA	Reserve Basic Maintenance Allowance
RSMA	Reserve Standard Maintenance Allowance
SBP	Military Survivor Benefits Plan
SDAP	Special Duty Assignment Pay
SDIP	Submarine Duty Incentive Pay
SEA	Subsistence Expense Allowance
SEB	Selective Enlistment Bonus
SepRats	Separation Rations
SMA	Standard or Separate Maintenance Allowance
	Special Duty – Diving Duty Pay
	Specialty Pay
SR	Separation Rations
SRA	Standard Replacement Allowance
SRB	Selective ReEnlistment Bonus
	Standard Initial Clothing Allowance
SUPP CMA	Enlisted Supplementary Clothing Allowance
TDYCCA	Temporary Duty Civilian Clothing Allowance
TLE CONUS	Temporary Lodging Expenses in US
TLA	Temporary Living Allowance
TLA OCONUS	Temporary Lodging Allowance Outside US
TQSA	Temporary Quarters Subsistence Allowance
VI	Voluntary Indefinite Status
VBSS Duty	Maritime Visit, Board, Search & Seizure Duty
VSP	Variable Special Pay

Combat Pay

Combat pay may or may not be counted as income. You need to ask the 3 questions that follow.

Assessment Questions – use to determine if pay should be excluded as income.

1. Are they currently serving in a designated combat zone? (see following pages
2. Did they begin receiving this pay after they were deployed to the combat zone?
3. Is the pay received in addition to the service member's basic pay?

If Yes to all questions =
Don't Count as income. The pay qualifies as combat pay.

If No to one or more questions =
Count as income. The pay does not qualify as combat pay.

Combat pay may be temporary. Average the family's income for 12 months to be most reflective of the current situation.

Combat Zones

DESIGNATED COMBAT ZONES	
COUNTRY	***AREA***
Afghanistan	land and airspace
Algeria	land
Azerbaijan	land
Bahrain	land and airspace
Burundi	land
Columbia	land
Congo	land
Cuba	service members performing duties with joint task force Guantanamo Bay Detention Facilities
Djibouti	land
East Timor	land
Egypt	land
Eritrea	land
Ethiopia	land
Greece	land (within 20k radius from center of Athens)
Haiti	land
Indonesia	land
Iran	land
Iraq	land and airspace
Israel	land
Ivory Coast	land
Jordan	land
Kenya	land
Kosovo	land and airspace
Kuwait	land and airspace
Kyrgystan	land

Montana WIC Program
Program Complaint Form

INSTUCTIONS: Use this form for taking a complaint from a participant, local agency or retailer. Document the name, clinic, city and phone number and well as follow-up of the complaint. Offer participant or local agency the opportunity for a "Fair Hearing"

Name: _____ Clinic: _____ City: _____

Address *(optional)*: _____ Phone: _____

_____

_____

Complaint:

_____

_____

_____

_____

_____ _____
Signed Date

Follow-Up:

_____

_____

_____

_____

_____ _____
Signed Date

Response:

_____

_____

_____

_____

Montana WIC Program
Proof of Residency/Identity

I _____ verify that I have no current proof of identity\residency for the

following reason: _____

I attest 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 MAY NOT BE USED if the participant forgot to bring in appropriate documentation.

Scan into participant's file and issue as appropriate.

Montana WIC Program
Release of Information

Each section must be completed.

I authorize the release of information obtained by the WIC Program for _____
Participant Name

The information is to be released from:

Name of Facility: _____

Address: _____

City, State, Zip _____

The information is to be provided to:

Name of Person/Organization/Facility: _____

Address: _____

City, State, Zip _____

I understand that allowing information to be shared is voluntary. It is not a requirement to be on WIC. The information to be released is from my electronic WIC folder and includes:

- ☐ The entire WIC record (participant folder).
- ☐ Only information related to: _____
- ☐ Only information during the period of time or events from: _____

This information is to be released for a specific purpose only and may not be used by the recipient for any other reason. This information may not be shared with a third party.

I understand that I may revoke this authorization in writing at any time; except for information that may have already been shared. If this authorization has not been revoked, it will terminate at the end of the current certification period.

_____ _____
Participant/Parent/Guardian/Authorized Rep Signature Date

The USDA is an equal opportunity provider and employer

Request for Similac Formula

Participant Name: _____Date of Birth: _____ Today's Date:_____

A. Formula (Required)		
Prescribed Amount: ☐ Maximum Allowable OR _____ per day		
Formula (select one):	**Reason for issuance:**	**Length of time formula is required:**
☐ Similac Sensitive (Low lactose) ☐ Similac Total Comfort (Partially hydrolyzed whey protein, low lactose) ☐ Similac for Spit Up (Rice starch added, low lactose) **No other formula may be requested with this form.**	☐ Malabsorption ☐ Diarrhea ☐ Vomiting ☐ Reflux ☐ Colic ☐ Other: _____	☐ Until first birthday (end of the month) ☐ Other date _____

B. Supplemental Foods (for Infants 6 months and older)	
Infants (6-12 months): ☐ Provide full food package ☐ Do not provide any foods at this time; issue formula only ☐ Provide a modified food package including the following foods: ☐ Infant cereal ☐ Infant vegetables/fruit	**Special Instructions/Restrictions:**

Health Care Provider Name (Printed):_____ (Signature):_____ _Phone Number: _____

Submit to:

Local agency: _____ Phone Number: _____ Fax Number:_____

Montana WIC Program
SIS Quick Guide

Logging In

1. Start your internet browser and type the following in the address field:

https://ejs.hhs.mt.gov:8444/SISweb/

2. At the **SIS Login** page, enter your **Username** (C number), **Password** and click the **Login** button.

Changing Passwords

1. Enter **SIS** login credentials and click the Change Password button.
2. Enter your old password in the **Old Password** field.
3. Enter your new password in the **New Password** field.
4. Enter you new password again in the **Confirm Password** field.
5. Click the **Change Password** button. If the password change is successful, the system will open the **Search** page.

Searching for Medical Eligibility

1. Select **Medicaid** from the **Query Type** selection box.
2. Enter search criteria.
3. Click the **Search** button.
4. If the WIC applicant is found, the **Client Verification** page opens displaying the WIC applicant's information.

Searching for SNAP/TANF Eligibility

1. Select **TANF/SNAP** from the **Query Type** selection box.
2. Enter search criteria.
3. Click the **Search** button.
4. If the WIC applicant is found, the **Client Verification** page opens displaying the WIC applicant's information. (Proceed to **Confirming Eligibility**)

- If the search returns more than one possible match the **TANF/SNAP Search Results** page will display. (Proceed to **Selecting a WIC Applicant**)

Tips

- Each query type from the **Query Type** selection box requires distinct searching criteria.
- If the **Medicaid** radio button is selected, the **Person ID** (Medicaid Card Number) and **Last Name** are required.
- Wildcard searches using an ('*') can be used on the following fields:
  - **Last Name**
  - **First Name**
- Four characters are required to conduct a wildcard search.

Selecting a WIC Applicant

1. At the **TANF/SNAP Search Results** page, click any field of the participant's record to highlight the row.
2. Click the **Verify Eligibility** button to display the **Client Verification** page.

Tips

- This page displays only when searching for **TANF or SNAP** eligibility and only when that search returns more than one possible match.
- The **Last Name**, **First Name**, **Mid**, **DOB** and **Gender** fields are not editable (grayed out).

Confirming Eligibility

1. At the **Client Verification** page, enter the **WIC Participant ID**.
2. Click the **Confirm** button to display eligibility results.

Tips

- The **WIC Participant ID** fields cannot be edited once the **Confirm** button is clicked.
- **SSN** will only display if entered as part of the search criteria.

Help

1. Click the **Help** button.
2. Click on any subject (1-6)
3. To close the **Help** page, click on the button or the **X** button.

Tips

- This web page allows authorized users to access page assistance for field definition, process function and other user guidelines.
- Help is accessible on the **Search**, **TANF/SNAP Search Results** and **Client Verification** web pages.

Hot Keys

Cancel: [Alt] + A
Change Password: [Alt] + P or [Enter]
Clear: [Alt] + C
Close Window: [Ctrl] + W
Confirm: [Alt] + F or [Enter]
Help: [Alt] + H
Login: [Alt] + L or [Enter]
Logout: [Alt] + Q
New Search: [Alt] + R
Return: [Alt] + R
Search: [Alt] + S or [Enter]
Verify Eligibility: [Alt] + V or [Enter]

Montana WIC Program
Warning Letter

Participant Name: _____ Participant ID#: _____

In addition to this letter, the participant is to receive education pertaining to the area of program abuse.

Warning due to:	**Next offence will result in:**
Received or attempted to receive cash/change from WIC purchase.	____3 month disqualification ____12 month disqualification
Purchased or attempted to purchase more WIC food than authorized.	____3 month disqualification ____12 month disqualification
Purchased or attempted to purchase unauthorized foods.	____3 month disqualification ____12 month disqualification
Intent to sell WIC foods	____3 month disqualification ____12 month disqualification
Benefit redeemed outside of valid date range.	____3 month disqualification ____12 month disqualification
Redeemed WIC benefit(s) at store not listed as an authorized WIC retailer.	____1 month disqualification ____3 month disqualification
Verbal abuse or harassment of WIC staff, food retailer staff or farmer.	____3 month disqualification ____12 month disqualification
Other:	

I have read and understand the Rights and Responsibilities for participation in the WIC Program.

_____ _____ _____
Participant Signature WIC Staff Signature Date

INSTRUCTIONS: Scan into participant's folder, give the participant a copy, attach Warning Letter to the Participant Fraud Form and send the originals to the State office.

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, 1400 Independence Ave. SW, Washington D.C. 20250-9410.

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 Coordinator, Cogswell Bldg., Helena, MT 59620 (406) 444-5533.

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.

Montana WIC Program
Pre-Event Request for Continuing Education Credit Approval

Please submit at least three months prior to activity.

Date _____

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).

_____

_____

_____

INSTRUCTIONS:
Return Completed Form to:
WIC
Department of Public Health & Human Services
1400 Broadway Cogswell Bldg Rm 305
PO Box 202951
Helena, MT 59620

Montana WIC Program
Post-Event Request for Continuing Education Credit Approval

Please submit within 90 days of completion of activity.

Date _____

Name _____ Position _____ WIC Program _____

Program Title _____

Instructor(s) _____

Qualifications of Instructor(s)_____

Date(s) and Time(s) Attended_____

(Attach program brochure)

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

_____ _____

_____ _____

_____ _____

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

_____

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

_____

_____

_____

_____

INSTRUCTIONS:
Return Completed Form to:
WIC
Department of Public Health & Human Services
1400 Broadway Cogswell Bldg Rm 305
PO Box 202951
Helena, MT 59620

Montana WIC Program
Post – Article, Short Webinar and Teleconference Request for Continuing Education Credit Approval

This form is to be used with article, short webinars and teleconferences which have been pre-approved by the State WIC Nutritionist for CEU's. Please submit at within 90 days of completion of the activity.

Date _____

Name _____ Position _____ WIC Program _____

Item Title(s) _____

_____

_____

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

For each CEU per item (or if less than 1 CEU) list one thing you learned and describe how you will apply it in your WIC job (use the back of the form if needed).

_____

_____

_____

_____

_____

_____

INSTRUCTIONS:
Return Completed Form to:
WIC
Department of Public Health & Human Services
1400 Broadway, Cogswell Building, Rm. 305
PO Box 202951
Helena, MT 59620

Worksheet 1 **WIC PERSONNEL SERVICES** **Agency/Clinic:** _____

NAME	OFFICIAL JOB TITLE	RD CPA AIDE OTHER	FTE	HOURLY WAGE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL
						TOTAL SALARIES AND BENEFITS	

INDIRECT (if applicable) _____ **<u>if claiming Indirect</u>**, an **<u>Indirect Plan must be submitted with this worksheet</u>** for DPHHS Approval

REGISTERED DIETICIAN (RD): STAFF? _____ CONTRACTED? _____

It is a contract requirement to have a Registered Dietician (RD) on staff, or under contract, within your WIC Local Agency. If contracting with an RD, a copy of the contract must be submitted by November 15, 2015. Your WIC contract will not be finalized until this requirement has been met.

If an agency does not have RD services, the state will withhold an amount of funding that would be awarded and allocate to another agency that would then provide RD services for them.

Worksheet 2 **CONTACT INFORMATION**

CONTRACTOR	
Agency Name:	
Signatory Name and Title:	
Mailing Address:	
Telephone:	Fax:
Federal ID:	Email:

CONTRACT LIAISON (person who is primary contact for any contract information)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

FINANCIAL REPORTER (Expenditure Reports)	
Name and Title:	
Address:	
Address to Mail Reimbursement:	
Telephone:	Fax:
Email:	

LEAD PUBLIC HEALTH OFFICIAL/CEO/AGENCY DIRECTOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

WIC DIRECTOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

BF COORDINATOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

TRAINING COORDINATOR	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

LOCAL AGENCY RETAIL COORDINATOR (LARC)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

REGISTERED DIETICIAN (RD)	
Name and Title:	
Address:	
Telephone:	Fax:
Email:	

Please keep the state WIC office updated on all changes throughout the year

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)	

Budget Packet worksheets have been prepared by:

Preparer Signature _____ Date _____

WIC\Contract\.....\worksheet2

Montana WIC Program
Breast Pump Log

Participant Name & ID	Type of Pump (M,SU, MU)	Issuer	Education Provided to Participant on Pumping Document Topics Addressed	Date Issued	Date of Expected Return	Date of Return	MU Type Date and Initials Cleaned	Participant phone number

Example of

Position Description for Breastfeeding Peer Counselor Supervisor

Position:

Breastfeeding Peer Counselor Supervisor

Job Description:

The Breastfeeding Peer Counselor Supervisor manages the breastfeeding peer counselor program at the Local Agency level.

Qualifications:

- Has demonstrated experience in program management.
- Has demonstrated expertise in breastfeeding management and promotion.
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other certification in lactation management (I.e. CLE, CLC) or State-approved training in lactation management.
- Has a minimum of one year experience counseling breastfeeding women.

Training:

- Will receive "*Loving Support*" training through WIC.
- Participates in continuing education about breastfeeding annually.

Supervision:

The Breastfeeding Peer Counselor Supervisor is supervised by the _____.

Duties:

- Assists in establishing program goals and objectives.
- Assists in establishing peer counseling program protocols and policies.
- Determines peer counselor staffing needs.
- Recruits and interviews potential peer counselors in alignment with program policies and standards.
- Arranges for training of peer counselors.
- Mentors new peer counselors during the first six months, providing routine follow-up and guidance.
- Provides ongoing supervision.
- Holds monthly meetings with peer counselors.
- Collects documentation records and data as appropriate.
- Monitors the peer counselor program.
- Routinely reports on the program to supervisor.
- Works with other peer counselors for discussion of potential program improvements.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Breastfeeding Peer Counselor Supervisor Signature Date

Example of

Position Description for Senior Breastfeeding Peer Counselor

Position:

Senior Breastfeeding Peer Counselor

Job Description:

The Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and advanced breastfeeding information and encouragement to pregnant and breastfeeding WIC participants. The Senior Breastfeeding Peer Counselor assists new peer counselors as needed.

Qualifications:

- Has breastfed at least one baby. They do not need to be currently breastfeeding.
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor or through additional lactation training and experience.
- Can work about ____ hours a week.
- Has a telephone, and is willing to make phone calls from home.
- Has reliable transportation.
- Has computer skills in order to document notes in the WIC computer system.

Training:

- Receives "*Loving Support*" training through WIC.
- Participates in continuing education about breastfeeding annually.
- Participates in all training programs of peer counselors.
- Observe other peer counselors or lactation consultants counseling mothers.
- Reads assigned books or other materials about breastfeeding.

Supervision:

The Senior Breastfeeding Peer Counselor is supervised by the _____.

Duties:

- Attends breastfeeding training classes in lactation management.
- Counsels pregnant and breastfeeding WIC participants at the WIC clinic, by telephone, home visits, and/or hospital visits.
- Manages a caseload of WIC participants and makes routine periodic contact with them.
- Provides information and support for women in managing common maternal and infant breastfeeding problems.
- Accepts referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
- Is available outside WIC clinic operating hours for new mothers who are having breastfeeding problems.
- Respects each client by keeping information confidential.
- Keeps accurate records of all contacts made with WIC participants in the participant's electronic folder.
- Refers mothers, according to clinic-established protocols, to the:
    - State Nutritionist
    - Lactation Consultant
    - The mother's physician or nurse
    - Public health programs in the community
    - Social service agencies
- Teaches breastfeeding portion of prenatal classes and leads breastfeeding support groups.
- Mentors new peer counselors.

- Reports program information to supervisors.
- Attends monthly staff meetings and breastfeeding conferences and/or workshops as appropriate.
- May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Senior Breastfeeding Peer Counselor Signature Date

Example of

Position Description for Breastfeeding Peer Counselor

Position:

Breastfeeding Peer Counselor

Job Description:

The Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to pregnant and breastfeeding WIC participants.

Qualifications:

- Has breastfed at least one baby. They do not need to be currently breastfeeding.
- Is enthusiastic about breastfeeding and wants to help other mothers enjoy a positive experience.
- Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor or through additional lactation training and experience.
- Can work about _____ hours a week.
- Has a telephone, and is willing to make phone calls from home.
- Has reliable transportation.
- Has computer skills in order to document notes in the WIC computer system.

Training:

- Observes other peer counselors or lactation consultants counseling breastfeeding mothers or pregnant women considering breastfeeding.
- Reads assigned books or materials about breastfeeding.
- Receives "*Loving Support*" training through WIC.
- Participates in continuing education about breastfeeding annually.

Supervision:

The Breastfeeding Peer Counselor is supervised by the _____.

Duties:

- Attends breastfeeding training classes to become a peer counselor.
- Counsels pregnant and breastfeeding WIC participants at the WIC clinic, by telephone, home visits, and/or hospital visits.
- Manages a caseload of WIC participants and makes routine periodic contact with them.
- Provides information and support for women in managing common maternal and infant breastfeeding problems.
- Gives basic breastfeeding information and support to new mothers, 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 issues and/or concerns.
- Is available outside WIC clinic operating hours for new mothers who are having breastfeeding problems.
- Respects each client by keeping information confidential.
- Keeps accurate records of all contacts made with WIC participants in the participant's electronic folder.
- Refers mothers, according to clinic-established protocols, to the:
    - State Nutritionist
    - Lactation Consultant
    - The mother's physician or nurse
    - Public health programs in the community
    - Social service agencies
- Attends and assists with prenatal classes and breastfeeding support groups.
- Attends monthly staff meetings and breastfeeding conferences and/or workshops as appropriate.

- May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties.

I understand the above job responsibilities, and agree to perform these duties as assigned.

_____ _____

WIC Breastfeeding Peer Counselor Signature Date

Montana WIC Program
Multi-User Electric Breast Pump
Loan-Release Form

I, _____ request a multi-user electric breast pump from WIC.

I have been instructed by _____ on the following topics (please initial below):

	How to assemble, use and clean the Medela Lactina pump I've been provided.
	How to pump using appropriate pumping techniques.
	How to safely collect and store my breast milk.
	Hand expression (taught or video watched).

If I need further information or have regarding the use of this breast pump I will contact:

_____ _____
Clinic Name Clinic Phone #

I understand that: (please initial below)

	I am currently participating in WIC and will continue my participation by keeping my WIC appointments. If I stop participating or I am terminated from WIC, this agreement will be cancelled and I must return the pump to the clinic.
	It is my responsibility to protect the pump from theft or loss. I will handle the pump with care and keep it in a safe area. I will lock the pump in my car when travelling, out of sight.
	It is my responsibility to inform the WIC clinic of any change of address or phone number.
	If the pump breaks or malfunctions, I must return the pump to the WIC office for repair.
	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 Health and 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.
	This pump is the property of the WIC Program. I must return it by the due date or it will be reported as stolen.

_____ _____ _____
Participant Signature Date Participant ID#

The participant has been determined to be eligible for a multi-user breast pump for the following reason(s):

_____

_____

_____ _____
WIC Staff Signature Date

_____ _____ _____
Breast Pump # Issued Date Pump Issued Date Pump Due

INSTRUCTIONS: Place the original copy in the participant's folder and give a copy to the participant.

Montana WIC Program
Manual or Single User Breast Pump Release Form

I understand this breast pump is for my personal use.

I have been instructed by _____ on the following topics (please initial below):

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.

If I need further information or have questions regarding the use of this breast pump I will contact:

_____ _____
Clinic Name Clinic Phone #

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 _____

Participant ID# _____ Phone # _____

Breast Pump Issued _____ Instructed By _____

The participant has been determined to be eligible for a single-user breast pump for the following reason(s):

_____

_____

_____ _____
WIC Staff Signature Date

Comments:

_____

_____

Agency/Clinic: _____ **Audit Date:** _____ **Auditor:**_____

Montana WIC Program Administrative Chart Audit

Participant ID Number										
Household ID Number										
Certification: Start End										
First Name Last Name										
DOB										
Category										
Served within time frame?										
Participant ID?										
Representative ID?										
Residence Address Documented?										
Income Documented?										
Adjunctive Eligibility?										
Verified in SIS?										
Notice of Cert End?										
Notice of Ineligibility?										
Benefits Signed for?										
Mailed?										
*Verify mail log Proxy Note?										
Voided Benefits? *Verify procedure										
Comments:										

*indicate items checked at the time of visit.

Montana WIC
Nutrition Program for Women, Infants and Children

ADMINISTRATIVE FINDINGS - FY2016

Finding 1: Initial Contact Date

An initial contact date must be recorded for all new participants. This date marks the beginning of the federally mandated timeline in which a participant is to receive a notice of eligibility/ineligibility or have an appointment offered to them. For pregnant women and migrant workers, notice must be given within 10 days (unless a request for an extension from the State is requested, received and documented – this extends the requirement to 15 days); all other applicants must be given notice within 20 days.

Reference: *State Plan for Montana's Supplemental Nutrition Program for Women, Infants and Children;* Chapter 5, Policy 5.1.

Finding 2: Participant Identification Documentation

Participant chart is missing appropriate proof of identification.
Proof of identification is inappropriate.
Proof of identification documented does not match scanned documentation.
Proof of identification scanned is unreadable.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 5, Policy 5.1, Part III.

Finding 3: Participant Authorized Representative Identification Documentation

Participant chart is missing appropriate proof of identification for authorized representative.
Proof of identification is inappropriate.
Proof of identification documented does not match scanned documentation.
Proof of identification scanned is unreadable.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 5, Policy 5.1, Part III.

Finding 4: Residency Documentation

No proof of residency on file.
Proof of residency documented does not match scanned documentation.
Current address does not match scanned proof of residency.
Proof of residency scanned is unreadable.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 5, Policy 5.1, Part IV.

Finding 5: Income Documentation/Adjunctive Eligibility (SIS)

No proof of income on file or inappropriate proof of income on file.
Inadequate proof of income on file (ex: pay stubs for two weeks income)
Zero income form used improperly.
Participant chart indicates adjunctive eligibility; however, participant has not been SIS'd for current certification period.

Reference: *State Plan for Montana's Special supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 5.1, Part V.

Finding 6: End of Certification/Ineligibility Notice

Official notification of certification end and/or ineligibility is not documented (missing) in the participant chart.
(Required for each certification end – pregnancy, post-partum, breast feeding, infant, child [each year])

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children,* Chapter 5, Policy 5.4, Part II.

Finding 7: Civil Rights

Household information is inaccurately documented.
Rights and Responsibilities missing from participant chart.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children*; Chapter 3, Policy 3.4 – 3.11.

Finding 8: Benefits Issuance

Benefits not signed. Mailed benefits not documented in the mailed log for the clinic.
Proxy note or other ID documentation missing in participant chart when proxy receives benefits.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children*; Chapter 3, Policy 3.4 – 3.11.

Finding 9: Confidentiality/Integrity

Inappropriate documentation copied to household member's chart.
Local agency staff breaches confidentiality regarding a WIC participant and/or family member verbally or in writing.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 3, Policy 3.9.

Finding 10: VOC Process

Proper VOC documents are not scanned into the participants' chart.
Missing essential information – name, certification date, certification end date.
VOC not honored as a valid certification without requiring new information before receiving benefits.

Reference: *State Plan for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC),* Chapter 5, Policy 5.3.

Montana WIC

Nutrition Program for Women, Infants and Children

Administrative Observation Form

Local Agency:_____ Reviewer:_____

Clinic Location:_____ Date:_____

Staff Observed: _____ _____

_____ _____

	Yes	No	N/A	Comments
Infrastructure				
Is the space adequate and appropriate for WIC Activities?				
Is the WIC clinic accessible to all?				
Is there privacy for income/intake, counseling & screening?				
Are the doors locked? Who has the key?				
Are file cabinets locked? Who has the keys to the cabinets?				
Is the clinic clean, safe, and well maintained?				
Office Operations				
Are the office hours posted where participants can see them?				
Are phones answered by all staff? Telephone calls are always answered unless all staff is unavailable to answer the phone? (Staff is either with a participant or already on the telephone for program, not personal business?)				
Are the current State Plan, MSPIRIT Manuals and Federal Regulations easily accessible? Hard copies or online?				
Describe how your staff is kept current on State Plan and Procedural updates				
Is the Authorized Retailer List posted in a visible location? Where?				
Does the clinic have a "We Take WIC Checks" sign posted?				
Are time studies submitted on time?				
Voter Registration				
Are there voter registration information/forms available?				
Is voter registration assistance offered to participants that are not registered to vote?				
Civil Rights/Fair Hearing				
Is a current Civil Rights poster displayed?				
Is a Fair Hearings poster displayed?				
Does the non-discrimination phrase appear on all distributed materials?				
Does the staff know the procedure for filing Civil Rights complaints?				
Have any complaints of Civil Rights violations been filed against the agency since the last monitoring visit?				

Records/Benefits Management	Yes	No	N/A	Comments
Are all benefits accounted for?				
Have any records/benefits been disposed of during the current FY?				
Were those records/benefits disposed of according to the schedule in the State Plan?				
Is benefit stock stored in a secure area?				
Division of Duties				
Are instructions for the proper use for benefits reviewed with new participants? Who is responsible for this?				
Is the purpose of the WIC Program explained to new participants? Who is responsible for this?				
Do staff members review their rights/responsibilities with participants?				
Who is responsible for determination of?				
Follow-up Counseling?				
Printing participant benefits?				
Outreach				
Is there an approved Outreach Plan in place?				
Have you advertised/publicized program benefits in the past year? How?				
Are potential participants advised of program availability and eligibility standards? How?				
Are materials describing the WIC Program with current locations, hours and phone numbers provided to other agencies locally?				
Is local agency staff aware of any participants living in homeless facilities?				
Have you contacted homeless facilities/shelters and food banks to inform them of WIC Services? List any contacted.				
Were any assessments made of homeless facilities in your area? If so, obtain a copy of the assessment.				
Have you provided all potential referral sources with written outreach materials? When was this last done?				
Certification				
Is there privacy for income/intake, counseling and screening?				
During follow-up visits are participants asked for their ID packets before processing benefits?				
Does the clinic have a written policy for no-shows?				
Are high risk no-shows contacted for follow-up?				
Are certification no-shows contacted for follow-up?				
Is any WIC staff member or immediate family member also a WIC participant? How is certification and benefit issuance handled?				

Montana WIC Local Agency Monitoring Scoring Sheet - Combined Scores

Area	Fields/Findings	Files	Occurrences	Weight	Percentage	Score
Administrative	Initial Contact Date	8	0	10	100%	10.0
Administrative	Residency	8	0	10	100%	10.0
Administrative	Notice of Ineligibility/End of Certification Notice	8	0	10	100%	10.0
Administrative	Income	8	0	10	100%	10.0
Administrative	Participant ID	8	0	10	100%	10.0
Administrative	Authorized Rep ID	8	0	10	100%	10.0
Administrative	Confidentiality/ Integrity	8	0	10	100%	10.0
Administrative	Benefit Issuance	8	0	10	100%	10.0
Administrative	VOC Process	8	0	10	100%	10.0
Administrative	Civil Rights	8	0	10	100%	10.0
Nutrition	Risk Code Assignment	8	0	10	100%	10.0
Nutrition	Referrals	8	0	10	100%	10.0
Nutrition	Required Education Topics	8	0	10	100%	10.0
Nutrition	Food Package	8	0	10	100%	10.0
Nutrition	Education Documentation	8	0	10	100%	10.0
Nutrition	Anthropometric Documentation	8	0	10	100%	10.0
Nutrition	Goal	8	0	10	100%	10.0
Nutrition	Nutrition Assessment Questions	8	0	10	100%	10.0
Nutrition	Nutrition Care Plan	8	0	10	100%	10.0
Nutrition	Observation	8	0	10	100%	10.0
Files [1]	(Files with one or more occurences)	16	0	50	100%	50.0
Fields/Findings [2]		20	0	50	100%	50.0
Total Score				300.0	100%	300.0

[1] This row represents a score for the percentage of files that contained issues. The more files with issues results in a lower score.

[2] This row represents a score for the number of Findings where occurrences were found. The more fields with occurrences, the lower the score

Agency/Clinic:_____ **Audit Date:**_____ **Auditor:** _____**Tier Size:** _____

Participant State ID Number								
Household ID #/Pair Mom & Baby								
Category	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**
Last Name, First Initial								
Certification: Start/End								
Date of Birth								
CS # of Staff								
Risk Code Assignment: • At least one code assigned • All appropriate codes assigned • No codes are mis-assigned	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Participant Referral: • High risk (per table) • Low risk • Follow-up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Core Education Topics: • All topics covered at certification (per SP)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Food Package: • Assignment • Issuance (over/under) • Tailoring	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Documentation of BF and/or Nutrition	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Participant State ID Number								
Household ID #/Pair Mom & Baby								
Category	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**	**P B N I C**
Education: • Number of Contacts • Provided Quarterly (approx.) • Follow up								
Anthropometric or Hematological Measures/Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Goal: • Established at Certification • Follow Up	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nutrition Assessment Questions: • Completed at Cert • Completed at Mid-Cert (as needed)	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nutrition Care Plan: • Completed at Cert and Mid-cert • Type (format) and timing of follow-up visit • What to follow-up on (referral, ed., goal) • Education to be provided	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Discussion Topics:

OBSERVATION			
Customer Service	Y	N	Notes:
Anthro/Biochemical Technique	Y	N	Notes:
Required Posters Displayed	Y	N	Notes:
Confidentiality	Y	N	Notes:
Outreach Plan on File	Y	N	Notes:
Nutrition & Breastfeeding Plans on file	Y	N	Notes:
Breast Pump Log	Y	N	Notes:
Breastfeeding orientation for new employees	Y	N	Notes:

Montana WIC
Nutrition Program for Women, Infants and Children

NUTRITION FINDINGS

RISK CODE ASSIGNMENT

- At least one risk code will be assigned at certification.
- All risk codes that apply will be assigned (may be system or CPA assigned), back up documentation for certain codes is required.
- Risk codes will be updated throughout certification.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2*

LOW RISK/HIGH RISK PARTICIPANT REFERRAL

- A new referral is required with each certification.
- If no referral is made, the reason must be clearly documented.
- High Risk referrals will be made according to High Risk Table, denial by the participant must be documented. At least one contact attempt is required by the RD.
- Low risk referrals should be made according to state plan (i.e. Medicaid, SNAP and TANF should be a referral if the participant does not already have these services). Other low risk referrals (MD, food bank, housing, child care, IZ, dentist, etc.) will also count.
- Follow up on all referrals will be documented at subsequent visits, new referrals will be made as appropriate.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2 and Chapter 6, Policy 6.2*

REQUIRED NUTRITION EDUCATION TOPICS

These include:

- Rights and Responsibilities (each certification)
- Purpose & Benefits of WIC Program (initial certification and as needed)
- Avoiding Alcohol, Tobacco, Drugs (for caregivers if infant/child is the participant being certified) (initial certification and as needed)
- WIC Food Package (each certification)
- Making an Informed Decision or Breastfeeding Successfully (for pregnant women)/ Breastfeeding Successfully (for breastfeeding women) (each certification)

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter5, Policy 5.2 and Chapter 6, Policy 6.3*

FOOD PACKAGE

ASSIGNMENT OF CORRECT/PROPER FOOD PACKAGE

- A CPA will assign and make changes to food packages as needed, an RD will approve any FPIII packages/food items.

ISSUANCE OF BENEFITS

- Issuance of food packages should adhere to SP guidance; finding will relate to over/under issuance or wrong food package for category.

TAILORING FOOD PACKAGE

- Tailoring includes the following changes to the standard or default food packages:
  - Issuing less than the full nutrition benefit (less formula, deleting/reducing an item)
  - Issuance of alternate milk based on CPA assessment (fat level, goat/soy milk)
  - Any food items that require a prescription (non-standard/exempt formulas, other medically necessary products)
  - Change in formula (reason why)
  - Issuance of RTF formula (reason why)

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter5 ,Policy 5.2 and Chapter 8, Policies 8.1-8.4*

DOCUMENTATION OF BREASTFEEDING AND/OR NUTRITION EDUCATION

- Nutrition and breastfeeding education must be documented per SP guidelines.
- At least 4 contacts will be made per 1 year certification period and 2 contacts per 6 month certification period.
- Contacts will be made approximately quarterly, or with each set of benefits issued (i.e. dispersed throughout the certification period).
- Education documentation must be clear and include what information was provided to the participant (i.e. "discussed", "educated on").
- Follow up on pertinent education is documented at subsequent visits.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 6, Policy 6.3*

ANTHROPOMETRIC/HEMATOLOGICAL MEASURES AND/OR FOLLOW UP OF THESE

- Anthropometric and blood work data must be collected according to State Plan guidance.
- Discussion and education with the participant is expected any time these measures are taken (including growth chart).

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2*

GOAL ESTABLISHED

- A participant stated goal will be documented at each certification, denial will be documented.
- Follow up to goal will be documented at subsequent visit(s).
- When a goal has been achieved a new goal should be set.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2 and Chapter 6, Policy 6.3*

NUTRITION ASSESSMENT QUESTIONS

- Category appropriate nutrition assessment questions will be completed at certification and mid-certification per State Plan.
- All questions will have a documented response.
- Referral to other areas of the folder or a family members folder is not acceptable.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2 and Chapter 6, Policy 6.3*

NUTRITION CARE PLAN

- The care plan will be documented under "P" in the SOAP note at certification and mid-certification.
- At a minimum the plan will include: type and format of follow up appointment (individual, group, online, etc.), education topic at follow up appointment, referrals made at present appointment, follow up needed at next appointment (education, referral, goal), any measurements needed at next appointment or other information another staff member would need to adequately complete the next appointment.

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapter 5, Policy 5.2 and Chapter 6.2*

OBSERVATION

During onsite monitoring visits, the following areas will be evaluated:

- Customer Service/quality of participant-staff interaction (1 pt.)- Chapter 4, Policy 4.3
- Anthropometric & hematological technique (1 pt.)- Chapter 5, Policy 5.2
- All required posters are displayed (1 pt.)- Chapter 3, Policy 3.1
- Confidentiality (1 pt.)- Chapter 3, Policy 3.8
- Outreach Plan on file (1 pt.)- Chapter 4, Policy 4.10
- Nutrition and Breastfeeding Plan on file - Chapter 6, Policy 6.1
- Breast pump log (1 pt.)- Chapter 7, Policy 7.3
- Breastfeeding orientation for new employees (1 pt.)- Chapter 4, Policy 4.5

Reference: *State Plan for Montana for Montana's Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Chapters and Policies are referenced above*

Montana WIC
Nutrition Program for Women, Infants and Children

Montana WIC Program
1400 Broadway, Cogswell Building C305
PO Box 202951
Helena MT 59620-2951
1-800-433-4298

WIC – Building Healthy & Strong Families

NUTRITION SERVICES CLINIC OPERATIONS OBSERVATION FORM

Local Agency		Reviewer	
Clinic Location		Date	

	Yes	No	N/A	Comments
Infrastructure/Operations				
Is the space adequate and appropriate for WIC Activities?				
Is there privacy for counseling & screening?				
Is the clinic clean, safe, and well maintained?				
Are high risk no-shows contacted for follow-up?				
Division of Duties				
Who is responsible for determination of?				
Nutritional Risk?				
Nutritional Assessment?				
Required NE Topics?				
Food Package Tailoring?				
Follow-up Counseling?				
Developing individual care plans?				
Developing HR individual care plans?				
Nutrition Education Plan				
Is there a current Nutrition Education Plan on file?				
What is the focus area?				
Breastfeeding Education Plan				
Is there a current Breastfeeding Education Plan on file?				
What is the focus area?				
Decor				
Infant formula cans and materials out-of-sight?				
Bulletin boards? Display nutrition information? Accurate?				
Other materials posted with nutrition information messages?				
Area inviting, colorful?				
Height/Weight/Blood				
Have scales been calibrated recently? Date?				
Is stature measuring board accurate and correctly mounted?				
Is length measuring board accurate and safely mounted?				
Is Hemocue clean? Date it was last calibrated?				