Chapter 6
Certification and Participation

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The American Rescue Plan Act Temporary Waivers

The North Carolina WIC Program has opted into remote service waivers from the Food and Nutrition Administration (FNA) of the United States Department of Agriculture (USDA) allowed under the American Rescue Plan Act (ARPA) of 2021. The waivers provide flexibility to support State Agency and local agency efforts to modernize WIC through building and enhancing remote services. The approved waivers are effective until FNA ends evaluation efforts and are outlined below.

- Physical Presence
  42 U.S.C. 1786(d)(3)(C)(i) and 7 CFR 246.7(o)(1), which require that each individual seeking to participate in the WIC program must be physically present at each certification or recertification in order to determine program eligibility. The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in 7 CFR 246.7 (e)(1)) no more than 60 days.

- Remote Benefit Issuance
  7 CFR 246.12(r)(4), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment.

- The use of these waivers requires the NC WIC Program to:

  - Meet all other Federal WIC Requirements unless additional waivers are obtained;

  - Provide participants the option to obtain in-person services; and

  - Describe how remote and in-person services will be provided including:
    - Obtaining and documenting certification requirements, and
    - Anthropometric and blood iron level data.

- Impact in NC WIC
  Refer to Attachment 1, the North Carolina WIC Program Remote Services Toolkit to identify flexibilities available through these waivers for the provision of services.

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REMOTE SERVICES TOOLKIT

The North Carolina WIC Program has opted in to waivers from the Food and Nutrition Administration (FNA) of the United States Department of Agriculture (USDA) that provide flexibility to support State Agency efforts to modernize WIC through building and enhancing remote services. The approved waivers are effective until FNA ends evaluation efforts and are outlined below:

Physical Presence:

42 U.S.C. 1786(d)(3)(C)(i) and 7 CFR 246.7(o)(1), which require that each individual seeking to participate in the WIC program must be physically present at each certification or recertification in order to determine program eligibility. The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in 7 CFR 246.7 (e)(1)) no more than 60 days.

Remote Benefit Issuance:

7 CFR 246.12(r)(4), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment.

Effective August 1, 2023, local agencies must provide the option for participants to obtain in-person services. Best Practice, *both* **in person** and **remote appointments** are presented as options to WIC applicants and participants to support flexible accommodation for participants' needs when scheduling appointments for families. Local agency convenience and preference may **NOT** be a factor in the determination of appointment type.

New families who do not have an eWIC card should be encouraged to come in to the local agency for their initial appointment. An initial appointment at the WIC office allows applicants to meet and establish rapport with their WIC team, receive breastfeeding assistance when demonstration (and virtual connectivity is impeded) or hands on assistance is needed, and receive their eWIC card.

The local agency must provide the option for participants to obtain in-person services. The local agency should work with the participant to determine the best appointment method based on the family's resources (i.e. equipment such as a phone, transportation, etc.), needs (i.e. breastfeeding assistance/ immediate food benefit access), and ability to provide eligibility documentation needed. Local agencies should make every attempt to honor requests for remote appointments, but there may be some situations where remote appointments may not be appropriate or feasible.

A local agency should consider the following information when discussing the best appointment type with a family:

- Do they prefer in-person or remote services?
- Do they have reliable transportation?
- Do they have appropriate equipment available to complete remote appointments? (Telephone, smart phone, computer, etc.)
- Do they have adequate broadband, cellular, or internet access to complete the appointment?
- Have they been issued an eWIC card?

  Can they pick up the eWIC card from the local agency during operating hours? OR

  Can the participant wait to receive food benefits via mail?
- Do they have access to the MyNCWIC portal?
- Is breastfeeding assistance or breast pump issuance needed?
- Can they provide anthropometric data within 60 days and biochemical data within 90 days of appointment?

Icons

Each icon represents a required element of the WIC appointment.

Icon	Meaning
	Proof of Identity
	Proof of Residence
	Proof of Income
	Certification Signature (Rights and Responsibilities)
	National Voter Registration Act

Icon	Meaning
	Nutrition Assessment
	Anthropometric Data
	Biochemical Data
	Nutrition Care Plan
	Food Benefit Issuance

Definitions

MyNCWIC Portal: An internet portal where NC WIC participants with a Crossroads Family ID and eWIC card can upload documents and telehealth appointments can take place.

Remote Appointment: Certifications/Appointments where physical presence is waived.

Telehealth: The use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations.

Abbreviations

CPA: Competent Professional Authority

FNA: Food and Nutrition Administration

FNS: Food and Nutrition Services (Food Stamps or Supplemental Nutrition Assistance Program [SNAP])

LA: Local Agency

NVRA: National Voter Registration Act

OLV: Online Verification

TANF: Temporary Assistance for Needy Families (Work First)

USDA: United States Department of Agriculture

WPM: North Carolina WIC Program Manual

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Required Remote Appointment Elements

	Initial Certification	Subsequent Certification	Mid-Certification	High-Risk Education	Low-Risk Education
 Proof of Identity	✓	✓	✗[1]	✗[1]	✗[1]
 Proof of Residence	✓	✓	✗	✗	✗
 Proof of Income	✓	✓	✗	✗	✗
 Certification Signature	✓	✓	✗	✗	✗
 National Voter Registration Act	✓	✓	✗[2]	✗[2]	✗[2]
 Nutrition Assessment	✓	✓	✓	✓	✗[3]
 Anthropometric Data	✓	✓	✓	✗[4]	✗
 Biochemical Data	✓	✓	✗[4,5]	✗[4]	✗
 Nutrition Care Plan	✓	✓	✓	✓	✓
 Food Benefit Issuance	✓	✓	✓	✓	✓

1. Proof of identity is required as a component of food benefit issuance.
2. NVRA is required if staff are notified of change of address or name.
3. Nutrition education (including breastfeeding promotion and support) must be documented for low-risk nutrition education.
4. Required by CPA discretion.
5. Required for children 12-23 months of age.

Proof of Identity

Requirement: LA staff must review at least one current form of identification for each applicant/participant and document the type of identification reviewed in the Crossroads system. Refer to the WPM Chapter 6A Attachment 1 for acceptable proof of identity.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of identification:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Proof of Residence

Requirement: LA staff must review at least one proof of residence for each applicant/participant. LA staff must document the type of proof of residence in the Crossroads system. Refer to WPM Chapter 6A Attachment 1 for acceptable proof of residence.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of residence:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Proof of Income

Requirement: During the certification process, LA staff must review at least one proof of income for the family and document the type of proof in the Crossroads system. Refer to the WPM Chapter 6B Attachment 3 for other acceptable proofs of income.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to review proof of income:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✗	Refer to your LA Communication Policy

Certification Signature (Rights and Responsibilities)

Requirement: The applicant/participant/parent/guardian/caretaker must provide their signature to attest that they have provided accurate information, understand their rights and responsibilities as related to the WIC Program, and understands their right to a fair hearing.

Remote initial/subsequent certifications, WIC staff may use one or more of the following methods to collect certification signature:



Telehealth[1]	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone[2]	Alternative Platform[1]
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Write "signature captured by [email/text/other platform]" on e-signature pad. Scan captured signature.
2. Read the Rights & Responsibilities aloud; following expression of understanding from the applicant/participant or Parent/Guardian/Caretaker, WIC staff will indicate "Mailed-ARPA" on the e-signature pad in Crossroads. A printed copy of the Rights & Responsibilities must be included in the certification package mailed to the family.

National Voter Registration Act (NVRA)

Requirement: WIC staff are required to offer all program applicants/participants the opportunity to register to vote and provide a Voter Registration Preference Form to complete and sign. Refer to WPM Chapter 6A, Section 7 for more information.

Remote initial/subsequent certifications or notification of change in address or name, WIC staff may use one or more of the following methods:



Offering opportunity to vote

Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

Distribution and collection of Voter Registration Preference Form

Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✗	✓	✓	✓	✗	Refer to your LA Communication Policy

Nutrition Assessment

Requirement: A complete nutrition assessment includes the collection of anthropometric, biochemical, breastfeeding, clinical/health history/ disease status, dietary and physical activity behaviors, and eco-social behaviors. Applicants/participants/parent/guardian/caretakers may receive and/or send questionnaires to collect breastfeeding, clinical/health history/disease status, dietary and physical activity behaviors, and eco-social behaviors. All confidentiality requirements must be maintained and outlined within the LA's communication policy. A CPA must identify all applicable WIC nutrition risk criteria for each participant to determine nutrition eligibility. Refer to WPM Chapter 6C Attachment 2 for a list of all risk criteria used to determine nutrition eligibility.

Remote initial/subsequent certifications, mid-certification and high risk nutrition education: WIC staff may use one or more of the following methods to collect nutrition assessment categories:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

Anthropometric Data

Requirement: Both weight and height/length must be collected and recorded at each certification and mid year assessment for all participant categories. This data is required at low and high risk education appointments at the CPA's discretion. Anthropometric data must be collected by the WIC clinic staff or obtained via referral from a CPA. Therefore, measurements taken by the applicant themselves or by the parent/caregiver, or self-reported from memory are not allowable. If anthropometric data is not available it may be deferred no more than 60 days. If deferred, all other relevant nutrition assessment information (i.e., nutrition and breastfeeding practices, clinical data, etc.) must be collected at certification. Risk code assignment is necessary to complete a certification therefore at least one code must be assigned. Local agencies should continue to make reasonable efforts to try to collect this data even after the 60-day period has ended so that, if needed, the nutrition risk code(s) can be updated and the nutrition education appropriately tailored. Refer to the WPM Chapter 6C Section 2 for anthropometric data requirements.

Remote initial/subsequent certifications and mid-certification, WIC staff may use one or more of the following methods to collect anthropometric measures:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone[1]	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Referral from a CPA such as pediatric office for anthropometric data may be provided via telephone.

Examples of acceptable anthropometric data* collection methods could include, but are not limited to:

- Weight and length or height from a recent (up to 60 days) clinical visit with a healthcare provider. This data may be sent by the provider's office with the participant (print out or written down), or electronically (faxed or accessed in a portal). Alternately, the participant may take a screenshot, show WIC clinic staff the data on their patient portal (i.e., on their phone), or send the data directly from the health record.
- Data from another trusted partner who is trained in taking accurate anthropometric measurement (i.e., a health manager for Head Start during an assessment, a home visiting program nurse, or a public health nurse).
- A referral source who may have such data on file and authority to share it with WIC, such as a social worker.

*Note that the most important aspect is that the data is accurate and reliable

Biochemical Data

Requirement: Hemoglobin or hematocrit is required to screen for iron deficiency anemia. The NC WIC Program aligns with the Centers for Disease Control and Prevention (CDC) guidelines for hemoglobin and hematocrit testing of infants, children, and pregnant and postpartum women. Biochemical data must be collected by the WIC clinic staff or obtained via referral from a CPA. Therefore, biochemical data self-reported from memory is not allowable. If biochemical data is not available, it may be deferred no more than 90 days. If deferred, all other relevant nutrition assessment information (i.e., nutrition and breastfeeding practices, clinical data, etc.) must be collected at certification. Risk code assignment is necessary to complete a certification therefore at least one code must be assigned. Local agencies should continue to make reasonable efforts to try to collect this data even after the 90-day period has ended so that, if needed, the nutrition risk code(s) can be updated and the nutrition education appropriately tailored. Refer to the WPM Chapter 6C Section 3 for biochemical data requirements.

Remote initial/subsequent certifications[1]**,** WIC staff may use one or more of the following methods to collect biochemical data:



Telehealth	MyNCWIC Portal	Email/Fax	Text Message	Telephone[2]	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Biochemical data is not required for infants less than 9 months of age. Infant (9-11 months) and children (12-23 months) must have hemoglobin and hematocrit tests performed between 9-12 months of age and again 6 months later (ideally around 15-18 months of age). Refer to the WPM Chapter 6C, Section 3 for a complete of bloodwork requirements by participant category and age. Pregnant and postpartum women and children (>24 months) may be required to provide biochemical data additional appointments during the certification period if this data was not collected at the initial or subsequent certification.
2. Referral from a CPA such as a medical office for biochemical data may be provided via telephone.

Examples of acceptable biochemical data* collection methods could include, but are not limited to:

- Hemoglobin/hematocrit from a recent (up to 90 days) clinical visit with a healthcare provider. This data may be sent by the provider's office with the participant (print out or written down), or electronically (faxed or accessed in a portal). Alternately, the participant may take a screenshot, show WIC clinic staff the data on their patient portal (i.e., on their phone), or send the data directly from the health record.
- Data from another trusted partner who is trained in taking accurate biochemical measurement (i.e., a home visiting program nurse, or a public health nurse).
- A referral source who may have such data on file and authority to share it with WIC, such as a social worker.

*Note that the most important aspect is that the data is accurate and reliable

Nutrition Care Plan

Requirement: The nutrition assessment informs the care plan. CPAs must work with the participant/parent/guardian/caretaker to establish a nutrition plan of care. The required components of a nutrition plan of care are goals, nutrition education, breastfeeding promotion and support (if applicable), referrals, WIC food package, and follow-up. Refer to the WPM Chapter 6C, Section 1 for a complete list of required components. The established and communicated nutrition care plan must be documented in the participant's health record in the Crossroads system.

Remote initial/subsequent certifications, mid-certification, high risk and low risk nutrition education WIC staff may use one or more of the following methods to establish and communicate the nutrition care plan:



Telehealth	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone	Alternative Platform
✓	✓	✗	✗	✓	Refer to your LA Communication Policy

1. Email/fax and text message may be used to reinforce the nutrition care plan, but is NOT permitted as the primary means for the establishment and communication of the nutrition care plan.

Food Benefit Issuance

Requirement: WIC food benefits are accessible through the linkage of one eWIC card to the family's electronic benefit account. After initial eWIC card issuance, the card becomes active when the first food benefits are issued to the family's electronic benefit account. Food benefits are issued for each eligible participant and aggregated (combined) into family-based benefits. Local agency staff must complete specific activities listed in Chapter 8, Section 1 for the initial eWIC card issuance and Chapter 8, Section 2 when the first food benefits are issued. For replacement eWIC cards or with subsequent food benefit issuance, the education may be tailored based on participant need.

If participants opt for a remote initial appointment, they must consent to the delayed availability of food benefits due to their eWIC card being mailed or held at the LA for pick-up. If a family is being served remotely and requests issuance of an initial eWIC card by mail, the local agency staff must: verify identity and mailing address in Crossroads, create a Family alert to document: family request, understanding and consent to a delay in access to food benefits. For more information on mailing the initial eWIC card, see Chapter 8, Section 1.

Local agencies may provide food benefits to cardholders when they are not physically present under the flexibilities provided by the ARPA waiver.

During remote issuance, staff must select the radio button corresponding to their own name on the "Food Benefits Issuance Signature Confirmation" screen in Crossroads, document "ARPA" on the signature pad, and select save. Selecting the staff name in Crossroads indicates that staff member has confirmed the proof of identity.

WIC staff may use one or more of the following methods for food benefit issuance:



Telehealth	MyNCWIC Portal	Email/Fax[1]	Text Message[1]	Telephone	Alternative Platform
✓	✓	✓	✓	✓	Refer to your LA Communication Policy

1. Email/Fax or text message may be used for providing required elements of program notices.

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