POLICY
WIC services provided during home visits will meet the same criteria as activities that take place in the WIC clinic.

PURPOSE
To assure that WIC services are delivered appropriately when completed outside of the WIC clinic setting.

RELEVANT REGULATIONS
§246.7 ¶—Certification of participants

OREGON WIC PPM REFERENCES
♦ 440—Staff Training Requirements
♦ 510—eWIC Cardholder Requirements
♦ 595—Separation of Duties
♦ 600—Certification Introduction and Overview
♦ 610—Required Proofs – Identity, Residency, Income
♦ 611—Income Eligibility: Determining Income Eligibility
♦ 620—Certification and Issuing Benefits to Co-workers, Relatives and Friends
♦ 625—Nutrition Risk Assessment
♦ 635—Participant Notification: Eligibility and Rights & Responsibilities
♦ 640—Documentation Requirements for Certification in TWIST
♦ 641—Documentation Requirements for Certification in the Absence of TWIST
♦ 660—Competent Professional Authority (CPA): Requirements
♦ 661—Competent Professional Authority (CPA): Appropriate Counseling for Risk Levels
♦ 670—Overview of Risk Criteria and Priority Levels
♦ 713—Breastfeeding: Use of Supplemental Formula
♦ 810—Nutrition Education: Making Nutrition Education Available
♦ 820—Nutrition Education: Participant Contacts
♦ 821—Nutrition Education: Telephone Contacts for High Risk Participants with the RD
♦ 830—Nutrition Education: Documentation
♦ 885—Other Referrals: Required and Recommended

APPENDICES
n/a

DEFINITIONS
Home visit: Delivery of services to an individual in the residence of that individual.
PROCEDURE

Certification Criteria

1.0 Local WIC agencies must follow WIC program requirements, policies and procedures as described in USDA regulations and the Oregon Policy and Procedure manual regardless of the location where the services are delivered. See 600—Certification Introduction and Overview.

Non-WIC Staff

1.1 Certifications must be completed by a qualified Competent Professional Authority (CPA). See 660—CPA requirements. Health professionals who are non WIC staff and who meet CPA qualifications may conduct certifications in a participant’s home once the required CPA training modules have been completed. Health professionals may test out of required training modules as determined appropriate by the local agency training supervisor. Non WIC health professionals may provide second nutrition education contacts in the home without meeting full CPA requirements. See 440—Staff Training Requirements.

Proofs

1.2 When a certification is completed during a home visit, proof of income, identity and residency must be screened in the same manner as when the certification is completed in the WIC clinic. See 610—Required Proofs and 611—Determining Income Eligibility.

Participant notification

1.3 Applicants, participants or caretakers must be informed of their rights and responsibilities during home certifications. A copy of "My Rights and Responsibilities" needs to be offered at each certification before the "Participant Signature Form" signed and dated to indicate receipt and agreement with the information provided. Completed signature forms must be returned to the WIC clinic for the required retention period. See 635—Participant Notification: Eligibility and Rights & Responsibilities.

Risk assessment

1.4 Participants must be screened for nutrition risk prior to receiving benefits. Accurate and complete anthropometric, biochemical, dietary, and health information must be gathered by home visiting staff for evaluation. Data from health care providers can be used to avoid duplication of medical procedures. See 625—Nutrition Risk Assessment and 670—Overview of Risk Criteria and Priority Levels.
High risk referral

1.5 High risk participants must be referred to the RD/WIC Nutritionist for at least one contact per certification period. See ◆661—CPA: Appropriate Counseling for Risk Levels. Telephone contacts by the RD may be used to provide second nutrition education to high risk participants who are receiving services in the home and are unable to come to the WIC clinic due to medical reasons. ◆821—Nutrition Education: Telephone Contacts for High Risk Participants with the RD. It is recommended that consultation with the RD occur for all high risk participants who receive services in the home to assure appropriate coordination of care.

Nutrition education

1.6 Nutrition education must be offered during the home certification process. The nutrition education provided should match the participant’s need and interests. See ◆820—Nutrition Education: Participant Contacts. Home visits where nutrition education and follow up are provided during a certification period may be counted as second nutrition education contacts. See ◆810—Nutrition Education: Making Nutrition Education Available.

Referrals

1.7 Mandatory referrals to OHP will be made when certifications are completed in the home. All referrals that are made need to be documented in TWIST. See ◆885—Other Referrals: Required and Recommended.

Documentation

2.0 Documentation of services provided during home visits must be entered into the participant’s record in TWIST. Data entry and benefit issuance should be completed within 48 hours of the visit. Information may be gathered electronically and entered directly into TWIST on site or gathered manually by using a form such as Certification Data Entry document (see http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/615_cert_ded.pdf) or an alternate form developed by the local agency. Documentation requirements for home visits are the same as contacts that occur in the WIC clinic. See ◆640—Documentation Requirements for Certification in TWIST and ◆641—Documentation Requirements for Certification in the Absence of TWIST.

2.1 The participant’s record must reflect the date of the contact, who conducted the visit and who entered the data if data entry is completed by someone other than the staff who conducted the visit. See ◆830—Nutrition Education: Documentation.
Benefit Issuance

3.0 Benefits may not be issued until the certification or second nutrition education contact in the home has been completed and entered into twist. A staff member other than the home visitor who conducted the certification needs to issue benefits to assure separation of duties. See ♦595—Separation of Duties.

3.1 Home visiting staff may not take on the role of cardholder for a WIC participant. In the situation where the participant is a friend or family member of the home visitor, WIC services may not be provided by the visiting staff. See ♦620—Certification and Issuing Benefits to Co-workers, Relatives and Friends.

3.2 At least one cardholder must be identified and shopper education must be provided when benefits are issued. Shopper information and eWIC card(s) may be provided during the home visit by visiting staff or in the WIC clinic by WIC staff. The initial issuance of eWIC cards for the first and second cardholder must be provided in person. eWIC cards may not be mailed. Home visiting staff will keep cards secure when transporting cards to a participant’s home. See ♦510—eWIC cardholder requirements and ♦635—Participant Notification: Eligibility and Rights & Responsibilities.

3.3 Issuance of formula is not allowed for breastfeeding infants less than one month of age. Review ♦713—Breastfeeding: Use of Supplemental Formula for Guidance on Supporting Breastfeeding Mothers Who Request Formula.

Benefit Issuance

4.0 A written local agency procedure policy is required to identify procedures for providing WIC services in the home when this option is made available by the local agency. The procedure must address the following items:

- How will home visits be scheduled?
- Who will conduct home visits?
- Who will assure that home visitors are appropriately trained?
- Who will assure that home visitors receive appropriate updates on policies or procedures?
- How will visit documentation be entered into TWIST?
- How will RD referrals and follow up be handled?
- How will future appointments be identified?
- How will benefit and eWIC card issuance occur?
- How will participants be notified that their benefits have been issued?
If you need this in large print or an alternate format, please call 971-673-0040.

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