

WIC COVID-19 Policy Exception Guidance

10/15/2020

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Overall Guidance

Background

The priority of the State WIC Agency during the COVID-19 response is your safety and the safety of our participants. The Oregon State WIC program has developed the following policy exceptions and clarifications based on federal guidance for providing important WIC services to families during a pandemic. We are committed to supporting your organization's policy and requirements to provide WIC services remotely. This guidance applies when your agency is unable to provide WIC services as you normally would because:

- Your agency is closed.
- Your clinics are closed to the public.
- Your organization is limiting access to your building.
- An individual requests services without coming into clinic during the outbreak.

For information on COVID-19 clinic safety measures view OHA's [COVID-19 webpage](#) or the [CDC COVID-19 webpage](#).

How long is this guidance good for?

This guidance applies until federal waivers expire. Congress has given USDA the option to continue the waivers until at least 30 days after HHS declares the end of the public health emergency.

- This guidance will be updated as we get more information, requests to change processes, or approvals from the Western Region Food and Nutrition Services (FNS).
- This guidance will change if further rules are provided by the Governor's office.

Alternatives for clinic access

- Offer "off hours" access to the clinic to reduce the risk of contact.
- Delay recertification appointments up to 30 days and issue 1 month of benefits. The federal guidance remains in place that this option is available once in a certification period. Refer to [Policy 600](#).
- Recommend families have a 2nd cardholder to conduct WIC business (e.g. appointments, shopping).

Working remotely

- Access to TWIST through Citrix is secure and can be conducted remotely, including for those working from home. App support can provide instructions on accessing Citrix if needed.

- The state cannot provide laptops for local agency staff to use to work remotely. If your agency allows, staff could take their work computers home.
- The state does not provide phones for local agencies. Your agency will make decisions about providing work phones for staff to use remotely, forwarding phones to personal phones, and remote access to work email.

Allowable expenses

WIC funds can be used to support staff working from home or to stay safe in the clinic.

Allowable expenses include:

- Phones or phone systems (e.g. cell phones to use at home, apps for video contacts)
- Laptops, earphones, or computer cameras to facilitate video conferencing
- Software to confidentially collect documents (e.g. Salesforce, Docu-sign)
- Video technology as allowed by your agency rules and HIPAA requirements (e.g. Skype, Zoom, Doxy, Facetime)
- Personal protective equipment (e.g. masks, gowns, gloves, face shields, Plexiglas)
- Rolls of stamps or pre-paid envelopes for staff mailing out eWIC cards from home.

Documentation is extremely important

- Inform participants that these changes to clinic operations and policy exceptions are temporary and in person service will return when the COVID-19 pandemic resolves.
- Staff should document all contacts with participants thoroughly, including any follow-up action that needs to take place at the next appointment.
- Documentation requirements for specific items are listed in that area of the guidance.

Saving electronic forms

- Electronic fillable forms may be easier to use for remote operations.
- Fillable versions for many common forms, including translated versions, are available on the WIC website.
- It works best to download the forms to your computer before completing them.
- Completed electronic forms must be kept secure as they contain participant information (e.g. on a password protected flash drive or a flash drive stored in a secure location when not in use.)
- For archiving electronic forms, see policy [426: Record Retention](#) .

Contact your state nutrition consultant

- If you have questions or concerns.

- If your program is being affected by or if WIC is being asked to support the local COVID-19 response.
- To develop a plan for completing required tasks if you are unable to meet a WIC deadline due to COVID-19.
- If you need to implement clinic operation procedures outside of policy or what is allowed in this guidance.

Completing Certifications and Mid-certifications remotely

Certifications and mid-certifications can be completed remotely if the appropriate requirements can be met. A full assessment and nutrition education must be completed, regardless of what method (e.g. in-person, phone, or video) is used to conduct the certification, mid-certification, or recertification appointment.

- If the visit is not completed in person, you must document how the visit was completed in progress notes. See [policy 840](#), section 3.2, For example: RP by Video.

Physical presence requirements

The requirement for participants to be physically present during certifications and re-certifications is waived. You may use one of the following alternatives to participants physically coming to the clinic:

- Utilize video technology such as Skype or Zoom, as allowed by your agency, to complete certifications and re-certifications.
- If video technology is not an option, the State WIC office approves phone contact for appointments requiring physical presence.
- If staff complete certifications, re-certifications, or mid-cert health assessments using any method other than the participant coming into the clinic for the appointment, the method, date, and staff name completing the appointment must be documented in progress notes. For example, 11/1 Kim M. is auto-filled, then “RC on Facetime” in the note.
- Mid-certification appointments do not require verification of physical presence.
 - Mid-certs can be completed remotely using a phone or video conferencing.
 - Mid-certs must include a full assessment, including the health and diet questionnaires and all normal WIC services such as nutrition education. See below for guidance about anthropometrics and blood tests.

Participant signature forms

For current participants who have a signed form on file already, you may refer them to an electronic version of the form or review the Rights and Responsibilities and Participant Signature form over the phone or computer with them.

- Have staff complete the [Participant Signature Form \(57-629\)](#) and sign it, stating due to COVID-19, participants has been read the form and agrees. Include: date at top of form, Form, verified and signed for, cardholder name, due to COVID, staff signature.
- For example, “11/1/2020 R&R/Sig. Form reviewed and signed for Jane Doe b/c C19. *K. McGee*”

All new participants being certified must be informed of their Rights and Responsibilities and either sign the Signature Form or provide written acknowledgement that they understand their rights. (See [Policy 635 Participant Notification](#)) Staff can verbally inform participants of their rights and responsibilities, then use one of the options listed below to collect signatures on the Signature form.

- **Collect signatures directly on forms at your clinic.**
- **Collect signatures directly on forms by mail** by sending a hard copy or emailing forms to the participant to print. They can mail signed forms back to the clinic or email or text photos of the signed form back to WIC staff.
- **Capture signatures electronically** by sending the participant electronic fillable versions of the [Signature form](#) to the participant for them to sign electronically, save, and email or text back to the clinic. This form should be collected as soon as possible but does not need to be collected before issuing benefits. Only issue one month of benefits until the signature form is collected.
- **If a participant doesn’t have the ability to print or electronically sign**, but provides permission for text or email, they can reply via text or email stating they have read and understand the Participant Rights and Responsibility Form. This is the written acknowledgement.
 - Written acknowledgement could be sent to your office electronically (via text or email).
 - Email or text responses should be kept on file with a signature form with the participant’s name and WIC ID#.
 - The form- either electronic or hard copy- completed by the staff person, together with the written acknowledgment from the participant, can be counted as the signed participant signature form.
 - Written acknowledgement texts or emails can be saved electronically with electronic forms or printed out and stapled to hard copy of signature forms.
- **Alternative acknowledgement procedures:** If your agency has another way it would like to collect participant acknowledgement that they understand their rights and responsibilities, please contact your assigned nutrition consultant for approval prior to implementation.

- Participant Signature forms can be collected up to 30 days prior to the recertification appointment when providing remote services during COVID-19.
 - Make sure the form is dated and you can connect it to the correct certification appointment.
 - For example, a participant may come to the office to pick up Farm Direct checks 2 weeks before their cert appointment. They could sign and date the form and you would note on the form the date of the certification appointment.

Collecting proofs at certification appointments

See [Policy 610 Required Proofs](#) and [Policy 616 Unavailable Proofs](#)

If the participant can provide proofs for staff to review at the time of the certification appointment, then document them in TWIST as usual. Options that meet the requirements for reviewing proofs include:

- Verify adjunct eligibility on the OHP web portal as usual.
- Have the caregiver show the proofs during the video conferencing visit.
- Offer the participant a chance to mail, email, text, or upload digital images of proofs depending on your agency's capability.
- Review the proofs in the clinic or in the parking lot (removing the need to come inside the clinic.)

If the participant planned to submit proofs electronically but proofs have not been received by the time of the certification appointment, talk with the participant to determine if you will be receiving the proofs in the next 2 days.

- If there are barriers to the participant submitting proofs electronically, follow the process outlined below (unable to provide proofs) to complete a No Proof form and issue benefits.
- If the proofs are in the process of being submitted but have just not been received, mark eligibility pending at the time of the appointment to allow tracking using the Missing proofs/eligibility pending report.
 - You do not need to complete the No Proof form in this situation because the expectation is that the proof is on its way.
 - Issue the initial month's benefits and then issue the other 2 months as soon as proofs are received.
 - Marking eligibility pending prevents services being extended if the proofs do not show up as expected.

- If proofs do not show up in the next 2 days, contact the participant, then complete the No proof form with the participant's consent, remove eligibility pending, and issue benefits following the process above.

If a participant is unable to provide you with proofs electronically (either because they aren't able to or because your agency doesn't have the ability) complete the [No Proof form \(57-633\)](#)

- Staff should complete the form and enter COVID-19 under "other" as the reason they are unable to provide proof.
- If the participant is unable to sign the form, staff should indicate that it was done on behalf of the participant. Include: date at top of form, Form, verified and signed for, cardholder name, due to COVID, staff signature.
 - For example, "11/1/2020 NP Form reviewed and signed for Jane Doe b/c C19. *K. McGee*"
- If proof of income (or adjunct income eligibility) is not available, the staff person is still required to collect self-reported income and record the amount on the Income Eligibility screen in TWIST.
- For missing proofs that you are using the No Proof form for, in the TWIST proof fields, scroll down and select "Special Situation – Complete Form 57-633" from the drop-down menu.
- In TWIST notes, put Special Situation form due to COVID-19.
- Do not mark eligibility pending. We do not want the participant to be termed in 30 days.
- Issue 3 months of benefits as usual.
- For current WIC participants or those recently on the program, no further tracking or review of proofs is necessary.
- For newly enrolled participants, proofs must be shown at the next in-person appointment. Clinics must develop a system to track those who have not submitted proofs in this situation – see below for suggestions on tracking newly enrolled participant proofs.

Optional use of a log in place of individual No Proof forms

If your agency staff are working from home or are unable to securely receive electronic proof documents, you are allowed to keep a log of participants being recertified or new enrollments who would have needed to sign a No Proof form. This takes the place of completing individual "No Proof" forms for each family. There are different requirements for recertifications versus new enrollments

Recertifications

If you choose to keep a log instead of individual No Proof forms for recertifications, you must:

- Have each staff person complete one of the attached “No Proof Tracking Forms Recertifications” – either in Word or Excel.
- For each family needing a “No Proof” form, document the date, participant name, WIC ID #, and missing proof.
- Staff must review the information from the No Proof form with the participant, so they know that we need them to provide accurate information, then inform the participant that we are temporarily waiving the need to verify proofs.
- The staff person is still required to collect self-reported income and record the amount on the Income Eligibility screen in TWIST.
- In the TWIST proof fields, scroll down and select “Special Situation – Complete Form 57-633” from the drop-down menu.
- In TWIST Intake notes document No Proof form due to COVID-19.
- Staff members will sign each tracking form to verify that they followed the requirements and then submit them to their coordinators.
- Coordinators will file these forms with other No Proof forms for auditing purposes at their next review.

New enrollments

If you choose to keep a log instead individual No Proof forms for new enrollments, you must:

- Have each staff person complete one of the attached “No Proof Tracking Forms Recertifications” – either in Word or Excel.
- For each family needing a “No Proof” form, document the date, participant name, WIC ID #, the missing proof, and the date or month of their next in-person contact (likely their mid-cert health assessment.)
- Staff must review the information from the No Proof form with the participant, so they know that we need them to provide accurate information, then inform the participant that we are temporarily waiving the need to verify proofs until their next in-person appointment. Please make sure the participant clearly understands what needs to be brought to their first in-person appointment.
- The staff person is still required to collect self-reported income and record the amount on the Income Eligibility screen in TWIST.
- In the TWIST proof fields, scroll down and select “Special Situation – Complete Form 57-633” from the drop-down menu.
- In TWIST Intake notes document as COVID-19 No proofs – the following proofs need to be seen at next in-person appt: _____)

- Staff members will sign each form to verify that they followed the requirements and then submit them to their coordinators.
- Coordinators will use these forms to track or audit participants who have not provided proofs.
- Coordinators will file these forms with other No Proof forms for auditing purposes at their next review.

Options to obtain anthropometrics and blood tests

Ideally, review of anthropometrics and blood tests would be a part of a complete assessment done at every recertification or mid-certification health assessment. Policies [625](#) and [626](#) outline options for collecting this information either by WIC clinic staff or from another healthcare professional.

Anthropometrics

- If your clinic is open, taking current measurements is ideal if it can be done safely.
 - You may also instruct caregivers on how to take measurements correctly using your clinic equipment while maintaining physical distance.
 - The remainder of the appointment could be done remotely at a different time.
- When possible, obtain the most current length or height and weight values from a health care provider (this includes measurements completed for another program such as Head Start or a home visiting nurse.)
 - Most providers will offer a printed “Visit Summary” to caregivers. Asking about this might help ensure the information is accurate.
 - Height or length and weight information can be used for the assessment if it was taken in the 60 days prior to the WIC appointment.
 - For infants under 2 months of age, birth measurements can be used.
- If participant does not have length/height and weight measurements from their healthcare provider, the caregiver or adult participant can take measurements at home.
 - The certifier should use critical thinking when using measurements taken by caregivers or adult participants. If there is a significant change in growth pattern or risks are assigned based on these measures, consider asking them to re-take the measurement. It may be better to fill the field with 9’s rather than enter a wildly inaccurate measurement. See Documentation options below.
- TWIST does not require anthropometrics be entered at Mid-certs appointments, but they are considered part of a complete assessment, so every effort should be made to collect this information.
 - This is especially true for infants and high risk participants.

Blood tests

When possible, obtain hemoglobin or hematocrit values from the health care provider as outlined in Policy 626.

Documentation

Document source of data and measurement collection date on the medical data screen.

- Priority would be to put accurate measurements in TWIST. Here are the options in order of preference, if measurements cannot be taken at the WIC clinic:
 1. Enter measurements from the doctor. Be sure to put in the date of collection and document the source. There is no need to verify from the doctor if WIC staff view medical documents or the caregiver reads the measurements off the medical record.
 2. Enter measurements taken by the caregiver or adult participant. WIC staff should provide instructions on how to collect the measurements. Be sure to document that these measurements were taken and reported by the caregiver or participant.
 3. If the measurement shows a big change from previous growth pattern or results in a risk, use critical thinking and consider removing the incorrect values and deleting the resulting risk. The information and reason it is not entered in the fields on the Medical Screen can be documented in Medical Notes or Progress notes.
 4. If the appointment does not require measurements (e.g. fields are not yellow for mid-cert health assessments) leave it blank. Document the reason.
 5. If the appointment requires a measurement and you are unable to get any measurements, fill the field completely with 9's. For example – put 999 in the weight and 99 in the ounces field. This prevents the measurement from calculating risk or showing on the growth charts.

Follow-up on missing information

- When unable to collect measurements or bloodwork when completing a certification or mid-certification health assessment, work with the participant to make a plan for how the values can be collected. See [Policy 625 Risk Assessment](#) for details.
 - Ask the participant to send you values from their next appointment with their health care provider.
 - Values could be collected the next time the participant is in the clinic at the next mid-certification health assessment or the recertification appointment.
 - You do not need to schedule a special appointment just to have them come to the clinic to get measurements or complete bloodwork.

Income guidance

Laid off workers

Your agency may get increased requests for services due to COVID related layoffs. [Policy 611](#), 10.1 allows you to consider future income if a person can show proof that they have been laid off, even if the layoff is only temporary.

- Future income means we don't have to look at the last month's wages but can consider that they will not have income in the future instead.
- Proof of layoff could include a "pink slip" but could also include any notification that the person received (e.g. an email, or letter).

Quarantine and income eligibility

If an employed participant is over income but is unable to work (and will not be receiving paid leave) because they have tested positive for COVID-19 and are quarantined, you may consider that a temporary layoff as outlined in Policy 611, Section 10.0.

- They need to show something that says they are in quarantine for 14 days (or possibly longer depending on symptoms) and cannot work (for example they can't work from home).
- With temporary layoffs you can look at future income rather than the past 30 days and document zero as the amount in TWIST.
- With zero income, you must complete a No Proof form and indicate why it is zero. Put COVID-19 Quarantine as the reason.
- The family also needs to know that they must let WIC know if there is a change in income when they return to work and that they will likely be terminated at that time.
- Set benefit issuance to 1 month of benefits at a time.

Additional Income related to Coronavirus

- One-time stimulus checks – **do not count as part of income**
 - Federal guidelines say that this one-time payment will not be taxed and it will not count against income eligibility for SNAP or for WIC.
- Unemployment– **does count as income**
 - All unemployment counts as income, including any enhanced unemployment provided due to the pandemic.

Quarterly contacts

Guidance for follow-up appointments, quarterly nutrition education contacts

- During COVID-19, it is recommended that agencies offer remote alternatives to nutrition education instead of face-to-face individual or group contacts.
- Encourage online nutrition education and issue 3 months of benefits.
- Offer telephone quarterly contact or high-risk nutrition education visits when it best meets the needs of the situation per [Policy 820 Quarterly Nutrition Education](#).
- Document in progress notes how the visit was conducted. Example: Telephone follow-up due to COVID-19 concerns

Issuing benefits when a participant has missed their appointment

Policy requires 2-way communication before issuing benefits when a participant has missed their appointment.

- Use the “No Benefits Issued” report to identify participants who have missed their appointments.
- You must have 2-way contact with individual participants to reschedule and issue benefits.
- Reschedule the missed appointment.
- If you can contact the participant and verify online nutrition education or provide individual nutrition education, you may issue 3 months of benefits as usual.

Information on WICHealth.org access

- Resources for both participants and staff are posted on our website: <https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/wic/OnlineNutritionEducation/Pages/index.aspx>
- Encourage staff to look at these resources first if help is needed for WICHealth issues.
- For problems that cannot be resolved with this information, contact Bonnie Ranno and provide details of the problem: 971-673-0048 bonnie.ranno@dhsosha.state.or.us

Medical Documentation forms (MDF)

Existing Medical Documentation Forms

The expiration date of a medical documentation form from the health care provider currently on file can be extended one time for up to 2 months. For example, if a MDF has an expiration date of 11/30/2020, it can be extended to 1/31/2021 to give the participant a chance to get a new one from their provider.

New medical documentation forms may be obtained as the original document, electronically, by fax, or by telephone (verbal orders).

- Remember that one month of formula can be issued without a Med Doc.
- According to [Policy 765 Medical Documentation](#) 7.0, your local nutritionist can call the health care providers (HCP) office and request verbal orders for medical documentation.
 - If your agency currently uses another health professional to review Med Doc forms, that health professional may contact the HCP for verbal orders.
 - The RD would complete the Med Doc form and note that it was taken verbally. The RD should sign and date the form.
 - If the information is obtained by verbal order all of the requirements on the MDF need to be captured including:
 - Date information was obtained.
 - Patient information (name, date of birth, etc.)
 - Diagnosis which supports the issuance of the formula/food requested.
 - Length of issuance, not to exceed 1 year
 - Prescribed amount
 - Supplemental foods: indicate which foods need to be eliminated/changed
 - Name, title, contact information of the health care provider
 - The RD would document in TWIST Med Doc notes that the info was taken verbally due to COVID-19.
 - These Med docs should be tracked and filed for follow-up.

Breast pumps

Providing breast pumps when clinics are not open

Clinics that are not open to the public may choose an alternate method for getting a pump to a participant.

- Pump education can be provided by phone, but a designated staff member is needed onsite to do pump hand-off. This can be done in the parking lot.
- Direct shipping to the participant is also a possibility if the local agency is willing to absorb the shipping costs. The state agency is unable to pay for shipping.

Providing personal pumps instead of a multi-user pump

There are concerns about sharing and cleaning multi-user pumps due to the virus.

- Clinics may choose to provide a personal pump in lieu of loaning a Lactina or EnDeare. This simplifies clinic procedures since a multi-user pump will not have to be tracked, returned and sanitized.

- A personal pump may be issued to a breastfeeding mother who has a medical need for a pump. This includes mothers with a partial formula food package who are working to build up milk production.
- Document that a personal pump was issued instead of a multi-user pump due to COVID-19 situation.

Sanitation of breast pumps

- Cleaning pumps well is critical. It is not known exactly how long the airborne coronavirus droplets stay on surfaces such as pumps, so it is important to clean breast pumps well before and after use. We are recommending that agencies use CDC's guidance called *How to Keep Your Breast Pump Kit Clean*, available at this CDC link:
<https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>
- Current understanding is that Cavicide sprays and wipes or other disinfectants are adequate for killing the coronavirus. After pumps have been wiped clean, it is important to let them air dry for at least 15 minutes, as this is part of the "kill time" for virus'.
- There are reports that supplies to clean pumps are in short supply, like many other hospital products.

Extending breast pump loans

Clinic closures can make it difficult for participants to return Lactina or EnDeare pumps as scheduled. One option is to extend the duration of the loan. Offer this option to the participant during a regular follow-up call.

- Update the breast pump issuance screen in TWIST with the extended due date. Pump return is expected by the new due date or within 2 weeks of the clinic re-opening, whichever is more applicable to the participant's situation.

Formulas

Formula Exchange

Here are some options for completing a formula exchange, if your clinic closure makes it difficult for participants to bring in the unopened cans for exchange.

- If the participant has unspent formula benefits showing in TWIST, you can use the Modify screen to change the unspent formula to the new formula they need. Don't forget to reissue benefits so they are available in their benefit balance.
- Previously purchased unopened containers can be exchanged if any staff members are working in your clinic and the participant can drop off cans at the clinic.
 - Then any authorized staff can do a formula exchange in TWIST.

- If there is not a drop off option available for your clinic, there are two other options:
- **Option 1**
 1. The participant may take a picture of the unopened cans of formula.
 2. Dump the unused formula and take another picture of the empty cans.
 3. Once the participant sends the two photos to your agency, then staff can complete the formula exchange in TWIST.
 4. Document in TWIST intake notes that formula exchange was done without cans due to COVID-19 and that photos were viewed to verify disposal.
- **Option 2**
 1. Cut and paste the formula exchange message (below) into a text or email and send it to the participant.
 2. Instruct the participant to reply by text or email with:
 - a. Their agreement with the conditions of the letter; and,
 - b. The number of unopened cans to exchange.
 3. Unopened cans must be returned to your clinic within 30 days of re-opening after social distancing guidelines have been removed.
 4. Upon receipt of the text or email response to the message, the certifier can complete the formula exchange in TWIST.
 - a. Save and file the participant's response.
 5. Document in TWIST intake notes that the formula exchange was completed without the cans due to COVID-19, the number of cans that need to be returned to the clinic, and when the formula exchange was completed.
 6. Filed forms are to be kept on file to track who still needs to return formula.
 7. Document when the formula containers have been brought to the clinic. Once the formula is returned, their saved and filed reply doesn't need to be archived and can be destroyed.

Please cut and paste the following into the body of the e-mail or text message:

The Oregon WIC program has received your request to replace your current formula with a different one. We show that you have already purchased containers of your current formula benefit for this month. We can issue you benefits for your new formula immediately, as long as you agree to bring your unopened containers of formula to the WIC clinic once physical distancing recommendations are lifted.

To change your formula, here is what you need to do:

1. Reply to this email/text message with the number of unopened formula containers that you currently have and want replaced with a new formula. Please note that this

number cannot be more than the number listed above, stating the amount purchased for this month.

2. Return the number of unopened formula containers that you reported above to your WIC clinic within 30-days of the clinic's re-opening, when physical distancing is no longer required.

By replying to this email/text message with the number of unopened formula containers, you agree to return the unopened formula to your local WIC clinic within 30-days of the clinic's re-opening. If you do not return all of the unopened formula containers you report, you may be required to refund the WIC program for the formula.

As a reminder it is against state and federal law to sell or give your WIC benefits away. You can view the [Participant Signature Form](#) and [Participant Rights and Responsibilities Form](#) on the WIC webpage.

[Ordering bid formula from the Formula warehouse \(FW\) in special circumstances](#)

During the period of COVID-19, powdered forms of the Similac bid formulas will be available to be shipped by Formula Warehouse under limited special circumstances.

Powder forms of the Similac infant formulas are available from FW during COVID 19:

- Advance
- Sensitive
- Total Comfort
- Spit-Up
- Soy Isomil

Special circumstances include:

1. The cardholder reports shortages of the formula or they are unable to find the formula in local stores and they have already tried to work with the store to locate the formula (refer to guidance below).
2. Health reasons or conditions, such as poor health or COVID-19 high risk status, that make it difficult or dangerous for the cardholder to get to the store to purchase the formula and they don't have a second cardholder to shop for them.
3. Family has been asked to quarantine or isolate due to COVID-19.
4. The cardholder reports they have transportation issues that prevents them from getting to the store where the formula is available.

The process:

If you have a participant that meets one of the criteria:

1. Document the reason for the FW order in progress notes.
2. Contact your assigned Nutrition Consultant (NC) and provide participant name, ID #, the situation, and the number of months to issue (1, 2 or 3 months).
3. Your NC will work with assigned State staff to complete the FW order and issue the benefits for you.

Before contacting the State office for FW ordering, make sure the cardholder has tried the following steps to find formula in the stores:

- Ask at Customer Service if there is any formula kept behind the counter or if there is inventory showing in their data system. Store employees may not be keeping up with restocking shelves, if the stock is available. In addition, many stores are keeping formula behind the Customer Service desk due to theft.
- If a store is out of stock, ask a store manager what day and time new shipments of formula are expected to arrive.
- Whenever possible, shop early or call the store to inquire about formula inventory and whether customer service would be willing to hold the formula.

Considerations:

- Make sure the participant understands that it will take 5-7 days for the formula to arrive if it is provided by the FW.
- Orders placed through the FW require a street address. Addresses which include a PO Box cannot be placed through the FW.
- The regular formula warehouse instructions have not changed and can be found on the Oregon WIC website:
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/fw-ordering-guidance.pdf>

Authorized foods

Banners on the WIC Shopper App and a message on the Food List page of the WIC website let participants know about these options.

Available for purchase:

- White eggs that are medium, jumbo and extra-large (no organic or cage-free).
- Cheese in 8 oz. blocks.
- Participants can use their fruit and veggie benefit to purchase canned fruits and vegetables. “Canned” has been added to the fruit and vegetable description on the Benefits List.

Quantity	Unit	Food Item Description
18	\$\$\$	Fruit and vegetables - fresh/frozen/canned
64	OZ	Whole grains
3	GAL	Lactose free 1% or fat free milk
3	GAL	Whole milk

- Which canned fruit and vegetables can they buy with WIC?

Canned Fruit	
<input type="checkbox"/> Buy <ul style="list-style-type: none"> ● Fruit packed in water or juice without added sugars ● Any type of container, including plastic multi-packs ● Natural or unsweetened applesauce OK ● Organic is OK 	<input type="checkbox"/> Don't Buy <ul style="list-style-type: none"> ● No syrup, such as heavy, light or extra light ● No artificial sweeteners or no-calorie sweeteners ● No fruit cocktail or mixed fruit with cherries
Canned Vegetables	
<input type="checkbox"/> Buy <ul style="list-style-type: none"> ● Vegetables without added fats or oils ● Tomato or tomato products OK (like whole, strained, crushed, diced, paste or purees) ● Organic is OK 	<input type="checkbox"/> Don't Buy <ul style="list-style-type: none"> ● No mixtures with mature beans, such as kidney or black beans ● No pickled, creamed or sauced canned vegetables ● No salsa, stewed tomatoes or tomato sauces

What to do if a shopper reports they can't purchase one of the new foods

If a food is not on the APL, alert the State Office with the “I couldn't buy this” button on the WICShopper App or send an email to wic.upc@state.or.us.

- There isn't a way to tell if a store has downloaded the most recent APL other than the ability of someone to buy the food. Smaller, integrated stores might need to flag the new foods and the stand-beside stores might need to do a manual terminal update if something interrupted the nightly download.
- If a participant reports they are not able to buy a food, report this by submitting a Vendor complaint, calling the VAL line at 971-673-2390 or contacting your Nutrition Consultant.

Other processes

Voter Registration

Participants can be offered the opportunity to register to vote when providing services remotely.

- Participants who would like to register to vote can be sent this link by text or email: <https://sos.oregon.gov/elections/Documents/SEL500.pdf>

- Staff can sign and mark the voter declination on the Participant Signature Form and indicate if they sent them the voter registration link or if they declined.

Guardianship issues during COVID-19

When a child moves from their household into the household of a new guardian, the change in guardianship needs to be verified before the child can be moved into the new household in TWIST. This is covered in [Policy 451](#): Proof of legal guardianship shall be required when guardianship is changed. During this time proof of guardianship will require documentation stating the change, such as:

- Fax, email from DHS showing the new guardian's name.
- Written note from the previous guardian regarding the change.

In the absence of legal documentation, WIC staff may need to contact the social worker, case manager, public health nurse or other appropriate individual to confirm guardianship. Once the guardianship status has been established, WIC staff can proceed with the appointment and the process established during COVID 19 regarding obtaining proofs for income, residency, and identification for the participant.

Transfers

- If you are having problems contacting other states for VOC cards, send a request to app support and they may be able to help.
- If that is not possible, it may be easier to enroll them as a new participant over the phone.

Temporary discontinuation of the ANSWR system

If you would like to temporarily discontinue use of the ANSWR system, please notify Kim Word at KIMBERLY.M.WORD@dhsola.state.or.us for guidance.

Separation of duties and audit requirements

Due to COVID-19 we are temporarily changing the separation of duties audit requirements. Replace the normal procedure with the following:

- Complete one audit a month.
- Select 10% of all participants showing up on the Separation of Duties report as a random sample to audit.
- Auditing can be as simple as reviewing a participants TWIST record to see they have interacted with a WIC staff person other than the one completing the certification.
- Separation of duties requirements are met if during certifications one staff person enters income information and another person determines risk during certifications.

- These 2 functions can happen at 2 different times or on 2 different days. For example, a clerk could start the certification on Monday when they verify proofs and then a certifier could complete the assessment by phone on Wednesday.

Mailing eWIC cards

When agencies have closed clinics and all services are provided remotely, we are waiving the requirement to provide eWIC cards only in person.

1. Replacement cards should continue to be ordered through the eWIC banking system.
2. eWIC cards for new participants can be mailed after enrollment is complete.
3. If a first cardholder requests a second cardholder, you may mail the new second cardholder's eWIC card to the first cardholder.
4. eWIC cards must be mailed in agency envelopes marked "Do Not Forward."
5. To limit liability, if your agency is closed and staff are working from their homes, the WIC coordinator must designate one staff person to mail the cards. They are the only person who can take eWIC cards off-site.
6. Track the numbers of the cards to be taken home and inventory the cards issued in this way.
7. Offer to mail the WIC Card or have the participant pick the card up at the clinic.
8. Let the participant know the card may take 5 – 7 days to arrive by mail.
9. If the participant prefers staff mail the card:
 - a. Confirm the address in the participant's file is correct.
 - b. Tape the eWIC card to a copy of the letter below (English or Spanish).
 - i. Agencies may modify this letter as needed for local needs as long as the identified elements are included.
 - c. Include a benefit list, a Food List, a How to Shop brochure, with the card.
10. Make sure the participant understands how to PIN the card and shop.
11. Make sure the envelope is well sealed or taped shut and has adequate postage.
12. Ask the participant to notify you if they have not received the card in 7 days.
 - a. If the card is not received, you may deactivate that card and reissue a new card.

Mailed eWIC Card Letter English

Date:

To:

Dear

Because of special circumstances related to Coronavirus, we're mailing your eWIC Card to you.

Tape card here

Please remember these steps to use your WIC Card:

1. PIN the card before using it.
2. Check your WIC benefit balance.
 - a. Use the WICShopper App.
 - b. Look at the enclosed Benefit List.
 - c. Ask at the store customer services.
 - d. Call EBT
3. Make sure you know how to shop.

Please call the WIC clinic at the number below for any of the following reasons:

- Questions about your WIC Card or the foods available.
- Problems using the WIC Card at the store.
- You need to make or change your next WIC appointment.

Your WIC Clinic:

Tarjeta De eWIC Enviada Por Correo

Fecha:

Para:

Estimada(o):

Debido a las circunstancias especiales con relación al Coronavirus, le estamos enviando su tarjeta de eWIC por correo.

(Tape card here)

Por favor acuérdesse de seguir estos pasos para usar su tarjeta de eWIC:

4. Establezca un número de PIN antes de usar su tarjeta.
5. Para revisar su saldo de beneficios de WIC:
 - a. Use la aplicación WICShopper en su teléfono celular.
 - b. Lea la Lista de Beneficios incluida con esta carta.
 - c. Pida ayuda en la tienda en el area de servicio al cliente.
 - d. Llame al número en la parte de atrás de su tarjeta.
6. Asegúrese de saber cómo hacer las comprar con su tarjeta de eWIC.

Por favor llame a la clínica de WIC al siguiente número que se muestra abajo por cualquiera de estos motivos:

- Preguntas acerca de su tarjeta de eWIC o de sus beneficios de comida.
- Problemas usando la tarjeta de eWIC en la tienda.
- Necesita hacer o cambiar su siguiente cita de WIC.

Su clínica de WIC:

Documentation requirement summary

Requirement	Where	What	Examples
Certs, recerts, mid-certs, quarterly NE not completed in person	Progress notes	Appt type, method of contact (Date and name autofilled)	(11/1/2020 Kim M. autofilled) <ul style="list-style-type: none"> • IE by phone • RC by Facetime
Review of Rights and Responsibilities Signature Form	Signature form	Date at top of form. Form, verified and signed for, cardholder name, due to COVID, staff signature	11/1/2020 R&R/Sig. Form reviewed and signed for Jane Doe b/c C19. <i>K. McGee</i>
No Proof Form (AKA Special Situation form)	No Proof form	Date at top of form. Form, verified and signed for, cardholder name, due to COVID, staff signature	11/1/2020 NP Form verified and signed for Lauren King b/c COVID <i>Kim McGee</i>
Measurements not taken by WIC staff	Medical Screen notes	Actual date taken in row. In notes – who took measurements	<ul style="list-style-type: none"> • Reported by mom, from HCP • Taken by MOC at home • None available b/c covid
MDF extension	MDF notes	Extended, Staff name, date, reason	11/1/2020 +2mo. b/c covid K. McGee
Food packages, breast pumps, formula warehouse, etc.	Depends on issue	Document COVID as reason if anything is out of the ordinary.	