

## VIII. CERTIFICATION/ELIGIBILITY

The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards and criteria), and the coordination of certification activities with other health services.

**A. Eligibility Determination and Documentation - 246.4(a)(6); (10); (11)(i) and (19):** describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

**B. Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i):** describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

**C. Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19):** describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

**D. Processing Standards - 246.4(a)(11)(i):** describe the State agency's processing procedures to ensure that the required standards and timelines are met.

**E. Certification Periods - 246.4(a)(11)(i):** describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

**F. Transfer of Certification - 246.4(a)(6) and (11)(i):** describe the State agency's procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

**G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (15); (16) and (17):** describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

**1. Application Process**

**a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program**

Yes                       No

**b. The State agency shares  Statewide or  at local agency option (check one), a common income application or certification form with (check all that apply):**

<input checked="" type="checkbox"/> no other benefit programs	<input type="checkbox"/> Medicaid
<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamp Program
<input type="checkbox"/> MCH	<input type="checkbox"/> other reduced price health care program(s)
<input type="checkbox"/> other (specify):	

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 01.0**

**2. Residency, Identity and Physical Presence Requirements**

**a. The State agency requires documentation of residency**

Yes  
 Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)  
 No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

**b. The State agency has special residency policies and procedures for how the following special categories/entities should be treated (check all that apply):**

<input checked="" type="checkbox"/> homeless applicants	<input type="checkbox"/> institutionalized applicants
<input type="checkbox"/> migrants	<input type="checkbox"/> Indian Tribal Organizations
<input type="checkbox"/> none	<input type="checkbox"/> other (specify):

**c. The State agency has reciprocal agreements concerning residency with other States**

Yes (specify States):  
 No

**d. The State agency requires proof of identity from each applicant at certification**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**A. Eligibility Determination and Documentation**

- Yes
- No (If not, why not)

**e. The State agency requires physical presence of the applicant or a valid exception to be documented:**

- Yes except for the following condition(s):
  - applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
  - applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
  - applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
  - applicant is an infant or child who was present at his/her initial certification; was present at certification within the one-year period of the most recent determination; and is under the care of one parent and that parent works, or is under the care of two parents and both work; and that working status presents a barrier to bringing the infant or child in to the WIC clinic.

**f. The State agency uses temporary (30-day) certifications for individuals who do not present necessary proof of residency and/or identity at the time of application.**

- Yes                       No

**3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> all pregnant women | <input type="checkbox"/> pregnant women not visibly pregnant |
| <input type="checkbox"/> postpartum women   | <input type="checkbox"/> children                            |
| <input type="checkbox"/> infants            | <input type="checkbox"/> other (specify):                    |

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 04.0, CS: 05.0, CS: 06.0**

**4. Income Limits for Eligibility**

**a. The State agency gross income limit for income eligibility is 185% of the federal income guidelines**

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**A. Eligibility Determination and Documentation**

- Yes, with no local agency exceptions
- Yes, with local agency variation
- No, with no local agency exceptions (specify State maximum percent of poverty:   %)
- No, with local agency variation (specify State maximum percent of poverty:   %)
- The State agency implements income eligibility guidelines concurrently with Medicaid

**Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual.**

**b. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in § 246.7(d)(2)(vi):**

	<u>Poverty Level</u>
<input checked="" type="checkbox"/> TANF (specify State "percent of poverty")	<u>&lt; or = 185 %</u>
<input checked="" type="checkbox"/> Food Stamp Program	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
Pregnant women and infants	<u>158, 185%</u>
Children	<u>133%</u>
Other categorically eligible women	%

**c. The State agency uses documented eligibility for/participation in other means-tested programs to establish WIC income eligibility (check all that apply and the poverty levels used for each):**

	<u>Poverty Level</u>
<input type="checkbox"/> Free or Reduced-Price School Lunch	____%
<input type="checkbox"/> SSI	____%
<input type="checkbox"/> other State-provided health insurance (specify State "percent of poverty" maximum ____%)	____%
<input type="checkbox"/> FDPIR	____%
<input type="checkbox"/> other (specify):	____%

**d. Individuals are required to document that they or a family member are certified as currently eligible to receive TANF, Medicaid, or Food Stamp benefits or, under the State option, certified as currently eligible to receive benefits in State-administered programs by providing:**

- program ID card showing notice of eligibility dates, or notice of eligibility
- documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty and compatible definition of family for the purpose of the State-administered program's income eligibility determination). (Program[s]:            )

**ADDITIONAL DETAIL: Certification and Eligibility Appendix**

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**A. Eligibility Determination and Documentation**

and/or Procedure Manual (citation): **RE: 4.a. Income Limits, CS: 12.0**

**5. Income Eligibility Documentation**

**a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):**

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the casefile if the applicant declares no income
- other (specify): **3<sup>rd</sup> party verification of \$0 income**

**b. Exceptions to income documentation are made for the following:**

- The necessary information is not available
- The income documentation presents an unreasonable barrier to participation as determined by the State agency
- Those applicants with no income
- Those applicants who work for cash
- other (specify):

**c. If the applicant does not supply income documentation at the certification appointment, and has at least one qualifying nutrition risk, local agencies are generally instructed to do the following:**

- Certification process is terminated and no food instruments are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, applicant is determined ineligible.
- Other (specify):

**d. The State agency requires  State-wide, or allows at  local agency option (check one), the verification of applicant income information**

- No
- Yes (check all sources required, as appropriate):
  - employer
  - public assistance offices
  - State employment offices (wage match, unemployment)
  - Social Security Administration
  - school districts/offices
  - collateral contacts

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**A. Eligibility Determination and Documentation**

other (specify):

**e. The State agency has specific policies that define actions to be taken for mid-certification changes in participant income circumstances.**

Yes  No

**f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies**

Yes  No  Not applicable

**g. The State agency has specific policy that addresses income from benefits provided under certain regulatory Federal programs**

Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 07.0, CS: 09.0, CS: 29.0**

**6. In determining an applicant's income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base**

Yes, State-wide  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 09.0**

**7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination**

Yes, State-wide  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 09.0**

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### A. Eligibility Determination and Documentation

#### 8. The State agency defines the economic unit in accordance with Food and Nutrition Service regulations and policy instructions

Yes  No (if not, why not)

Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 10.0**

#### 9. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

- foster children
- divorced/legally separated parents; step parents
- absentee spouse (military hardship tours, etc.)
- cohabitation
- institutionalized applicants (including incarcerated applicants)
- homeless applicants
- minors ("emancipated" minors)
- separate economic units under the same roof
- striker/unemployed
- students away at school
- other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 10.0**

#### 10. Mid-Certification Disqualification

##### a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.

Yes  No

##### b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedure comply with the following:

Yes  No

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**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**1. Nutrition Risk Determination and Documentation**

**a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):**

<u>Qualification</u>	<u>Can certify for:</u>	
	<u>Priorities I-III</u>	<u>All Priorities</u>
RD or Master's Level Nutritionist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Home Economist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Paraprofessional	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>

**b. The State agency authorizes local agencies to (check all that apply):**

- conduct  anthropometric and  hematological measurements
- use medical referral data for  anthropometric and  hematological measurements
- conduct measurements only when medical referral data are unavailable

**c. The State agency uses only FNS-approved nutrition risk criteria, as issued in Policy Memorandum 98-9, WIC Nutrition Risk Criteria to document nutrition risk. (Note: The implementation date for Policy Memorandum 98-9, Revision 7 is 10/1/05. Thus, Revision 7 nutrition risk changes must be included in FY 2006 State Plan submissions.)**

- Yes  No

**Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.**

**d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.**

- Yes (list criteria): 353, 422
- No



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**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**e. Hematological risk determination:**

**The State agency requires (check one of the following):**

- Bloodwork data to be collected at the time of certification (Statewide).
- Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

**The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).**

- Yes
- No

**The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.**

- Yes
- No

**f. Anthropometric risk determination:**

**The State agency allows (check one):**

- anthropometric data for certification to be no older than 60 days (Statewide)
- a shorter (less than 60 days) limit on age of anthropometric data for certification

**g. Dietary risk assessment:**

**Note: It is unadvisable for State agencies to implement major changes to their diet assessment protocols until FNS issues the Value Enhanced Nutrition Assessment (VENA) guidance and Policy Memorandum 98-9, Revision 8 (a consolidation and revision of all dietary risk criteria).**

**Please append any revisions made since the issuance of Policy Memorandum 98-9, Revision 8, dated 3/31/05.**

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**B. Nutrition Risk Determination, Documentation and Priority Assignment**

(i) **Local agencies are required at a minimum to assess and document dietary intake for:**

- all participants
- only those participants who do not have a medical risk factor
- only those participants at risk for inadequate diet or other dietary risk
- only specific participant categories  
(specify which categories):
- other (specify):

(ii) **The State agency policy requires that dietary intake information be collected through (check all that apply):**

- no intake protocol is specified
- 24-hour recall
- food frequency/food item checklist
- dietary record/diary
- other (specify):

**If yes, attach mandated forms or specify location in the procedure manual and reference below. Refer to "Required Forms" section of manual -- WIC-42, WIC-44, and WIC-45**

**If no, the State agency assures quality diet assessment by:**

- requiring local agencies to submit forms for approval
- annually monitoring the locally developed forms during local agency reviews
- other (specify):

(iii) **Analysis of diet is based on professionally recognized guidelines (e.g., RDI, AAP, Dietary Guidelines for Americans - Food Guide Pyramid)**

- Yes (specify): Food Guide Pyramid
- No (explain):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite): CS: 17.0, CS: 18.0, CS: 20.0**

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**B. Nutrition Risk Determination, Documentation and Priority Assignment**

**2. Documentation**

**a. The State agency requires documentation in the applicant's case file for all nutrition risk criteria used to establish WIC eligibility (check one):**

- Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
- Yes, with CPA discretion when to waive documentation requirement (no written policy)
- No (explain):

**b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant's certification form in the following manner:**

- the single most important criterion is recorded
- all identified risk criteria are recorded
- a set number of criteria is recorded (maximum number is            criteria)
- local agency personnel decide how many and which criteria are recorded
- other (specify):

**c. The State agency requires verification for all nutrition risk criteria that contain a statement requiring a physician's diagnosis.**

- Yes
- No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite): CS: 17.0**

**3. Priority Assignments**

**a. Participants certified for regression**

- remain in the same priority in which they were previously assigned
- are assigned to Priority VII, regardless of their initial priority at first certification
- other (specify): **BF-IV, Child-VII, Non-BF-VII**

**b. Participants may be certified for regression (check all that apply):**

- a single six-month period
- multiple consecutive certifications (            maximum)
- multiple non-consecutive certifications
- no policy, local agency discretion

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**B. Nutrition Risk Determination, Documentation and Priority Assignment**

c. **High risk postpartum women are assigned to the following priority:**

- Priority III
- Priority IV
- Priority V
- Priority VI

d. **Participants certified solely due to homelessness/migrancy are assigned to the following priority :**

	<b>IV</b>	<b>V</b>	<b>VI</b>	<b>VII</b>
Pregnant Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Breastfeeding Women	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Postpartum Women			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infants	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Children		<input checked="" type="checkbox"/>		<input type="checkbox"/>

e. **Attach a copy of the State agency's nutrition risk criteria, including any nutrition risk criteria that will be added or deleted during the coming fiscal year. For each criterion, indicate:**

- applicable participant category
- applicable priority level(s)
- whether health care provider diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 18.0 for nutrition risk criteria**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**1. State Agency Referral Agreements and Coordination of Services**

**a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):**

- |   |   |
|---|---|
| <input type="checkbox"/> Food Stamp Program                                       | <input type="checkbox"/> IHS facilities               |
| <input type="checkbox"/> TANF   | <input type="checkbox"/> Rural/migrant health centers |
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Hospitals                    |
| <input type="checkbox"/> SSI  | <input type="checkbox"/> Childhood immunization       |
| <input type="checkbox"/> EPSDT  | <input type="checkbox"/> Immunization registries      |
| <input type="checkbox"/> MCH programs   | <input type="checkbox"/> Well-child programs          |
| <input type="checkbox"/> Children with special health care needs program(s)       | <input type="checkbox"/> Child protective services    |
| <input type="checkbox"/> Family planning  | <input type="checkbox"/> Children's health insurance  |
| <input checked="" type="checkbox"/> other (specify): <b><u>TxHealth Steps</u></b> | <input type="checkbox"/> Private physicians           |

**b. The State agency requires local agencies to coordinate services, and/or develop referral systems for the following (check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Food Stamp Program           | <input checked="" type="checkbox"/> dental services   |
| <input checked="" type="checkbox"/> TANF                         | <input type="checkbox"/> IHS facilities   |
| <input checked="" type="checkbox"/> Medicaid                     | <input checked="" type="checkbox"/> other food assistance programs (TEFAP, FDP, CSFP, etc.) |
| <input type="checkbox"/> SSI                                     | <input checked="" type="checkbox"/> private physicians                                      |
| <input checked="" type="checkbox"/> prenatal care                | <input checked="" type="checkbox"/> hospitals   |
| <input checked="" type="checkbox"/> immunization                 | <input checked="" type="checkbox"/> MCH (clinics/facilities)                                |
| <input checked="" type="checkbox"/> postnatal care               | <input type="checkbox"/> child abuse counseling   |
| <input checked="" type="checkbox"/> family planning              | <input checked="" type="checkbox"/> homeless facilities                                     |
| <input checked="" type="checkbox"/> EPSDT                        | <input checked="" type="checkbox"/> Medicaid  |
| <input type="checkbox"/> EFNEP                                   | <input checked="" type="checkbox"/> children with special health care needs                 |
| <input type="checkbox"/> schools                                 | <input type="checkbox"/> foster care agencies   |
| <input checked="" type="checkbox"/> well-child programs          | <input checked="" type="checkbox"/> other (specify): <b>Child Support</b>                   |
| <input checked="" type="checkbox"/> rural/migrant health centers | <input type="checkbox"/> other (specify):   |
| <input checked="" type="checkbox"/> breastfeeding promotion      |   |
| <input checked="" type="checkbox"/> substance abuse programs     |   |
| <input checked="" type="checkbox"/> child protective services    |   |

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): GA: 05.0, GA: 06.0, GA: 07.0, GA: 08.0, GA: 09.0**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**2. Local Agency Referral Procedures**

**a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:**

- State Medicaid Program, including presumptive eligibility determinations, where available
- child support services
- Food Stamp Program
- substance abuse counseling/treatment programs
- TANF, including presumptive eligibility determinations, where available
- other State-funded medical insurance programs (specify):
- other nutrition services (specify):
- EPSDT Program
- Children's Health Insurance program(s)
- Other (specify) CSFP in selected areas where CSFP is piloted

**b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral with an \*):**

- State agency-developed referral forms
- local agency-developed referral form
- telephone call to referring agency
- verbal referral to participants
- automated client/participant information exchange
- written literature on referral programs
- follow-ups by staff to monitor
- other (specify):

**c. Methods used by other health and social service programs to refer clients to the WIC Program include (check all that apply and indicate the primary method of referral with an \*):**

- WIC Program referral form
- Health/Social Program referral form
- telephone call
- verbal referral
- automated client/participant information exchange
- Written literature on the WIC Program
- Other (specify):

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**C. Health Care Agreements, Referrals, and Coordination**

**d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):**

- Yes (check):  Medicaid  TANF  MCH  FSP  
 Yes, other (specify): **EPSDT**  
 No

**e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.**

- Yes  No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 21.0**

**f. In order to facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.**

- Yes  No

**g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.**

- Yes  No

**h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.**

- Yes  No

**i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:**

- food banks  
 food pantries  
 soup kitchens or other emergency meal providers  
 Food Stamp Program

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**C. Health Care Agreements, Referrals, and Coordination**

- Commodity Supplemental Food Program
- Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- Other (specify):

**j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established**

- Yes  No

**k. The State agency ensures that when WIC is at maximum caseload, local agencies notify FNS of any waiting lists established**

- Yes  No

**l. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:**

- food banks
- food pantries
- soup kitchens
- Food Stamp Program
- Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- Other (specify): **CSFP in pilot area**

**m. Immunization Screening and Referral**

**The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral, as follows:**

- Screening children under the age of two using a documented immunization history:
  - Using the minimum screening protocol; or
  - Using a more comprehensive means, (specify): Refer to IM Policies
- Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): **or**
- Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; **or**
- The State agency has been unable to formalize a coordination agreement with the State Immunization Program. Provide explanation of extenuating circumstances:



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**C. Health Care Agreements, Referrals, and Coordination**

**The State agency's policy and procedure manual has been updated to include the above immunization screening and referral protocol.**

Yes

No (explain):

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**D. Processing Standards**

**1. Notification Standards**

**a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request for program benefits as the following (check all that apply):**

- |                                     |  |                          |                              |
|-------------------------------------|--|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | pregnant women eligible as Priority I                          | <input type="checkbox"/> | high-risk infants (optional) |
| <input checked="" type="checkbox"/> | migrant farmworkers/family members                             | <input type="checkbox"/> | homeless (optional)          |
| <input checked="" type="checkbox"/> | optional; please specify: <b>Infants under 6 months of age</b> |                          |                              |

**b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:**

- |                          |                                |                                     |                     |
|--------------------------|--------------------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | rural applicants               | <input checked="" type="checkbox"/> | employed applicants |
| <input type="checkbox"/> | no special policies/procedures |                                     |                     |

**c. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**d. Number of local agencies who requested an extension in the past fiscal year:**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): CS: 02.0, GA: 13.0**

**2. Processing Standards**

**a. Processing standards begin when the applicant (check all that apply):**

- telephones the local agencies to request benefits
- visits the local agency in person
- makes a written request for benefits
- makes an appointment

**b. The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants**

- |                                     |     |                          |    |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): CS: 02.0**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**E. Certification Periods**

**1. Certification Period Standards**

- a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the infant’s first birthday provided the quality and accessibility of health care services are not diminished (known as “extended certification”)**

Yes, at all local agencies       Yes, at selected local agencies  
 No

- (ii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant’s first birthday or until breastfeeding is discontinued (whichever comes first).**

Yes, at all local agencies       Yes, at selected local agencies  
 No

- b. Extended certification is an option for the following (check all that apply):**

Priority I infants       Priority II infants       Priority IV infants  
 Breastfeeding women

- c. The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances**

Yes (If yes, provide citation indicating circumstances):  
 No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 18.0, CS: 24.0**

- 2. The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):**

participant volunteers the information that they are over income  
 participant abuse  
 family member found income ineligible at recertification  
 failure to pick up food instruments for \_\_\_\_\_ consecutive issuances (specify):  
 other:

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 29.0**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**F. Transfer of Certification**

**1. Procedures for Transfer of Certification and Verification of Certification (VOC) Cards**

**a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO)**

<b>Intra-State</b>	<b>Inter-State</b>	<b>WIC Overseas</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No

**b. A participant ID card is provided which also serves as a VOC card**

Yes       No

**c. The State agency requires all local agencies to use a standardized Verification of Certification card**

Yes       No

**d. Verification of Certification Cards are issued to the following (check all that apply):**

- all participants
- migrants
- homeless
- participants relocating during certification period
- persons affiliated with the military who are transferred overseas
- other (specify): **If military participant informs us they are being transferred**

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 27.0**

**2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):**

- name of participant
- date certification performed
- date income eligibility last determined
- nutritional risk condition of the participant
- date certification period expires
- signature/printed or typed name of certifying local agency official
- name/address of certifying local agency
- identification number or some other means of accountability
- migrant status (non resident)
- other (specify): **DOB, parent/guardian name, date of last FI, priority**

## **VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

### **F. Transfer of Certification**

- 3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:**

- participant name
- date the participant was certified
- date the current certification period expires

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): CS: 27.0**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

**1. Dual Participation (WIC only or WIC/CSFP)**

**a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies**

- Yes (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual)  
 No

**b. The State agency has a written agreement with the Commodity Supplemental Food Program that includes specific procedures for the detection and prevention of dual participation (attach a copy of the agreement or provide a citation of where a copy is located)**

- Yes  No  Not applicable

**c. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located)**

- Yes  No  Not applicable

**d. The State agency has established procedures to handle participants found in violation due to dual participation**

- Yes (Please attach any descriptions of policy in Appendix or cite Procedure Manual)  
 No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): CS: 28.0, Texas Administrative Code, Title 25 Section 31.30**

**2. Participant Rights and Responsibilities**

**a. The State agency has uniform notification procedures that are used by all local agencies statewide**

- Yes

**b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form**

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

Yes

**c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:**

Yes  No  Not applicable

**If yes, the policy is communicated to participants in the participant rights and responsibilities materials**

Yes  No  Not applicable

**d. The State agency has developed special notification policies and procedures for the following:**

- applicant/participant who cannot read
- applicant/participant who speaks in a language other than English
- homeless
- migrants
- persons with disabilities
- other (specify):

**e. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:**

- eligibility at each certification
- ineligibility at initial certification
- mid-certification disqualification
- expiration of a certification period
- waiting list status
- other (specify):

**ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual citation): CS: 22.0, CS: 23.0**

**3. Fair Hearing and Sanction System**

**a. The State has a law or regulation governing participant appeals**

Yes  No

**b. The State agency has established statewide fair hearing procedures**

Yes, attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference below.

**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

No

**c. State or local agency actions against participants include (check all that apply):**

- reclaiming the value of improperly received benefits
- disqualification from the program for up to one year
- other (specify):

**d. Appeal hearings are held at:**

- WIC State agency parent agency
- other State agency or hearing board (specify):
- local WIC agency
- other (specify): **Local area SA offices if convenient**

**e. Statewide fair hearing procedures include (check all that apply):**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> request for hearing            | <input checked="" type="checkbox"/> local agency responsibilities        |
| <input checked="" type="checkbox"/> denial or dismissal of request | <input checked="" type="checkbox"/> continuation of benefits             |
| <input checked="" type="checkbox"/> rules of procedure             | <input checked="" type="checkbox"/> responsibilities of hearing official |
| <input checked="" type="checkbox"/> fair hearing decision          | <input type="checkbox"/> other (specify):                                |
| <input checked="" type="checkbox"/> judicial review                |  |

**f. State agency procedures require written notification for (check all that apply):**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> appeal rights                           | <input checked="" type="checkbox"/> request for hearing   |
| <input checked="" type="checkbox"/> denial or dismissal of request          | <input checked="" type="checkbox"/> notice of hearing     |
| <input checked="" type="checkbox"/> termination within certification period | <input checked="" type="checkbox"/> fair hearing decision |
| <input checked="" type="checkbox"/> judicial review                         | <input type="checkbox"/> other (specify):                 |

**g. The State agency has established timeframes to govern each step of the hearing process**

Yes  No

**h. The State agency requires all local agencies to document any notification/correspondence in the participant's file**

Yes  No

**i. The State agency has a written sanction policy for participants**

- Yes (If yes, provide appropriate citation below)
- No



**VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES**

**G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions**

- j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants**

Yes

No

**ADDITIONAL DETAIL: Certification and Eligibility Appendix  
and/or Procedure Manual (citation): Fair Hearing: CR: 03.0 and Texas  
Administrative Code (TAC) Title 25 Section 31.29. Sanctions: GA: 12.0 and TAC  
25 Section 31.30**