

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

(Please indicate) State Agency: CA for FY 2016

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); (11)(i); and 246.7(k):** 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 .

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### 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  State wide or  at local agency (check one), a common income application or certification form with (check all that apply):

No other benefit programs     Medicaid  
 TANF     SNAP  
 MCH     Other reduced price health care program(s)  
 Other (specify): \_\_\_\_\_

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

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#### 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 should be treated (check all that apply):

Homeless applicants     Institutionalized applicants  
 Migrants     Indian Tribal Organizations  
 None     Other (specify): Refer to Appendix A2b. for answer.

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

Yes; list states: Arizona, Oregon, and Nevada

No

Describe any reciprocal agreements:

The Arizona, Oregon and Nevada contracts are currently in progress.

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

Yes  
 No (If no, why not?):

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### A. Eligibility Determination and Documentation

**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 a temporary (up to 30 days) certification for individuals who do not present at least two of necessary proof of income, residency and/or identity documents at the time of application.**

- Yes     No

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

- All pregnant women     Pregnant women not visibly pregnant  
 Postpartum women     Children  
 Infants     Other (specify): \_\_\_\_\_

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

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#### 4. Income Limits for Eligibility

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

- 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: \_\_\_\_\_ %)

**b. The State agency implements income eligibility guidelines concurrently with Medicaid**

- Yes     No

**ADDITIONAL DETAIL: Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual. Certification and Eligibility Appendix and/or Procedure Manual (citation):**

WPM 980-1060, WPM 980-1065, and WPM 980-1070. These are all appendices located within the WPM.

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### A. Eligibility Determination and Documentation

- c. 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")	130.00 %
<input checked="" type="checkbox"/> SNAP	
<input checked="" type="checkbox"/> Medicaid (specify State "percent of poverty" for each)	
<input checked="" type="checkbox"/> Pregnant women and infants	200.00 %
<input checked="" type="checkbox"/> Children	200.00 %
<input checked="" type="checkbox"/> Other categorically eligible women	200.00 %

- d. The State agency uses documented eligibility for/participation in other means-tested programs to establish automatic 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 checked="" type="checkbox"/> FDPIR	100.00 %
<input type="checkbox"/> Other (specify): _____	

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

- Program ID card (only if it includes dates of eligibility) or notice of current 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). (Program[s]: \_\_\_\_\_ )

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

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### 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 participant record if the applicant declares no income and why
- Other (specify): \_\_\_\_\_

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### A. Eligibility Determination and Documentation

**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/cash-value vouchers are provided; appointment rescheduled
- Temporary certification (not to exceed 30 days) is completed and food instruments/cash-value vouchers 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 at  local agency (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
  - Other (specify): When deemed necessary; WPM 210-01; WPM 210-03.

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

- Yes; Please specify     No

WPM 280-20

**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

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### A. Eligibility Determination and Documentation

- h. The State agency has specific policy to ensure that certain types of income, such as combat pay or FSSA payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

Yes     No

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

WPMs 210-03 & 210-04, WPM Appendix 980-1080 (Combat Pay Exclusions), WPM Appendix 980-1090 (Military Pay Job Aid).

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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):**

WPMs 210-03 & 210-04, WPM Appendix 980-1080 (Combat Pay Exclusions), WPM Appendix 980-1090 (Military Pay Job Aid).

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

Yes, State-wide     No

8. In determining an applicant's income eligibility for WIC, the State agency excludes payments given to deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U.S.C.

Yes, State-wide     No

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

WPMs 210-03 & 210-04, WPM Appendix 980-1080 (Combat Pay Exclusions), WPM Appendix 980-1090 (Military Pay Job Aid).

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9. In determining an applicant's income eligibility for WIC, the State agency calculates multiple income sources received by an applicant's household at different frequencies in accordance with WIC Policy Memo 2011-7, and compares the sum to the established WIC IEGs.

Yes, State-wide     No

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

This is calculated in ISIS.

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10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

Yes     No (if no, 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):**

Definition of economic unit is found in WPM 210-03.

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### A. Eligibility Determination and Documentation

11. 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
- Self-employed applicants
- Other (specify): \_\_\_\_\_

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

WPM 210-01; WPM 210-03

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### 12. 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 procedures comply with this requirement:

- 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Bachelor's Level Nutritionist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physician Assistant	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Licensed Practical Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Home Economist	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (Specify): <u>Dietetic Technician, Registered</u>	<input type="checkbox"/>	<input checked="" 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 referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated November 25, 2013) that list the revised risk criteria requiring implementation by 10/1/2015, published on the FNS PartnerWeb, to document nutrition risk.

- 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): \_\_\_\_\_  
 No

- 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

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

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. Nutrition assessment:**

(i) Local agencies are required to perform a complete nutrition assessment (as described in the *Value Enhanced Nutrition Assessment [VENA] Guidance*) for all participants.

Yes     No (explain):

(ii) Local agencies are required to perform a mid-certification nutrition assessment (as described in the *Guidance for Providing Quality Nutrition Services during Extended Certification Periods*) for all participants with an extended certification period.

Yes     Not Applicable: (The State Agency does not utilize the extended certification option for any participant category)

(iii) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

Yes     No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.

If no, the State agency assures quality of nutrition assessment by:

- Requiring local agencies to submit forms for approval  
 Annually monitoring the locally developed forms during local agency reviews  
 Other (specify): \_\_\_\_\_

(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)

Yes (specify): \_\_\_\_\_  
 No (explain): \_\_\_\_\_

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

For B.g.(iii),refer to WPM 210-09. For B1c., refer to revised nutr risk codes and policies in Appendices B.1c(1), B.1c(2), and B.1c(3).

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### 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) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):**

- 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:**

- All identified risk criteria are recorded
- A set number of criteria \_\_\_\_\_ is recorded (maximum number is 10 criteria)
- Local agency personnel decide how many and which criteria are recorded
- Other (specify): A minimum of one nutrition risk code is required for eligibility.

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

- Yes  No

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

For B.2b. and B.2c. above, refer to WPM 210-09.

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#### 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): Regression was deleted as a risk in December of 2008.

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

- A single six-month period
- One time following a certification period
- No policy, local agency discretion

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

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

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

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

	IV	V	VI	VII
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 any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:

- Applicable participant category
- Applicable priority level(s)
- Whether a physician's 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):**

For B.3e., refer to revised nutrition risk codes and policies in Appendices B.1c(1), B.1c(2), and B.1c(3).

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

b. Formal agreements for coordination of services include:

- Responsibilities of each party
- Assurance that information is used for eligibility and/or outreach
- Assurance that information will not be shared with a third party

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> SNAP              | <input type="checkbox"/> Children with special health care needs  |
| <input checked="" type="checkbox"/> TANF              | <input type="checkbox"/> Schools  |
| <input type="checkbox"/> SSI                          | <input type="checkbox"/> EFNEP  |
| <input checked="" type="checkbox"/> Medicaid          | <input type="checkbox"/> Other food assistance program (TEFAP, FDPIR, CSFP, etc.)                             |
| <input type="checkbox"/> CHIP                         | <input checked="" type="checkbox"/> Breastfeeding promotion   |
| <input type="checkbox"/> IHS facilities               | <input type="checkbox"/> Child protective services  |
| <input type="checkbox"/> MCH (clinics/facilities)     | <input type="checkbox"/> Head Start   |
| <input checked="" type="checkbox"/> EPSDT             | <input type="checkbox"/> Early Head Start   |
| <input type="checkbox"/> Family planning              | <input type="checkbox"/> Healthy Start  |
| <input checked="" type="checkbox"/> Prenatal care     | <input checked="" type="checkbox"/> Substance abuse programs  |
| <input checked="" type="checkbox"/> Postnatal care    | <input type="checkbox"/> Child abuse counseling   |
| <input checked="" type="checkbox"/> Immunization      | <input type="checkbox"/> Foster care agencies   |
| <input type="checkbox"/> Dental services              | <input type="checkbox"/> Homeless facilities  |
| <input type="checkbox"/> Private physicians           | <input type="checkbox"/> Mental health services   |
| <input type="checkbox"/> Hospitals                    | <input checked="" type="checkbox"/> Other (specify): <u>For details, see Additional Detail section below.</u> |
| <input type="checkbox"/> Well-child programs          |   |
| <input type="checkbox"/> Rural/migrant health centers |   |

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

'Other' in C1c.: Child Support Enforcement Program, Childhood Lead Poisoning Prevention Branch, National Voter Registration Act.

#### 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
- SNAP
- 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): \_\_\_\_\_

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

**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 using the checkbox on the right):**

- |   | Primary                             |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> State agency-developed referral forms   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Local agency-developed referral form  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Telephone call to referring agency  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Verbal referral to participants   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Automated client/participant information exchange                             | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Written literature on referral programs                                       | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Follow-ups by staff to monitor  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Maintain a list of local resources for drug and other harmful substance abuse | <input type="checkbox"/>            |
| <input type="checkbox"/> Counseling   | <input type="checkbox"/>            |
| <input type="checkbox"/> Other (specify): _____   | <input type="checkbox"/>            |

**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 using the checkbox on the right):**

- |   | Primary                             |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> WIC Program referral form                         | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Health/social program referral form               | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Telephone call                                    | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Verbal referral                                   | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Automated client/participant information exchange | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Written literature on the WIC Program             | <input type="checkbox"/>            |
| <input type="checkbox"/> Other (specify): _____                                       | <input type="checkbox"/>            |

**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  SNAP
- Yes, other (specify): ISIS
- 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):**

WPM 210-02, WPM 700-02.

**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

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

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

SNAP

The 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, the State agency notifies 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

SNAP

The Emergency Food Assistance Program

Food Distribution Program on Indian Reservations

Other (specify): \_\_\_\_\_

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

#### 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): \_\_\_\_\_
- 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:

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

- Yes     No

## 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 (at the local agency) for program benefits as the following (check all that apply):

- Pregnant women eligible as Priority I     High-risk infants (optional)
- Migrant farmworkers/family members     Homeless (optional)
- Optional; please specify: \_\_\_\_\_

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

- Rural applicants     Employed applicants
- 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.

- Yes     No

d. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.

- Yes     No

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### D. Processing Standards

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

WPM 270-10

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#### 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

**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.**

- Yes     No

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

WPM 270-10

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## 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 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 children for a period of up to one year provided that participant children receive required health and nutrition services:

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

**(iii)** 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), provided that there will be no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:

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

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### E. Certification Periods

- (iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:

No  Yes (describe):

The State agency requires a minimum of one nutrition education contact per quarter and one nutrition assessment at mid-certification.

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

- Priority I infants  Priority II infants  Priority IV infants  
 Priority III Children  Priority V Children  
 Priority I Breastfeeding Women  Priority IV 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):**

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**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/cash-value vouchers for \_\_\_\_\_ consecutive issuances  
 Other (specify): \_\_\_\_\_

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

WPM 280-20

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## 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):**

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

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

### F. Transfer of Certification

b. A participant ID card/folder 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): \_\_\_\_\_

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

WPM 250-10, WPM 250-20.

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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): \_\_\_\_\_

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

Name and address of the certifying agency

Date the current certification period expires

4. The State agency honors the one year certification period for transferring participants (infants, children, and breastfeeding women) even if it certifies participants every six months.

Yes  No

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

WPM 250-10, WPM 250-20.

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## 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): WPM 280-20.2

No

**b. 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

**c. 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 appropriate section(s) of the Procedure Manual): WPM 280-20.2

No

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

WPMs 280-20.2, 280-20, 200-02. For question G.1b., refer to Appendix G.1b.

#### 2. Participant Rights and Responsibilities

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

Yes  No

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

Yes  No

**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 implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:**

Yes  No; explain: \_\_\_\_\_

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

WPM 270-40; Appendix G2d -Rights and Responsibilities. It contains wording:'You can't trade/sell your WIC checks or WIC foods'

**e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:**

Yes  No; explain: CDPH/WIC staff periodically monitor the internet and social media sites for (continued below)

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

sales and trades of WIC food instruments including infant formula; and investigate/resolve whenever possible.

## VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

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

**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):**

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### 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.
- 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
- Suspension from the program mid-certification
- Other (specify): \_\_\_\_\_

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

- WIC State agency parent agency
- Other State agency or hearing board (specify): Hearings officer schedules hearing at a state office close to ppt's location.
- Local WIC agency
- Other (specify): \_\_\_\_\_

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

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

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

- Request for hearing
- Local agency responsibilities
- Denial or dismissal of request
- Continuation of benefits
- Rules of procedure
- Responsibilities of hearing
- Fair hearing decision
- Official
- Judicial review
- Other (specify): \_\_\_\_\_

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

- Appeal rights
- Request for hearing
- Denial or dismissal of request
- Notice of hearing
- Termination within certification period
- Fair hearing decision
- Judicial review
- 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

**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):**

Additional detail for G.3b. and G.3i. above is contained in Appendix G3.

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