

## **Considerations for Delivery of WIC, SNAP Ed & MCAH (including I-Smile™) Services (3/16/20 v.2)**

*\*This document will continue to be updated as new federal/state guidance is provided.*

The IDPH supports continued service delivery in a safe and responsible manner for both our contractors and our clients. As such, we are issuing the following guidance to our contractors regarding the delivery of WIC, SNAP Ed and MCAH Services. We expect more guidance to be forthcoming as additional information is provided by our federal funding agencies.

### WIC & SNAP Ed

WIC services require in-person visits to obtain consultation by WIC dietitians and nurses, review food packages and provide additional information such as breastfeeding consultation. Under current law, individuals seeking certification or recertification are required to be physically present for eligibility determinations. The law allows for local agencies to waive the physical presence requirement for infants and children under certain circumstances. Those waivers cover the majority of WIC infants and children as long as they were present at their initial certification or are under 8 weeks of age. Additionally, those with disabilities, including pregnant women who are unable to be present due to complications as defined in 7 C.F.R. 246.7(o)(2), may be exempted from the physical presence requirement under the ADA.

Qualifying circumstances to waive physical presence for infants and children, without a disability include:

- Infant under 8 weeks of age;
- Infant who was present at the initial certification visit and is receiving ongoing health care;
- Infant who was present at the initial certification appointment, and the most recent certification visit, and has one or more parents who work;
- Child who was present at the initial certification visit and is receiving ongoing health care;
- Child who was present at the initial certification appointment, and the most recent certification visit within the last year, and has one or more parents who work;

The State or local agency must grant an exception to applicants who are qualified individuals with disabilities and are unable to be physically present at the WIC clinic because of their disabilities or applicants whose parents or caretakers are individuals with disabilities that meet this standard (7 C.F.R. 246.7(o)(2)Exceptions-(i)Disabilities). Examples of such situations include:

- A medical condition that necessitates the use of medical equipment that is not easily transportable;
- A medical condition that requires confinement to bed rest; and
- A serious illness that may be exacerbated by coming in to the WIC clinic.

USDA does allow for other adjustments to WIC, thus granting states flexibility in administering programs during a public health emergency. This flexibility includes utilizing virtual technologies (including mobile apps and telephone) to meet with clients for certification visits. For WIC, states may postpone lab tests for up to 90 days, extend certification periods for up to 30 days and provide up to three months of benefits in advance. States may choose to waive certain documentation requirements if they present an unreasonable barrier to participation as well as substitute food package items with similar items if WIC-approved items are unavailable.<sup>1</sup>

As a community mitigation strategy, the IDPH encourages contractors to utilize virtual technologies to continue to meet with clients for certification visits. Telephonic communication with standard documentation in clients' records are acceptable practices. Should both the contractor and the client have the technology for use of a mobile technology, the IDPH encourages contractors to utilize technologies with end-to-end encryption such as FaceTime (iPhone compatible) and Signal (Android compatible). Additional technologies that may be HIPAA compliant are Zoom Meeting and Skype. (Please note that the contractor would need to have a paid account with a Business Associate Agreement in place with Zoom or Skype to meet full HIPAA compliance.)

In circumstances, such as SNAP-Ed direct education programming, where delivery of services includes locations such as congregate meal sites and schools, the IDPH supports the closing of these locations when necessary and stopping programming until a time that the local contractor deems appropriate.

#### *Maternal, Child and Adolescent Health (MCAH), including I-Smile™*

During evolving public health situations, Title V programs are poised to provide infrastructural and leadership support to improve the health of mothers, children, and families. One of the strengths of the Title V program is its role in conducting ongoing assessment of maternal and child health (MCH) population needs and in implementing science based approaches to address current and emerging issues.

The IDPH expects contractors to follow the emergency protocols established within their organizations.

- CAH Contractors should continue to provide informing and care coordination services via telephone and other virtual technologies per their agencies' protocol.
- IDPH considers clinic-based direct health care services such as maternal health education, depression screens, domestic violence screens, and immunizations for children and pregnant women to be essential services. MCAH agencies are in a unique position to continue providing these services to Iowa's most vulnerable mothers, children, and families. IDPH recommends these services be provided by appointment and follow the "Patient Screening" procedures outlined in the [Guidance for Healthcare Providers & Facilities](#) and take necessary precautions. Additional guidance on priority services will be provided to agencies in a separate communication.
- The agency may decide to suspend services during the pandemic due to agency protocols or capacity. If the decision is made to suspend clinical, IDPH must be notified in writing of this change, including a justification. At this time, the Iowa Medicaid Enterprise does not allow for telehealth or virtual services to be provided by Screening Centers and Maternal Health Centers.
- The Oral Health Bureau has determined that contractors shall no longer provide direct dental services until further notice.

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<sup>1</sup> FNS Program Guidance on Human Pandemic Response, <https://www.fns.usda.gov/disaster/pandemic>

Title V funds allow states to redirect these funds to support a state's needs in responding to an evolving issue, such as COVID-19.<sup>2</sup> Potential responses may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other state agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

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<sup>2</sup> Lawler & Warren, DHHS Letter to State Title V Directors, March 10, 2020.