

Implementation of WIC ARPA Waivers

IMPLEMENTATION DATE AUGUST 10, 2023

Physical Presence Waiver in MN WIC

Introduction

The American Rescue Plan Act (ARPA) waivers offer an opportunity to build and improve upon remote WIC services. (A full description of the ARPA waivers is included at the end of this document.) Through ARPA, physical presence for appointments can be waived if anthropometric and hematological measurements are obtained by other methods. The waivers provide additional opportunity for remote WIC services with the use of referral measurements. Implementation date for the ARPA waivers is August 10, 2023, through September 30, 2026.

With the expiration of the COVID-19 related waivers on August 9, 2023, height and weight measurements and bloodwork will be required per federal regulations. Including anthropometric and hematological measurements as a part of Nutrition Assessment is critical for identifying and preventing nutrition-related health problems. A comprehensive health and nutrition assessment with these measurements enables the CPA to tailor the nutrition services to the needs of the participant, ultimately improving the health status of the participant. Therefore, each local agency must incorporate clinic practices to obtain **anthropometric and blood iron level measurements in advance of or at the time of the appointment** as the Standard Operating Procedure.

This document serves as the Minnesota WIC Program's Remote Services policy/Standard Operating Procedures through September 30, 2026, or until the ARPA waivers expire.

New Exception to Physical Presence Requirement

In addition to the allowable exceptions to physical presence found in [Section 5.2.5 Physical Presence](#), physical presence can now be waived for any participant if anthropometric and hematological measurements are obtained for the appointment.

Anthropometric and hematological requirements by appointment type

- Requirements and schedules for anthropometric and hematological measurements for certification/recertification/mid-certification appointments have not changed. Follow the schedules for obtaining height/weight/hemoglobin as described in [Section 5.3 Nutrition Risk Assessment](#).
- A Certification appointment is the process of assessing eligibility and enrolling applicants for WIC services. [Section 5.2 Certification Procedures](#)
- A Recertification appointment (Subsequent Certification appointment type in the Information System) is a term used to describe certification of existing participants. [Section 5.2 Certification Procedures](#)

- A Mid-certification appointment is required for participants with a certification period greater than 6 months. [Section 5.10 Mid-Certification](#)

Options for obtaining Anthropometric and Hematological data for appointments

- Local agencies must have procedures in place to obtain anthropometric and blood iron level measurements in advance of or at the time of the appointment. The participant must not be required to incur any expense for obtaining measurements from a health care provider or other source.
- There are three options for obtaining anthropometric and hematological measurements: (see ***Suggested Process for Implementing ARPA Waivers*** document for a Suggested Script for Staff.):
 - **In-person option:** Collect measurements at WIC clinic before or at the time of the appointment.
 - **Remote Option using referral data:** If the participant had or will have measurements completed **prior** to the appointment, that data may be used for the appointment. The measurements must be within 60 days (height & weight) or 90 days (bloodwork) prior to the date of the appointment. This referral data may be used for the appointment and physical presence is not necessary. See methods for obtaining and using referral data below.
 - **Remote Option using deferred measurements:** Remote option using deferred measurements does NOT pertain to mid-certifications. If the participant will be seeing a health care provider **within 60 days** after a certification or recertification appointment, measurements can be deferred for up to 60 days. Inform the participant/primary caregiver of the measurements required and assure they can be obtained (at no additional cost to the family). If the measurements can be provided within 60 days, complete the appointment deferring the measurements. A nutrition risk assessment must be completed at this time. Physical presence is not necessary. Issue up to two months of benefits. See methods for obtaining and using referral data that was deferred below.

Documenting Physical Presence exception in the Information System when using referral data or if deferring measurements

- A reason for the exception to being physically present must be documented in the participant record. Two new reasons will be added to the Physical Presence exception dropdown list in HuBERT:
 - Use the reason **Referral Data Used** if referral ht/wt/hgb was used for the appointment.
 - Use the reason **Measurements Deferred** if referral data will be obtained within the accepted timeframes.

- Write a note using subject “Physical Exception Reason”. Document **Referral Data Used** or **Measurements Deferred** as the physical presence exception. A note will not be required when WINNIE is implemented.

How to obtain and use referral data

- **Referral data definition:** anthropometric and hematological measurements obtained from another source. The referral data must be viewed by WIC staff. Self-reported data by the participant may not be used. Criteria for referral data is found in [Section 5.3.1 Anthropometric Data](#) and [Section 5.3.2 Hematologic Assessment](#).
 - The source of the referral data is typically the health care provider. Data from other health professionals (e.g., Public Health programs such as Family Home Visiting and Child & Teen Checkup) may be used if WIC requirements for measurements and equipment are met, e.g., appropriate equipment and accurate techniques. [Section 5.3.1 Anthropometric Data](#) and [Section 5.3.2 Hematologic Assessment](#). See the [Anthropometric Manual](#) for equipment requirements.
- Because infants grow so rapidly, it is best clinical practice to weigh and measure infants at the certification appointment whenever possible. If referral data must be used, it should be as recent as possible, collected no more than 30 days prior to the infant certification. Birth weight and length may be used for certifying newborn infants (Infant is less than 30 days old). Obtain the birth data from the hospital discharge papers, crib card, or similar documentation. If the infant has had a well-child check after hospital discharge, use that data rather than birth data. Breastfeeding and non-breastfeeding postpartum participants may have height, weight, and hemoglobin available on hospital discharge papers or from a postpartum visit.
- If the referral data cannot be obtained directly from the referral source, the participant can mail, email, or text documentation of the measurements. Examples include texting or emailing a photo of the After Visit Summary or a screenshot of measurements from electronic medical record like MyChart. On video calls, the participant may hold the phone near the camera for WIC staff to read the measurements from the phone screen.
 - Follow [Section 1.7 Data Privacy](#) requirements to ensure participant’s private information is secure. Delete these communications once the information is documented in HuBERT. Do not scan these documents into the Information System.
- **Entering height and weight referral data into the Information System:**
 - Referral height/weight data must be within 60 days prior to the appointment.
 - Staff must enter the *actual* Measurement Date and select the appropriate Measurement Source when adding a referral height and weight.
 - Enter the referral data while completing the certification.
- **Entering blood referral data into the Information System:**
 - Referral hematologic data must be within 90 days prior to the appointment.

- Enter the referral data while completing the certification.

Reminders about HuBERT Functionality

- **Height/Weight:** Once a measurement record is added during the certification, only the Height and Weight can be edited; the Measurement Date is disabled and cannot be changed. If referral data is provided with a measurement date prior to the most recent height/weight record, it cannot be added in the Height/Weight tab. The system requires the measurement date to be greater than the last measurement date entered.
 - Staff can document the height, weight, and date of measurement in a note and the measurements will not be plotted.
- **Bloodwork:** Once a blood record is added during the certification, only the Reason Not Collected can be edited. If referral data is provided with a measurement date prior to the most recent blood record, it cannot be added in the Blood tab. The system requires the measurement date to be greater than the last measurement date entered.
 - Staff can document the blood record and measurement date in a note. (Risk factor 201 will not be assigned by the system if appropriate and can't be assigned by staff. In this case, click the CPA-Assigned High-Risk checkbox and develop a High-Risk Care Plan.)

NOTE: WINNIE will allow a measurement and/or blood record to be added if its measurement date is prior to the most recent measurement/blood record.

Additional options for obtaining referral data

- Share the Minnesota WIC Referral Form with participants and health care providers [Minnesota WIC Referral Form](#). Add the QR code to local agency documents.



- Mail, email, or text the [Minnesota WIC Medical Data Form](#) to the participant prior to the appointment. This form can be modified with local agency contact information and information on how to return to the agency. Medical clinic staff may elect to scan the QR code on the form and send the data electronically.
- Coming soon: Participants will be able to submit proofs/documents through the Mobile Management system of the My MN WIC app.

Collection of height/weight/hemoglobin measurements prior to appointment

- Local agencies may choose to offer times for participants to obtain ht/wt/hgb measurements at WIC clinic prior to an appointment and then complete the remainder of the appointment remotely later.
 - The local agency must have a method to record the measurements (e.g., write an alert or note) so the CPA has that information available for the certification, i.e., do not use the Certification Guided Script to document the ht/wt/hgb before the certification.
 - Use “Yes” for Physical Presence.

How to obtain and use referral data that was deferred

- The ARPA waiver allowing measurements to be deferred only pertains to certification or recertification appointments. It does not apply to mid-certifications.
- If data is deferred, the local agency must document the deferral.
 - For deferred bloodwork measurements, select **Measurements Deferred** for exception reason. Write an alert with the date the deferral ends.
 - For deferred anthropometric measurements, select **Unknown**. Write an alert with the date the deferral ends.
- The agency must have a process in place for tracking the deferral.
 - An InfoView report will be developed to help track deferred measurements.
- When the deferred data is provided, document the measurements, provide additional education, and issue additional benefits.
 - The referral data must be viewed by WIC staff. Self-reported data by the participant may not be used.
 - A CPA must enter the referral data in the ht/wt/hgb fields and write a ht/wt/hgb note that measurements were reviewed.
 - If a non-CPA staff member receives the deferral data, assure deferral data is documented in an alert and includes required measurements, date of measurements, and source of measurements.
 - Staff must enter the source of the data and the *actual measurement date* in ht/wt/hgb tabs of the Information System. Entering a date other than the actual measurement data will skew the growth charts/prenatal weight gain grid, leading to an incorrect assessment and potentially, the system assigning inaccurate risk codes.
 - Measurements for height and weight must be ≤ 60 days old to be accepted in the Information System.
- If a high-risk condition is identified with the addition of the deferral data, contact the participant, and develop a high-risk care plan that month. Refer to [Section 6.6 High Risk Individual Nutrition Care Plans](#) for high risk care procedures and the expectations for

follow-up. Assure the participant obtains appropriate follow up for the high-risk condition with the health care provider.

- When height, weight and hemoglobin measurements are entered into the Information System, most related risk factors will auto assign. If the CPA identifies any additional risk factors related to the referral data, they should be assigned at this time.
- If referred data is not available after the 60-day (ht/wt) or 90-day (hgb) deferral period, issue one month of benefits and schedule an in-person WIC appointment to obtain the measurements. If participant does not come in for measurements or provide measurements, provide 1 month of benefits, and schedule an in-person WIC appointment to obtain the measurements. Continue providing 1 month of benefits and scheduling an in-person appointment until measurements have been obtained.

Flexibility for deferring measurements in special circumstances outside of Standard Operating Procedures

The waivers allow flexibility if a participant is unable to be physically present in WIC clinic due to illness, transportation issues, clinic closure due to weather, or other emergencies. In these cases, the local agency may defer measurements and obtain the measurements within 60 days at the WIC clinic location. This applies to certification and recertifications. Mid-certifications can be rescheduled to the following month.

- Complete the appointment remotely and defer the measurements following the procedures described in this document.
- Select “Other-see notes” for the Physical Presence Exception field of the Information System (Reason Not Present). Document the specific circumstance for deferring measurements in a Physical Presence Exception note.
- Follow the procedures for documenting deferred measurements in the height/weight/hemoglobin fields in the Information System.
- Issue 2 months of benefits and write an alert to collect measurements within 60 days. The measurements may be completed in WIC clinic or obtained as referral data.

Participant Signatures

- Agencies must collect **Primary Cardholder** and **Certification** (Rights and Responsibilities) signatures.
 - Options for obtaining Primary Cardholder and Certification signatures.
 - **Preferred method** - Capture the participant signature in HuBERT using the Signature Pad.
 - Electronic signature with an eSign form, such as the REDCap form available on the MDH WIC website under [WIC Forms for Local Agencies](#). DocuSign will be available at no charge to local WIC agencies through MN WIC in the

future. **(Requires scanning into Information System)**

- Use a Manual Register, available on the MDH WIC website at [WIC Forms for Local Agencies](#). **(Requires scanning into Information System)**
- If obtaining measurements prior to appointment
 - Staff may also collect Primary Cardholder and/or Certification signatures using the Manual Register or an eSign method.
 - No signature obtained during appointment
 - Issue one month of benefits and inform the participant how to complete the signature process. Follow local agency procedures for tracking the signature process to assure it is obtained in a month.
- **Release of Information** requires signed consent. A verbal Release of Information will not be adequate as of August 10, 2023. Private data can not be released until signed consent is obtained.
 - Options for obtaining Release of Information are listed below.
 - Obtain a signature on a paper form.
 - Obtain an electronic signature with an eSign form, such as the REDCap forms available on the MDH WIC website at [WIC Forms for Local Agencies](#). Best practice is obtain the electronic signature at the time of the appointment, while the participant is still connected via phone/video. If not obtained immediately, the electronic signatures should be obtained within a month.
 - DocuSign will be available through MN WIC in the future.
 - To ensure that there is no inferred coercion, release forms for private physicians, or other health care providers may be included as part of the WIC application or certification process; however, all other requests to sign voluntary release forms must occur after the application and certification process is completed. [Section 1.7 Data Privacy](#).

Refer to *Suggested Process for Implementing ARPA Waivers*

- Includes a suggested script for staff.

Additional WIC Flexibilities to Support Outreach, Innovation, and Modernization Efforts through ARPA Nationwide Waivers – Supporting WIC Operations.

Waivers available to state agencies:

USDA FNS has provided Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) state agencies the opportunity to opt into waivers for [Additional WIC flexibilities to support outreach, innovation, and modernization efforts through ARPA Nationwide waivers – supporting remote WIC operations](#). *Minnesota has chosen to implement these waivers. Implementation date is August 10, 2023.*

Physical Presence: [42 USC 1786\(d\)\(3\)\(C\)\(i\)](#) and [7 CFR 246.7\(o\)\(1\)](#), which require that each individual seeking to participate in the WIC program must be physically present at each certification or recertification in order to determine program eligibility.

- The approval to waive the physical presence requirement includes the deferral of anthropometric and bloodwork measurements (as required in [7 CFR 246.7 \(e\)\(1\)](#)) no later than 60 days. However, a nutrition risk assessment, which may be based on information available through online communication and/or referral data, must be completed at certification by the Competent Professional Authority (CPA). To the extent possible, **state and/or local agencies must make concerted efforts to obtain referral data for anthropometric and blood iron level measurements in advance of or at the time of the appointment.** *See MN WIC implementation of the physical presence waivers below.*

Remote Benefit Issuance: [7 CFR 246.12\(r\)\(4\)](#), which requires in-person pick up of food instruments when a participant is scheduled for nutrition education or has a subsequent certification appointment. *MN WIC will continue to offer remote benefit issuance.*

Reference – Complete Listing of Hyperlink

Section 5.2.5 Physical Presence

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_2_5.pdf)

Section 5.3 Nutrition Risk Assessment

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3all.pdf)

Section 5.2 Certification Procedures

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_2all.pdf)

Section 5.10 Mid-Certification

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_10.pdf)

Section 5.3.1 Anthropometric Data

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3_1.pdf)

Section 5.3.2 Hematologic Assessment

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch5/sctn5_3_2.pdf)

Anthropometrics Manual

(<https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/nst/anthro.pdf>)

Section 1.7 Data Privacy

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch1/sctn1_7.pdf)

Minnesota WIC Referral Form

(<https://redcap.health.state.mn.us/redcap/surveys/?s=7F493NRK73RXTXL8>)WIC%20Forms%20for%20Local%20Agencies%20(<https://www.health.state.mn.us/people/wic/localagency/index.html>)

Minnesota WIC Medical Data Form

(<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Fdocs%2Fpeople%2Fwic%2Fhcp%2Fmdhmedical.docx&wdOrigin=BROWSELINK>)

Section 6.6 High Risk Individual Nutrition Care Plans

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sctn6_6.pdf)

WIC Forms for Local Agencies

(<https://www.health.state.mn.us/people/wic/localagency/index.html>)

Additional WIC flexibilities to support outreach, innovation, and modernization efforts through ARPA Nationwide waivers – supporting remote WIC operations

(<https://www.fns.usda.gov/wic/flexibilities-support-outreach-innovation-and-modernization-efforts-through>)

42 USC 1786(d)(3)(C)(i)

([https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1786%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1786%20edition:prelim)))

7 CFR 246.7(o)(1) ([https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7\(o\)\(1\)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7(o)(1)))

7 CFR 246.7 (e)(1) ([https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7\(e\)\(1\)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-C/section-246.7#p-246.7(e)(1)))

7 CFR 246.12(r)(4) ([https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12\(r\)\(4\)](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-246/subpart-E/section-246.12#p-246.12(r)(4)))