

Background: Unlike the distribution of commodities or the emergency issuance of food stamps, there is no legislatively mandated role for WIC in disaster relief, nor is there legislative authority for using WIC food funds for purposes other than providing allowable food benefits to categorically eligible participants. No additional funds are designated by law for WIC disaster relief, and WIC must operate in disaster situations within its current program context and funding (WIC Policy #MWSSNP 95-7, WIC Disaster Policy and Coordination).

Covansys IT Disaster Recovery Plan for Indiana WIC minimizes system downtime to 24 hours in the event of a disaster at the hosting facility in Kansas.

The Indiana Emergency Action Plan (EAP), Continuity of Operations Plan (COOP) and the Pandemic Influenza Plan, identify and define the responsibility of Indiana State Department of Health (ISDH) during emergencies.

Purpose: To guide Indiana WIC State and Local Agencies activities during an emergency situation.

Policy

State Agency: In the event of a disaster that does not result in statewide discontinuation of WIC services, State staff unaffected by the disaster will report to the Indiana WIC State Office.

In the event of a disaster at the Indiana WIC State Office Building; WIC State staff unaffected by the disaster will be required to work from home or a remote location determined by the State Health Commissioner.

In the event of a disaster that results in statewide discontinuation of services, Indiana WIC State Staff unaffected by the disaster will be available via phone and/or email to answer questions and provide assistance as needed.

Local Agency: In the event of a disaster that does not result in discontinuation of local WIC services, clinics will continue benefit delivery to participants and provide outreach to potentially eligible individuals. The issuance of WIC checks is reasonable only when food delivery systems are also in place (stores are open and food is on the shelf). In addition, the WIC agency may need to counsel participants on food preparation and safety concerns due to disaster conditions (e.g. loss of refrigeration, unsafe drinking water).

In the event of a disaster that results in discontinuation of services, WIC clinics must refer participants to other programs such as food banks, congregate feeding sites, the Commodity Supplemental Food Program, Red Cross and other disaster relief agencies.

State Agency Procedures:

1. The Indiana WIC Director or Program Manager will communicate with USDA and local agencies to ensure federal program requirements are met and to provide support during a declared disaster.
2. A secured flash drive and laptop containing Indiana WIC policies and procedures, a current local agency roster, and a current State WIC staff phone list will be kept off-site with the Director and Program Managers.

3. WIC State staff will be available via phone and/or email to field questions and assess current needs from the local agencies and vendors (see Attachments A & B).
4. A limited number of State nutrition and clinic staff will be trained on eligibility determination and check issuance.
5. The above trained employees may be deployed to local areas needing assistance with direct client services.
6. State staff will also be required to adhere to Indiana State Department of Health disaster/emergency response plan policies and procedures.

Local Agency/Clinic Procedures:

1. Alert the State WIC office of a disaster affecting the area.
2. Coordinate and communicate daily with the State WIC office.
3. Arrange for temporary clinic facilities if necessary.
4. WIC clinics may use mobile equipment to provide certification/issuance service to WIC participants in disaster areas.
5. Maintain secure/off site State and clinic staff contact information.
6. Disaster victims seeking WIC benefits should be considered as special nutritional risk applicants and receive expedited certification processing. Every effort should be made to certify these individuals immediately, and at a maximum, within 10 days of their request (whether by phone or visit to the WIC agency) for WIC benefits.
7. Disaster victims can be considered at nutritional risk if they are homeless. The WIC certification process can be expedited by deferring the blood test for anemia and if necessary the height and weight measurements.
8. Persons under quarantine or with a serious illness may be exempt from the physical presence requirement.
9. WIC documentation of residency, income and identity requirements can be suspended when necessary for disaster victims.*
10. Displaced individuals that move in with another household should be treated as a separate economic unit.
11. Medical documentation for exempt WIC formulas and medical foods may be provided by telephone to a competent professional authority (CPA) who must promptly document the information which must be kept on file at the local clinic. The local clinic must obtain written documentation from a physician within a reasonable amount of time (e.g. 1 week) after accepting the initial medical documentation by phone. The written documentation must be kept on file with the initial telephone documentation. **
12. The certification period may be shortened or extended by a period not to exceed 30 days. One month of food benefits can be issued to those participants until an appointment can be rescheduled. ***
13. WIC clinics will replace lost or destroyed unredeemed WIC food checks (the system automatically prorates partial months; see Certification Policy 117.4-2). WIC does not replace WIC food lost in a disaster.
14. WIC clinics may modify WIC food package components to accommodate disaster conditions such as loss of refrigeration or unsafe drinking water by issuing, for example, ready-to-feed infant formula, UHT milk, or smaller packages of other food items.
15. Disaster victims will receive a Verification of Certification (VOC) card which will assure continuation of benefits should the participant relocate to another State.
16. If the computers/electronic signature pad are not functional, WIC checks may be mailed to disaster victims. The checks must be sent by **certified mail with a return receipt**. The return receipt must be attached to the check register.
17. Vendors may be allowed to submit checks outside of the established timeframe for submittal of payment.

Supporting Federal Participant Certification Policies

* **Documentation of income, residency and identification**

Per §246.7(d)(2)(v)(C) of WIC regulations, the income documentation requirement does not apply to an individual for whom the necessary documentation is not available or an individual such as a homeless woman or child for whom the agency determines the income documentation requirement would present an unreasonable barrier to participation. When using these exceptions, the State or local agency must require the applicant to sign a statement specifying why he/she cannot provide documentation of income. Such a statement is not required when there is no income. Per §246.7(l)(2) of WIC regulations, the State agency may authorize the certification of applicants when no proof of residency or identity exists (such as when an applicant or an applicant's parent is a victim of theft, loss, or disaster, a homeless individual, or a migrant farm worker). In these cases, the State or local agency must require the applicant to confirm in writing his/her residency and/or identity. Also, please keep in mind that there is no durational requirement. That is, length of residency cannot be a prerequisite to receiving WIC benefits.

** **Medical Documentation for exempt WIC formulas and medical foods**

Section 246.10(c)(1)(v)(B) of the WIC regulations specifies the technical requirements for medical documentation. The medical documentation can be provided as an original written document, electronically, or by facsimile. Medical documentation also may be provided by telephone to a competent professional authority who must promptly document the information which must be kept on file at the local clinic. However, this method may only be used until written confirmation is received and only when absolutely necessary on an individual participant basis to prevent undue hardship to a participant or to prevent delay in the provision of infant formula that would place the participant at increased nutritional risk. The local clinic must obtain written documentation within a reasonable amount of time (e.g. 1 week) after accepting the initial medical documentation by phone. The written documentation must be kept on file with the initial telephone documentation.

*****Extension of Certification Period**

Per Section 246.7(g)(3) of the WIC Program regulations, in cases where there is difficulty in scheduling appointments for breastfeeding women, infants and children who have not reached their fifth birthday, the certification period may be shortened or extended by a period not to exceed 30 days. This policy is available for clinics that are experiencing a shortage of competent professional authorities to perform certifications. In such cases, one month of food benefits can be issued to those participants until an appointment can be rescheduled.

Attachment A

AUTHORITY DELEGATION

| Authority | Position Holding Authority | Triggering Conditions |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Close Clinic(s)</i> | <i>Director and/or Sponsoring Agency</i> | <i>When conditions make coming to or remaining in the clinic(s) unsafe for staff and participants. When conditions warrant inaccessibility to clinics.</i> |
| <i>Modification of Food Packages</i> | <i>Director and/or Nutrition & Clinic Service Manager</i> | <i>When conditions such as loss of refrigeration or unsafe drinking water would be resolved by issuing, for example, ready-to-feed infant formula, UHT milk, or smaller packages of other food items.</i> |
| <i>Emergency Authorization of Vendors</i> | <i>Director and/or Vendor Manager (With approval from USDA)</i> | <i>When conditions warrant an increased need for access to WIC eligible foods or when a significant portion of current vendors are unable to provide services to participants.</i> |
| <i>Residency, Income and Identity Requirements may be Delayed or Suspended</i> | <i>Director and/or Nutrition & Clinic Service Manager</i> | <i>When conditions result in loss of required documents.</i> |
| <i>Blood Tests and Anthropometric Measurements may be Delayed or Suspended</i> | <i>Director and/or Nutrition & Clinic Service Manager</i> | <i>When conditions warrant expedited or delayed services.</i> |
| <i>Processing Invoices</i> | <i>Director and/or Finance Manager</i> | <i>When conditions warrant expedited or delayed services.</i> |
| <i>Mailing Checks</i> | <i>Director and/or Nutrition & Clinic Service Manager</i> | <i>When conditions warrant loss of power or inaccessibility to clinics.</i> |

Attachment B
ORDER OF SUCCESSION

ESSENTIAL FUNCTION: Nutrition and Clinic Services Management

| Key Position | Successor 1 | Successor 2 | Successor 3 | Successor 4 |
|------------------------------------|-------------|----------------------|-------------------|-------------|
| Nutrition & Clinic Service Manager | Director | Nutrition Consultant | Clinic Consultant | |

ESSENTIAL FUNCTION: Vendor Management

| Key Position | Successor 1 | Successor 2 | Successor 3 | Successor 4 |
|----------------|-------------|-------------------|-------------------|-------------|
| Vendor Manager | Director | Vendor Consultant | Vendor Consultant | |

ESSENTIAL FUNCTION: Financial Management

| Key Position | Successor 1 | Successor 2 | Successor 3 | Successor 4 |
|-----------------|-------------|--------------------|-------------------------------------|------------------------|
| Finance Manager | Director | Finance Consultant | WIC Accountant (Finance Department) | WIC Accountant Manager |