

WIC Webinar Notes 9-18-20

Questions local agencies submitted and asked were reviewed:

Questions: What documentation is needed for participants who can be waived from the physical presence requirement if they don't have a disability or medical condition?

- Other reasons besides the participant having a disability or applicant whose parents or caretakers are individuals with a disability that would waive them from the physical presence requirement would be the reasons noted in the Reopening document.
- Infants and children who were present at the initial certification and is receiving ongoing healthcare
 - They must have documentation from the healthcare provider that supports that the participant does not need to be seen. Examples include, but are not limited to:
 - Written communication with name of the medical practice, referral data on health history cards that clearly identifies the provider's name, bill/Explanation of Benefit Statements listing services provided, physical forms, etc.
- Infants less than 8 weeks of age
 - Per Federal Regulations, the reason for exemption can be a reason determined appropriate by the local agency
- An infant or child who was not seen at their initial certification or most recent certification
 - If they don't meet the criteria for exemption, they would need to be physically present
- Infants or children who does not have at least one parent working
 - They would need to meet Federal Guidelines for being exempt from being physically present. Otherwise, they do need to be physically present.

Question: Since pregnancy is a "high risk" category for COVID and physicians do not want patients coming to WIC during a pandemic, would these pregnant women be exempt? Postpartum women?

- Unless they meet the definition in the Federal Guidelines of having a disability, they need to be physically present.

Question: What is considered ongoing health care?

- Infants/children seeing a provider for well child check-ups or more often for other health reasons.

Question: Can referral data for anthropometric information be less than or equal to 60 days?

- Policy was approved to allow referral data for anthropometric measurements to be within 60 days of the appointment instead of 30 days which was in policy previously.
- If not available from a provider, anthropometric measurements would need to be collected at the clinic.

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Question: What is the State's contingency plan for agencies that are unable to provide services due to staff with COVID and will not be able to do in person appointments?

- Agencies are responsible for their plan and how they'd move forward. The State Office would like to be aware of your situation.

Question: Will there be changes to pre-COVID policies after Oct 1? There are concerns that many of these policies may/will not be feasible as we continue with this pandemic. Business will not be as usual. For instance, will there be office/clinic visits, how long will the "WIC Local Agency Guidance – Reopening" document be in effect are a couple of examples.

- Office visits/clinic visits- if waivers expire, State Office staff will have to complete site visits in-person.
- Reopening Documents will be in effect even after the waiver expires. That document provides considerations for providing services during the pandemic that still meets Federal Guidelines.

Question: With the amount of time it takes to clean/social distance/limit the number of participants coming into the clinic is overtime allowable?

- Overtime is allowable, but this would be an agency decision.

Note: PPE (masks, face shields, gloves, gowns) is an allowable cost

- Allowed per the Code of Federal Reg- Employee Health and Welfare Cost- for improving work conditions, employee health, employee safety, etc.
- Agencies should add PPE to their LA policy.
 - The Midwest Regional Office confirmed it is allowable. .Bruce will type the Regulation and will provide information on this. Information about this will be in the Friday Facts next week (9.25.2020).

Question: What is the best recommendation when having difficulty getting a hold of HelpDesk on Fridays?

- State staff are working remotely and is difficult to transfer phones due to this. An email went out on 9.17.2020. Email wichd@idph.iowa.gov as it is always monitored Monday through Friday, 7:30-4:00 pm.

Question: What do agencies do if they need help after 4 pm?

- The State Office will follow up with this question.

Question: If we have access to a child health database that shows paid medical claims with a date can we use this for proof of ongoing health care?

- The state will follow up on this question.

Question: On the NWA Midwest Region Local Agency call Christine O'Brien heard about Wisconsin using Intake Que and Jot Forms for online signatures. Could something like this be available in Iowa? (It would be useful for Rights and Responsibilities)

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- Cindy Harpenau shared that iSmile at School is doing online signatures for consent.
- The State Office will follow up on this question.

Question: If an agency is going to new individual sites in counties where they don't have access to their normal location during COVID does the paperwork need to be done for change in the clinic site that is normally done?

- The State Office will follow up on this question.

Question: If a family reports they were at the doctor's office recently and thought they had ht/wt done in the last 60 days but it was actually 90 days (for example) and the agency already issued benefits, what do they do? In this example, thinking of physical presence being waived because they have a parent who works.

- You wouldn't be able to certify them until you have the ht/wt information so you cannot issue benefits until they are received.
- Measurements need to be from the past 60 days.
- The option to extend a certification with modified cert end day may be helpful in these situations.

Question: What do we do if we don't have them in person to sign for a release but we are asking the doctor's office to share?

- Encourage participants to talk to physicians to send the referral data (ht/wt/hgb) so a release isn't required if parents are willing to call.
- Discuss with participants about obtaining the ht/wt/hgb referral data when making reminder calls, if it's not received, complete the appointment and do not push "certify" until it's received.

Question: Why is the reason "Appt with provider" in the Bloodwork panel if it can't be used in these situations?

- The purpose is for being able to defer blood work per policy.

Question: Do local agencies need to go back for the past 6 months and try to get the blood work during the waiver period then?

- These pieces were waived due to COVID and it isn't necessary to go back, but this won't be the case once the waivers expire. Complete hemoglobins when participants are coming in for their face-to-face appointments.

Question: Can you give specific examples of what service delivery changes need to be reported on the work form that was sent out?

- This form must be filled out when there are access problems with getting into a normal clinic location, such as a church, community center, etc., and the agency is not able to find an alternate location in that county.
- Services do still need to be provided and physical presence requirements need to be followed.

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- Send the form in to be reviewed describing how these participants will be served, i.e. serving them at a clinic in another county.

Question: If going to a temporary location in a county, does the form need to be filled out?

- No, however, the service delivery Calendar/Table needs to be updated in these cases.
- The State Office may approve not going to a county, but Regs require physical presence still.
- Plans should include going into other sites in the county, or other options such as a drive up clinic, or presenting at another county's WIC clinic.

Question: Does a form need to be submitted more than once as the situation evolves?

- The State Office should be provided as much information as is available at the current time on the form, but depending on the situation, it may not need to be submitted multiple times.
- Correspondence in iowagrants.gov for updates may be acceptable instead of completing a new form depending on the situation.

Comment was made that several agencies are concerned about barriers with transportation, access to enough appointment time, etc.

- Continue providing stories with NWA.
- Christine O'Brien shared that she has heard from NWA they have hope with CA fires, hurricanes, other disasters currently going on that USDA will extend the waiver.
- Please share ideas if you have anything for creative ideas on providing services.

Question: Is information from online medical charts/apps allowable to use for proof of height/weight/hemoglobin?

- Yes, it's straight from the health care provider.

Question: A question related to the collaborative service areas was received.

- Email questions: <https://idph.iowa.gov/family-health/CSA>

Question: Do WIC agencies need an MOU with Child Health, Maternal Health, etc.?

- There is a State MOU between specific IDPH programs that is described in policy listing what limited information can be shared between the programs.

Other Updates:

- No new updates for USDA waivers at this time, so they will expire September 30 unless we hear otherwise, so plan as if waivers are not expiring.
- Documents will be shared for reopening guidance updates.
- BMC is going back to the BMC Family Birthing Center and Women's Health Center to try to limit the number of participants coming into the WIC Office as doctors aren't wanting the pregnant and postpartum women to go out into the community.

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Tricia Nichols- Webster County Public Health Sharing on Clinic Reopening Tips:

Staff opinions:

- Staff didn't like remote working and missed face-to-face
- Many of the nurses are Public Health nurses who have been doing COVID tasks for the past 6 months and they are very comfortable with seeing patients/clients

Logistics:

- Started in July with a modified face-to-face clinic model
- Started with certs-only and kept everything else remote
- Call a week before, screening for the past 48 hour (positive, exposure, living with, quarantine questions, symptoms) before coming into clinic
- Ask to only bring the child that needs to be seen if possible
- Spacing appointments out to have one family in the clinic at a time
- Called from the parking lot and waited their turn

Changes effective 9/14/20:

- Started full clinic seeing all appointment types and participant types
- Still calling and screening, having participants call at arrival, asking participants to wear masks
- All clinic sites in 5 county service area have allowed WIC back
- Business as usual except spacing out appointments so running out of time to see everyone
- Considering pop-up clinics or PRN days (setting aside a day as a temporary clinic in case it's needed in Fort Dodge main clinic)
- Satellite clinic days currently meeting needs at those locations but conversations are happening with staff if time in those locations runs short
- Has been chatting with Nikki about updating service delivery charts, etc.

Client feedback:

- Very few have not wanted to come back to clinic but if they did they are being seen remotely at this time
- No show rate isn't terribly different from pre-COVID
 - Working on trying to figure out the reason for no shows

Safety precautions:

- Wear PPE, cleaning surfaces between clients, no toys out, spacing out staff at church fellowship halls

Continuing home visits:

- Screening prior to appointment
- Some new moms are more appreciative to have one nurse come into their home versus being exposed to several staff at clinic

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Concerns:

- Some fear as flu season perks up that churches will close back down

Questions for Tricia:

- Is there a decrease in caseload?
 - No, they are seeing more people right now. Assuming this is because home visits are still happening, especially for postpartum moms. Doesn't think there is a huge difference in the clinic schedule.
- Do you mandate staff to stay away from large gatherings, weddings, etc.?
 - No, Tricia doesn't personally feel that's possible. All of the staff that are public health nurses and have been doing testing, contract tracing, etc. with COVID this entire time.
- How long is the in-person visit?
 - Clinic schedule is set up with 15 minutes per person. Some areas of the schedule are blocked off to assist with clinic spacing.
- Do you add extra time to the appointment schedule for cleaning?
 - No, running a traditional model so a nurse and dietitian are in 2 separate areas/rooms. When they finish with the family, they have time to wipe down surfaces before the next appointment. No toys to be cleaned, so just desks, tables, and chairs they sit at, computers, etc.