

Operation Clean Up

A mandatory in-service for updating clinic operations



Coordinator Guidance

Introduction

Just like your agency is reviewed by state staff, the state agency is reviewed by USDA FNS staff. During our last review, several things were identified that we need to clean up a bit. The attached in-service includes the information staff need to ensure they are following procedures. Some of the items covered will just remind staff of the current correct procedures, but there are also some changes to policy that will need to be implemented as well.

Requirements

- There are 2 parts to this in-service
 1. Coordinator Guidance – you must review this document and ensure that the key policy requirements are being followed. This document includes information that is not covered in the in-service for all staff because it requires you to analyze your clinic operations to see if it applies and if your agency is currently in compliance or not.
 2. All staff in-service PowerPoint slides – must be reviewed by all staff.
- This in-service is mandatory and must be completed by 12/31/2015.
- The requirements outlined in this in-service should be implemented immediately and will be included in local agency reviews beginning 1/1/2016.
- Some policies referenced are being updated to match the guidance provided and will be available once approved by USDA.
- If you have any questions about implementing this guidance, please contact your state nutrition consultant.



Policy reminders for coordinators

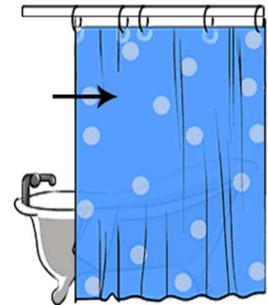
1. [Policy 655 - Homeless Applicants](#) provides guidance for working with facilities that provide shelter for participants who are homeless, and institutions that provide services to participants that temporarily reside there (e.g. rehab or drug treatment).

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- a. Determine if you have any such facilities in your service area.
 - b. If you do, review Policy 655 and ensure that the appropriate communication with the management of those facilities occurs.
 - c. Participants living in those facilities may receive WIC services provided the facilities meet the criteria outlined in this policy.
2. [Policy 605 - Processing Standards](#) provides guidance on the requirement that participants be given certification appointments within 10 or 20 calendar days of requesting it depending on their category and migrant status.
- a. To determine if your agency is meeting the processing standards, run the Operations Management report - *Processing Standards Compliance Report*. You might consider running the report quarterly as part of your caseload management strategy.
 - b. If your agency is not meeting the standard, follow the policy to make corrections. Your NC can help with scheduling and clinic flow ideas or connect you with other coordinators who have addressed processing standard concerns.

3. [Policy 450 - Confidentiality](#) provides guidance on maintaining a confidential environment when collecting information from participants. This is important in all situations, but may be more difficult to provide when clinics are being operated outside of permanent sites (e.g. satellite clinics).

- a. Assess your clinic environments from the participant standpoint to determine if there are changes that need to be made to protect the confidentiality of sensitive participant information. This includes collection of personal income and household situation information as well as health and diet information.



Policy reminders for items covered in the all staff in-service

1. Review the Rights and Responsibility form with the participant before asking them to sign the Participant Signature form – [Policy 635](#) and [635e](#)
 - a. There are new versions of these forms for eWIC. We will not be printing any more of the voucher versions of these forms, so you should soon start receiving the eWIC versions when you request them from the mailroom. If you are using them with a voucher participant, note the difference

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- when reviewing. You should recycle any voucher versions you still have in stock once you begin implementing eWIC.
- b. These forms are available in English and Spanish from the mail room. You may print Russian, Vietnamese, Chinese, Somali, or Arabic from the website. Ensure that your staff are offering a copy in the appropriate language and providing assistance with reading it to every participant.
 - c. If a participant speaks a different language than those that we offer, staff should ask the interpreter to read the English versions to the participant in their language before asking them to sign.
2. Confidentiality (see above) – [Policy 450](#)
 3. Correctly determining and documenting family size, including using the “Unborn counted” field in TWIST – [Policy 611](#) and [TWIST Training Manual Chapter 3, Lesson 102 Enrollment](#)
 4. Ask for proof of income in the correct order to screen for adjunctive eligibility – [Policy 612](#)
 - a. Ask about adjunctive eligibility before you ask for proof of income.
 - b. If the participant can provide proof of adjunctive eligibility (e.g. OHP web portal), do not ask for additional **proof** of income.
 - c. If adjunctively eligible, you must document reported income in TWIST.
 5. A new policy requirement is having participants who have eligibility pending complete a self-declaration form that is kept on file – [Policy 616](#) (being updated). We have combined this form with the current “No Proof for Special Situations” form #57-633 and simply call the new form “No Proof Form”.
 - a. The new form will available with English on one side and Spanish on the other. The new form is being finalized now and will be available to order in December.
 - b. All old versions of 57-633 should be recycled and replaced with the new form once it is available.
 - c. These forms must be kept on file. They can be filed with the Participant Signature forms.



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6. Correctly offer voter registration to all applicants – [Policy 480](#) and [TWIST Training Manual Chapter 3, Lesson 102 Enrollment](#)
 - a. For more guidance, review the information included in the [NVRA Update \(January 2013\)](#) in-service on the staff in-service webpage.
7. Documenting referrals in TWIST is now required/mandatory – [Policy 885](#) (being updated), [TWIST Training Manual Chapter 3, Lesson 102 Enrollment](#), and [Lesson 404 Referrals](#).
 - a. For more information review the [Strengthening Referrals \(June 2012\)](#) in-service on the staff in-service webpage.
 - b. For assistance in entering your local referral resources into TWIST, review [TWIST Training Manual Chapter 8, Lesson 102 Referral and Outreach Organizations](#) or contact your NC.
8. Collecting hemoglobin values is a program requirement - [Policy 626](#)
 - a. Ensure that staff are collecting hemoglobin levels from participants according to policy.
 - b. Some staff interpreted Oregon WIC Listens participant centered services as offering the option to opt out of having blood taken. While participants have the right to refuse having their blood test done, it should be a rare occurrence. Discuss with staff how to ask permission in a way that doesn't result in frequent refusal.
9. The WIC Food List must include a listing of the brands of soft corn tortillas and brands of baby food that participants can purchase. Until the next revision of the Food List, staff will need to include “Addition to Oregon WIC Food List effective October 1, 2015 – Soft corn tortilla and baby food brands” in every Food List that is distributed to participants.
 - a. This addendum is formatted like a page of the Food List and can be easily tucked inside.
 - b. The addendum will be printed in English and Spanish.
 - c. A small stock of this addendum will be shipped to your agency in late November/early December. If you need more to supplement your current stock of Food Lists, request Form 1001a, Food List addendum from the mail room.

