



Reply to  
Attn. of: SF-114

NOV 15 1991

Subject: Policy Memorandum 92-1  
WIC Appointments and Waiting Lists

To: Regional Directors  
Supplemental Food Programs  
All Regions

As we mentioned briefly at the recent Regional Program Directors' meeting, a number of questions have been raised to this office concerning inordinate delays in scheduling appointments at local WIC agencies, and how to set up waiting lists for appointments when the local agency's resource limitations make it necessary to do so. Since these issues have surfaced in most Regions, we are addressing them in a general policy memo.

You will note that this memo is designated "92-1." This is our first effort to initiate a numbered policy memoranda system, which will be used only for policy guidance that is applicable to all Regions, can (and should) be forwarded to State agencies, and does not yet need to be formalized into the FNS Instruction series. Numbered policy memoranda such as this one will form the basis for new Instructions, however, as the need arises. We also hope that a numbered system will make it a little easier for everyone to keep up with current WIC Program policy.

Three basic questions have emerged regarding appointments for WIC applicants: (1) Is it appropriate for a local WIC agency to delay scheduling an appointment for an extended period of time? (2) Should current WIC participants requesting appointments for a subsequent (consecutive) certification receive priority over new WIC applicants when appointments are being scheduled? and (3) When do the processing timeframes begin when a joint application is used?

1. The first issue is rather complicated, because it overlaps into the difficult area of processing standards. It has been reported to us that some local agencies have been setting up appointments sometimes as long as several months after an applicant calls the WIC office to request one. Under normal circumstances, local agencies must accept and process applications within the timeframes specified in Section 246.7(e)(2)(iii); the regulatory stipulation in paragraph (e)(2)(ii) that the processing standards begin when an applicant visits the local agency in person cannot be used as a justification for extended delays in granting the initial appointment. Procedures which allow a local agency to refuse to schedule an appointment for an applicant to apply for WIC benefits clearly circumvent not only the specific regulatory processing standard requirements but the intent of this regulatory provision as well. State and local agencies should

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also keep in mind that this type of procedure is entirely contradictory to one of the fundamental precepts of the WIC Program, early intervention in pregnancy to produce improved birth outcomes. A high-risk pregnant woman, especially one in her second or third trimester, cannot physically afford to wait another 8-10 weeks to apply for WIC benefits, and then possibly have to wait 20 days more until the certification process is completed.

If, due to resources or space limitations, the local agency absolutely cannot schedule and process the applicant within the regulatory timeframes, a waiting list for appointments to be scheduled should be implemented. If this becomes necessary, we expect the local agency to follow the order of the participant priority system to the extent possible. We realize that it may not always be possible to know whether a pregnant woman is a Priority I or a Priority IV from a telephone conversation, however. In that case, a local agency may have to use an essentially categorical priority system for scheduling appointments that proceeds from pregnant or breastfeeding women to infants to children to nonbreastfeeding women.

2. Currently participating individuals should not receive preferential treatment in the scheduling of appointments. WIC has long held the position that once a participant's certification period is over, that participant becomes, in effect, a new applicant again. We have never ascribed any priority to current participants, and in fact, have tried to be very conscientious about not using the term "recertification" anywhere in the Program regulations or supplementary guidance.

Realistically, however, it is usually easier for a current participant to be rescheduled for a new WIC appointment than it is for a first-time applicant to "break into" the local health department's system. State agencies should assist their local agencies in developing procedures that would accommodate both groups. Such procedures might include setting aside a modest number of appointments, on a daily or a weekly basis, for initial applications; documented no-show rates for the local agency can be helpful with this approach. Another local-level option might be to remind a WIC participant to call for a new appointment toward the end of her current certification period, e.g., when she receives her last set of food instruments. State agencies might also consider reallocating some of their staffing resources (if possible) or extending clinic hours to accommodate a greater demand for services.

3. As we move gradually into more coordinated benefit delivery systems, such as joint applications and one-stop-shopping for other health care/public assistance programs besides WIC, the question of when the WIC processing standards begin becomes more clouded. Please advise your State agencies that even when a joint application is used for WIC and another program, e.g., Head Start, the timelines for WIC processing standards do not

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begin until the applicant presents herself, and/or her infant or children, at the WIC clinic to complete the intake and certification process.

All of these areas should be clearly addressed in State and Federal management evaluations. A detailed plan for corrective action should be required when necessary, and implementation of the revised procedures should be carefully monitored.

We hope that this information will be helpful to the State and local agencies in your Region. Please contact Donna Hines at FTS ~~756-3730~~ if you have further questions pertaining to these issues. ~~756-3730~~ 465-2730



RONALD J. VOGEL  
Director  
Supplemental Food Programs Division



Reply to  
Attn. of:

OCT 11 1981

Subject: SFP - Policy Issue, Waiting List to Make Appointments

To: Ronald J. Vogel  
Director  
Supplemental Food Programs Division

We wish to bring to your attention a policy issue which has surfaced in two of our State agencies and which we believe may be occurring in additional areas. The problem involves waiting lists to make appointments for the WIC program. This problem was identified through a recipient complaint in Maryland and was also identified in a State Technical Assistance Review in West Virginia.

In Maryland, we were advised that the Prince George's County local agency did not have sufficient slots to timely meet the requests of program applicants for certification appointments. The problem exists because there has been a growing demand for WIC benefits and the local agency has been unable to expand services to meet the demand. The local agency has been trying to address the demand by maintaining an appointment waiting list and giving out appointments based on the category of the person applying. Priority is given to breastfeeding women and infants. Therefore, children must often wait several months to be seen. The State agency has attempted to address this situation by allocating additional slots to this county. Unfortunately, the local agency has not been able to meet the expanded caseload assignment because of staff and space shortages. In response to our concerns with this situation, the State agency proposed several corrective actions, including:

Allocating additional Federal funds for additional clinic sites (this is contingent on the State receiving additional Federal funds);

Holding mass enrollments;

Examining the no show rate to ensure that clinic appointments are scheduled appropriately.

While we believe the proposed corrective actions should alleviate the situation, we do not know whether the problem will be fully corrected. We have asked the State agency to provide us with progress reports.

In West Virginia, our STAR review revealed that the local agencies were establishing an "inquiry list" based on category rather than priority level. Children were placed on the inquiry list and all women and infants were receiving appointments and being certified when eligible. However, children whose certification periods were expiring were being reassessed and were allowed to continue participating when they were found eligible. The waiting period for the children on the inquiry list ranged from a few months to an indefinite period of time. We recommended that West Virginia take the following actions:

Develop a procedure to be immediately implemented which establishes how appointments will be allocated when slots are limited;

Develop a policy so that all applicants, including participants whose certifications are expiring, are given appointments according to their prospective priority;

Survey all local agencies to determine how they are granting appointments and indicate to us how many local agencies are placing higher priority applicants on a list for appointments while lower priority applicants are being assessed; and

Submit a plan outlining how this problem will be corrected and monitored at the local agencies.

We expect that both of these State agencies will be contacting us for additional technical assistance to address this issue. We are looking to you for additional advice in this area.

If you wish further explanation of this issue, please contact Roxanne Robinson at FTS 348-5039.



PETER SANTOS  
Regional Director  
Supplemental Food Programs