

WIC Income Tab Data Report Presentation Notes

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We recently gathered information from Client Services, or CIMS, about data clinic staff enter on the Income Documentation Tab.

This presentation highlights some of the key items we found.

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We wanted to take a look at our income data because there's a lot of attention at the federal level about WIC's income eligibility determination processes.

In 2013, The Government Accounting Office, or GAO, did research on WIC programs across the country and published a report called "WIC Program: Improved Oversight of Income Eligibility Determination Needed." They reviewed the WIC federal regulations, USDA national data from 2010, FNS monitoring reports and policy and procedure manuals from 10 states, including Washington.

The GAO looked at how eligibility criteria varied between states and how staff verified and documented adjunctive eligibility. They also looked at how Medicaid expansion affected WIC adjunctive eligibility.

FNS published a memo in 2014 addressing the findings from the GAO report, and Washington WIC will make some changes to policy as a result.

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The reason we wanted to look more closely at our income procedures is that Washington WIC will have a Management Evaluation (ME) in early 2016. During the ME staff from the regional FNS office will come and review policy and visit clinics to observe certification practices.

We wanted to see how we're doing with income documentation and requested data from the Income Documentation tab.

This presentation shares some of the more interesting results.

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The data represents the information entered for participating clients in March 2015.

Participating includes all active clients who received checks (and breastfed infants who don't receive checks) and doesn't include Prescreened clients.

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The results really piqued our interest, they piqued our interest...

We "pinned" items from the data that were particularly interesting either from a clinic perspective or the state office perspective.

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When we got the data report it was apparent immediately what a great job clinic staff are doing!

We noticed there were few errors and the magnitude of the errors, or potential errors, was small.

The other thing we realized is that there are limitations in the data. The numbers tell us a lot but they don't tell the whole story. We got statewide numbers, or aggregate data, so when we found something interesting we couldn't look at the individual client files to see the rest of the story.

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The first thing we looked at was household size. Although this didn't specifically relate to the GAO report or the FNS memo we were curious about this because we will be going from an individual based income tab in Client Services to a household based income screen in our new computer system.

We found that 4 is the most common household size by far in Washington WIC. It was the mean, the median and the mode; and all that means is no matter how you slice it, 4 is clearly the most common household size.

Clinic pin: There's great potential with the new system to decrease workload around assessing income eligibility. Currently staff have to enter income information separately for each client. In Cascades, staff enter income once for the household. If staff certify a household of 4 on the same day, they only enter income once!

State pin: Data migration from an individual based income tab to a group based income screen is challenging. We need to really think through which income information to move forward into the new system so it's helpful and correct.

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We were also interested in households of 1. The GAO report emphasized the WIC regulation to count each foster child separately. This applies even when siblings are placed in the same household. This rule prevents the foster child's Medicaid or other program eligibility from making the entire foster household adjunctively income eligible for WIC.

In Washington we have 2.4% of the caseload with a household of 1 and most of those households are infants and children; and 1.3% of the caseload has foster care as the source of income. It seems these two percentages would be closer.

Clinic pin: Be sure to mark each foster child as a household of 1 and to select foster care as the source of income if the foster child receives financial support from the state. This will help make sure we migrate foster children correctly into the new system.

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Interestingly, there were 134 Breastfeeding women documented as a household of 1. That's one of those things that makes you go "hmmmm."

We know this can happen when an infant is away from a mom but she pumps and provides the breastmilk to her child. Even though the number is really small it's still higher than expected. This is one of the times when the data didn't tell us the whole story. It would have been nice to look at the client files to see why the breastfeeding woman was a household of one.

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Next we looked at source of income and found that most clients are employed.

77% of Washington WIC participants had some form of employment income documented.

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Next we looked at adjunctive eligibility. If a person is currently on one of these income-qualifying programs, he or she is income eligible for WIC.

The majority of clients (66%) are adjunctively eligible for WIC.

Most people (62.3%) who were adjunctively eligible had a positive ProviderOne search which means they are either on Medicaid Title 19, OR a WIC-eligible state funded or federal non-Title 19 funded medical assistance program.

Notice the low percentages for the other adjunctive eligibility programs. The lower percentages **don't** mean clients don't participate on those programs; it's that we **require proof** of each program in order to mark the box at the top of the screen. Clients usually have their ProviderOne card and Client Services has the search feature, so it's the easiest to use.

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Out of the 66.1% of our clients who had some type of adjunctive eligibility marked:

- 64.5% had adjunctive eligibility marked for themselves.
- Only 1.6% had adjunctive eligibility due to a household member marked. For example a pregnant woman or infant in the household on Medicaid, or any household member on TANF, SNAP or FDPIR.

This result was surprising.

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We want to make sure all staff mark adjunct eligibility correctly.

Clinic pin: Mark the boxes at the top of the screen when this WIC client is the person on the income-qualifying program.

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Clinic pin: Use the Adjunctive Eligibility pop-up to document when this client is income eligible for WIC because of their household member's participation in one of the income-qualifying programs. Mark the box that describes the household member and the program.

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Next we looked at how staff document proof of adjunctive eligibility, since this was a focus of the GAO report.

The good news is that the majority of clients using medical assistance program eligibility (a program administered through ProviderOne) for WIC adjunctive eligibility had a P1 number documented.

97% of clients using a medical assistance program for WIC eligibility had a P1 number documented in the P1 field.

Of the 3% who didn't have a number in the P1 field, we know that many have the P1 number documented in the Comment field of the Income line.

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Again, we want to make sure all staff mark adjunctive eligibility in the same way across the state. We are making this more clear in the Income policy chapter which we'll send out later this year.

When the client is on the income-qualifying program:

1. Mark the box at the top of the screen.
2. Put their P1 number in the P1 field.

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When the client has adjunctive eligibility due to a household member:

1. Use the Adjunctive Eligibility pop-up.
2. Document the household member's P1 number in the income line comment field.

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We found 4,072 clients who:

- Have the top Medicaid box marked,
- Don't have P1 number documented in the P1 field,
- Have an income above WIC guidelines.

These clients may not be income eligible.

Clinic pin: Be sure to document the P1 number and get a positive result before marking the box at the top of the screen. Federal regulations require proof of adjunctive eligibility. For Washington WIC the positive P1 search result is proof of adjunctive eligibility.

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We were surprised that 22% of clients had a P1 number in the P1 field but no adjunctive eligibility marked.

This shows that staff are doing a good job searching the number and when they don't get a positive result, they don't mark any adjunctive eligibility.

Note: Client Services saves the last number you search. Even if you delete the number, it pops back in when you finish the wizard.

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The GAO was curious about the effect of the Medicaid Expansion on adjunctive eligibility. Since the Affordable Care Act increased income guidelines for Medicaid Title 19 programs, GAO knew there would be a percentage of clients who would be adjunctively eligible but have income guidelines above WIC's. They estimated between 2 and 9 % would be eligible with a reported income above WIC's guidelines.

Washington's data is right in the ball park with 3.6% of adjunctively eligible clients with an income over WIC guidelines.

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Although household size data didn't relate to the GAO report directly, our data about clients with zero income gave us some information that will affect how we look at household size.

Washington WIC has a high prevalence of zero income compared to the national data.

We actually have raw data of 3.9% zero income, but we subtracted out our out-of-state transfers because they default to zero income and they aren't true zero income. Once we subtracted those out we were still at 2.7% which is well above the 0.8% nationally.

State pin: We need to make policy changes **as a** result of the GAO report and FNS memo. There will still be valid cases of zero income, but it will be more rare. For example, teens or people who live in the homes of others, must have an income to be a separate household. We won't be able to use "in kind" benefits, like babysitting for room and board, to define a separate economic unit.

That policy change will come out later this year with more guidance and training materials.

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Here are the top 3 items selected most often for proof of ID:

1. Staff mark the P1 card as proof of ID for most clients.
 - The percentage was higher than the number of clients who use P1 for their eligibility.
 - **Clinic pin:** You have to have a positive search result to mark it as proof of ID and each individual client must show proof of ID.
2. The WIC Appointment/Id folder.
3. Driver's license – the driver's license can be from any state.

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This data was really impressive. We have very low rates of documenting “Not Provided” (or grace period) for proof of ID and for using the No Proof of Residency/ID form.

A few things play a part in this:

1. The use of the ProviderOne card
2. Staff letting clients know what they need to bring to their appointments.

Having very low rates of “Not Provided” is good news. Federal regulations call this either a temporary or provisional certification. In the new system clients who don’t bring proof to a certification get a 30-day temporary eligibility period. The system terminates them if they don’t bring the missing proof within 30 days.

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We found some other interesting data. For a few clients (1.7%) the ID selected didn’t match the category. For example, infants and children had Driver’s license, Voter Registration Card and Work of School ID marked for proof of ID.

Clinic pin: Staff must see and document each individual’s proof of ID.

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We found 17% of clients had a P1 card selected as proof of income, but no adjunctive eligibility marked. Although it’s likely that staff just forgot to mark the box, we can’t be sure.

The important part is that proof of income should match the way the person is income eligible for WIC.

In this case if staff mark the P1 card as proof of income, then some form of medical assistance program adjunctive eligibility should be marked (like Medicaid, or having a pregnant woman or infant household member on Medicaid).

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A less common potential error, was marking an adjunctive eligibility program but selecting a proof of income like paystubs instead of the P1 card.

We know that staff often tell the client to bring in their P1 card and paystubs in case they don’t get a positive P1 search result. When staff get the positive result they mark the adjunctive eligibility, but since they have the actual proof of income, they use it.

When monitor or Compliance Team staff look at a client file like this it can be confusing.

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We need to address the documentation issues listed by the GAO report and be consistent in matching the proof to how the client is eligible.

State pin: Change policy to require staff to document the proof of income to match how the client is eligible for WIC.

- If the client is adjunctively eligible staff view and document the proof of participation in the adjunctive program as the proof of income.
- If staff use income based eligibility, review and document the proof of income.

The new computer system documents income eligibility this way.

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We found low rates for grace periods for proof of income and using the WIC Statement of Income Form.

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Income interval is an area the GAO and FNS want to see more consistency in WIC.

In Washington most clients have a monthly income documented. It's a clear timeframe and it's easy to identify what documentation you need. We also found that staff rarely income average.

FNS wants all WIC programs to use a consistent definition of monthly. The new definition of monthly is all income received in the past 30 days.

State pin: We changed policy to match the federal definition of monthly income. You'll see this change in the manual when the revised Income chapter comes out.

Clinic pin: Remember the option to income average for clients with fluctuating income, recent raises or lump sums that put them over income.

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Here are the top 3 items documented for proof of residency.

1. Staff use the P1 card as proof of residency for most clients. Staff can use the positive P1 search as proof of residency for the entire household, and based on these statistics it looks like they are.
2. Washington state driver's license is the second most commonly used proof of ID.
3. Utility bill come in third.

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We have really low percentages for the "Not Provided" selection (grace period) and the No Proof of ID/Residency form for proof of residency.

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So, that's all the good news. The data really shows the great job you're doing in busy clinics all over Washington. Well done!

Here are the next steps:

- We finished the revisions to the Income chapter and submitted it to FNS for their review and approval.
- Once they approve the chapter we'll get it ready to post, print and send out to you. Look for the chapter at the end of this year or early 2016.
- We plan to create some short, topic specific, trainings to go with the chapter.
- We will also revise the two staff tools, the ProviderOne tool and the Military Income Guide to align with the changes.
- Review the policy changes and revised materials with staff when they come out.
- In the meantime, review some of the clinic pins in this presentation and keep up the good work!

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TTY 1-800-833-6388).

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