

**AGREEMENT BETWEEN**

**THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH**

**WEST VIRGINIA SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR  
WOMEN, INFANTS, AND CHILDREN**

**AND**

**WEST VIRGINIA RIGHT FROM THE START PROGRAM**

**Purpose**

The purpose of this Agreement is to establish a collaborative relationship between the West Virginia WIC Program and the West Virginia Right From the Start Program (RFTS) at the State and local levels to improve service delivery to women and infants who are eligible to participate in these Programs. The Agreement outlines activities that may be undertaken at the State and local levels that will support the Agreement and enhance Program coordination and service delivery.

**Areas of Local Collaboration**

The West Virginia WIC Program and West Virginia RFTS Program may coordinate service delivery at the State and local levels to better meet the needs of clients/participants. Areas for collaborative efforts include:

**Enhanced Nutrition Services**

The purpose of Enhanced Nutrition Services is to provide specialized nutrition assessment and diet counseling for clients/participants with nutrition-related medical conditions occurring during pregnancy and up to sixty days postpartum or during infancy. The client/participant must be Medicaid eligible and must be determined to be “High Risk” by the client/participant’s physician. A physician’s order is needed for nutritional services to be provided. A client/participant will be provided Enhanced Nutrition Services by RFTS according to conditions, standards, policies and procedures outlined in:

The Right From The Start Policy and Procedure Manual;

Protocols for Nutrition Services;

Subcontract(s) with the employer/contracting agency.

### **Sharing of Information**

Information requested by the RFTS Designated Care Coordinator (DCC) may be in writing or by phone to the WIC Competent Professional Authority (CPA). The CPA or other authorized staff may release requested applicant/participant information to the DCC. The CPA or other authorized staff shall respond by mail or by phone as requested by the DCC to the written or verbal request for information within 24 hours or during the next day of WIC clinic operation. When responding by phone, the CPA shall initiate the call to the DCC or the DCC's agency using the directory of DCC Agencies provided by RFTS (see Attachment #2). The CPA shall document for the participant's chart that information was released to the DCC on the WIC/RFTS Participant Request For Information Form – OMCFH/RFTS – RO25 (Attachment #1).

### **Referral of Clients/Participants**

WIC and RFTS will support and encourage the development and use of a referral system in order to refer potentially eligible clients/participants to the other Program.

WIC and RFTS may obtain and display information on the other Program for the purpose of informing clients/participants about Program locations and services.

### **WIC Proxy**

When a RFTS DCC acts as a proxy for a WIC participant, the DCC shall follow the WIC policies and procedures regarding participant rights and responsibilities. The proxy shall attend WIC nutrition education classes during the scheduled time prior to receiving WIC food instruments. The announcements and nutrition education information presented during the classes shall be communicated by the DCC to the WIC participant.

### **Scheduling WIC Certification Appointments**

The WIC pre-certification process may be completed by telephone. When the DCC calls the WIC clinic to schedule a certification appointment, the following information will be required: participant name; parent/guardian name if participant is an infant; address; telephone number; county of residence; date of birth; gender; EDC; actual delivery date; verification that participant receives a Medicaid card for adjunct income eligibility.

### **Each Party Shall:**

Comply with all Federal regulations and mandates governing the administration and operation of the WIC Program. All problems encountered in coordinating the two Programs shall be resolved between the West Virginia WIC Program Director and the West Virginia RFTS State Coordinator or their designated representatives;

Maintain full and complete records concerning the Agreement between the two Programs;

Restrict the use or disclosure of information obtained from Program applicants or recipients to persons directly connected with the administration or enforcement of the WIC and RFTS Programs. RFTS may use the obtained information only to provide care coordination to WIC participants;

Comply with Title VI of the Civil Rights Act of 1964 which states that no person in the United States shall, on the ground of race, color, national origin, age, sex or disability, be excluded from participation in, be denied benefits of or otherwise subjected to discrimination under any Program activity funded in whole or in part with funds administered under this Agreement.

Share policy and procedural changes which may affect services provided to Program clients/participants (e.g., RFTS shall provide WIC with revised DCC Agency directories as generated).

**Effective Date**


Should a determination be made regarding non-compliance of any procedure outlined in the Agreement, or the Agreement is no longer serving in the best interest of the West Virginia WIC Program and/or the West Virginia RFTS Program, the State WIC Director and/or the RFTS State Coordinator have the authority to cancel this Agreement in total or at certain locations.

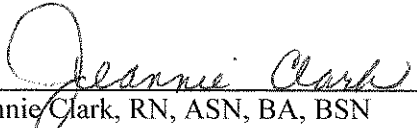
This Agreement shall be effective upon the signatures of the authorized officials of West Virginia WIC Program and West Virginia RFTS Program. It shall continue in force and effect until either party provides written notification of termination. Such notice shall be given to the other party at least thirty (30) days in advance of the termination date.

**Modification**

Supplements or modifications to this Agreement may be entered into jointly by the parties signed below, or their designees.

**Agreement Acceptance by Signature**

  
\_\_\_\_\_ 4/18/12  
Denise Ferris, RD, LD, Dr. P.H. Date  
Director, West Virginia WIC Program

  
\_\_\_\_\_ 4/19/12  
Jeannie Clark, RN, ASN, BA, BSN Date  
Director of Perinatal Programs

**Attachments:**

- #1: RFTS/WIC Participant Request for Information – OMCFH/RFTS – R025
- #2: WVDHHR/BPH/OMCFH/RFTS Program Regional Offices

**RIGHT FROM THE START PROGRAM  
RFTS/WIC PARTICIPANT REQUEST FOR INFORMATION**

(TO BE COMPLETED BY THE RIGHT FROM THE START DESIGNATED CARE COORDINATOR)

<b>PRENATALS</b>	<b>Participant Name:</b> _____ Last Name      First Name      (MI)
	<b>Participant's Date of Birth:</b> _____
	<b>Participant Address:</b> _____
	<b>Parent's Phone Number:</b> _____

<b>INFANTS</b>	<b>Parent's Name:</b> _____ Last Name      First Name      (MI)
	<b>Parent's Date of Birth:</b> _____
	<b>Parent's Address:</b> _____
	<b>Parent's Phone Number:</b> _____

**SPECIFIC INFORMATION REQUESTED**

<input type="checkbox"/> Diet History	<input type="checkbox"/> Hemoglobin/Hematocrit	<input type="checkbox"/> Pre-Pregnancy Weight
<input type="checkbox"/> 24 Hour Recall	<input type="checkbox"/> Head Circumference	<input type="checkbox"/> Verification of Appointments
<input type="checkbox"/> Height/Length	<input type="checkbox"/> Birth Weight	<input type="checkbox"/> Current Status as WIC Participant
<input type="checkbox"/> Weight	<input type="checkbox"/> Weight Gain During Pregnancy	<input type="checkbox"/> Breastfeeding Status

\_\_\_\_\_  
Signature - RFTS Designated Care Coordinator      Date

**PLEASE SEND  
REQUESTED  
INFORMATION TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(For completion by WIC Staff)*

Check if verbal request

\_\_\_\_\_  
Date request received

\_\_\_\_\_  
Signature of WIC Staff

\_\_\_\_\_  
Date responded to request



**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH  
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH  
RIGHT FROM THE START PROGRAM REGIONAL OFFICES**



REGION 1	COUNTIES SERVED	REGION 2	COUNTIES SERVED
<b>CASE WV</b> 307 Federal Street Bluefield, WV 24701 <b>OMCFH #: 5050254</b> Phone: (304) 323-8315 (304) 323-8398 Fax: (304) 324-8791 <b>RCC: Brenda Johnson, RN</b> Clerk: Marsha McFarland <a href="mailto:bjohnson@casewv.org">bjohnson@casewv.org</a>	McDowell Mercer Monroe Raleigh Summers Wyoming	<b>FAMILY OPTIONS PROVIDERS</b> 6354 Route 60 East, Suite 2 Barboursville, WV 25504 <b>OMCFH #: 5050322</b> Phone: (304) 302-0810 Toll Free: 1-877-240-7387 FAX: (304) 302-0811 <b>RCC: Dee Messinger, RN</b> Clerk: Shannon Allen <a href="mailto:dee@familyoptionsproviders.com">dee@familyoptionsproviders.com</a>	Cabell Lincoln Logan Mason Mingo Wayne
<b>CAMC WOMEN AND CHILDREN'S HOSPITAL</b> 800 Pennsylvania Avenue Charleston, WV 25302 <b>OMCFH #: 5050255</b> Phone: (304) 388-2801 FAX: (304) 388-2809 <b>RCC: Beverly Kitchen, RN</b> Clerk: Kay McClannahan <a href="mailto:beverly.kitchen@camc.org">beverly.kitchen@camc.org</a>	Boone Clay Kanawha Putnam	<b>CASE WV</b> 402 Main Street Rainelle, WV 25962 <b>OMCFH #: 5050306</b> Phone: (304) 438-5810 Toll Free: 1-866-214-0962 FAX: (304) 438-5813 <b>RCC: Sandra Ellard, RN</b> Clerk: Linda Simms <a href="mailto:sellard@casewv.org">sellard@casewv.org</a>	Braxton Fayette Greenbrier Nicholas Pocahontas Webster
<b>CHILDREN'S HOME SOCIETY</b> 1739 St. Mary's Avenue, Ste 3 Post Office Box 763 Parkersburg, WV 26102 <b>OMCFH #: 5050259</b> Phone: (304) 865-2218 FAX: (304) 485-0618 <b>RCC: Kim Kramer, RN</b> Clerk: Brooke Chambers <a href="mailto:kim.kramer@childhswv.org">kim.kramer@childhswv.org</a>	Calhoun Gilmer Jackson Pleasants Ritchie Roane Wirt Wood	<b>CHANGE, INC.</b> 700 First Street Moundsville, WV 26041 <b>OMCFH #: 5050358</b> Phone: (304) 845-7726 FAX: (304) 845-6411 <b>RCC: Joan Dayoub, RN</b> Clerk: Beth Seevers <a href="mailto:jdayoub@changeinc.org">jdayoub@changeinc.org</a>	Brooke Doddridge Hancock Marshall Ohio Tyler Wetzell
<b>FAMILY OPTIONS PROVIDERS</b> Route 2, Box 472E Bridgeport, WV 26330 <b>OMCFH #: 5050318</b> Phone: (304) 624-4530 Toll Free: 1-866-676-7387 FAX: (304) 624-5154 <b>RCC: Charlita Atha, RN</b> Clerk: Julie Stonebraker <a href="mailto:charlita@familyoptionsproviders.com">charlita@familyoptionsproviders.com</a>	Barbour Harrison Lewis Marion Monongalia Preston Randolph Taylor Tucker Upshur	<b>GRANT COUNTY HEALTH DEPARTMENT</b> Post Office Box 608 Petersburg, WV 26847 <b>OMCFH #: 5050273</b> Phone: (304) 257-4922 FAX: (304) 257-2422 <b>RCC: Patsy Parker, RN</b> Clerk: Mary Jo Vacovsky <a href="mailto:patsy.r.parker@wv.gov">patsy.r.parker@wv.gov</a>	Berkeley Grant Hampshire Hardy Jefferson Mineral Morgan Pendleton