

FY 2026 State Plan Proposed Changes & Comments

SECTION I- GOALS AND OBJECTIVES				
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SECTION II LOCAL POLICY AND PROCEDURES (P&P)				
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Appendix				
Updated definitions as needed based on current use.	N	Definitions		
I. Vendor Management				
New policy added entitled: Reporting Participant Shopping Problems. This is based off WIC policy memo 2025-2 which was released 11/1/2024.	N	Reporting Participant Shopping Problems		
II. Nutrition Services & Breastfeeding:				
Moved all scenarios regarding changes to category status or breastfeeding status to be in the Food Packages policy. Updated formatting and language for clearer instructions. Previously some scenarios were in the Food Packages policy, some were in the Breastfeeding Interview policy.	N	Food Packages (VIII) Breastfeeding Interview (VII, VIII, IX, X)	Reinstating a mom for returning to BF within range >6 months & issuing benefits for baby. Instructions are to remove row for "no longer BF" but we're not able to do this after the day it's entered.	Updated policy to direct staff to call help desk to remove the row for them.
Clarified that in cases where infants are hospitalized and mom is fully breastfeeding, you'll only be able to correctly issue mom's benefits 1 month at a time (for the current month), not future months until the babies are certified	N	Food Packages (XIX.c.)	Utah Co: XIX e To clarify, can we certify a hospitalized baby that isn't breastfeeding (in order for mom to get PP benefits for more than 1 month at a time) as long as we are not providing the formula because the baby will have formula in the NICU?	Yes, this is correct. You can certify a hospitalized baby that isn't BF as long as no food package is given. If there is another infant <12 months that is already certified, then the new NICU infant must be certified to get mom's correct food package.

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			At UAWA meeting, Rachel confirmed that we can certify a hospitalized baby that isn't BF.	
Clarified when a Nutrition Interview is required, and when both a Nutrition Interview and Care Plan are required when breastfeeding status changes.	N	Breastfeeding and the Nutrition Interview (I, II, III) Food Packages XIV. Breastfeeding Counseling VI. k.	BF status changes not during a cert/ recert/ midcert – new P&P states to enter information in BF panel AND nutrition interview.... wasn't the whole point of the BF panel to provide a quick place to do these status changes and documentation w/out needing to do a nutrition interview? What changed in programming to require both? Central: Why do we need to complete the BF panel and interview when it's just a BF status change? Utah Co: Clarification on III—for breastfeeding changes, we now need to also update the Nutrition Interview? What about in cases where it is between the recerts and midcerts? Why not just update	Updated all sections be consistent across 3 P&P sections. FNS requires documentation of breastfeeding assessment when changes occur outside of cert, recert, midcert. A breastfeeding assessment must be done when a mom's breastfeeding category changes. a. Documentation of the completed breastfeeding assessment must be in the Food Package screen's "Comments" field. Document additional details in the care plan if needed. o Create a nutrition interview and a care plan if it's a certification, recertification, or midcertification appointment.

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			<p>the BF panel? What type of additional information are you hoping to have in the nutrition interview that is not covered in the BF panel? (Duration, reason for stopping, etc.)</p> <p>The purpose of the BF panel was to be able to do a quick BF status update without needing to create a new nutrition interview. If the BF panel doesn't work, can we get rid of it?</p> <p>Per UAWA meeting– will update this section to clarify that we only need to do nutrition interview IF further details are needed. If providing formula OOR – just add comment in food package screen after completing BF panel. They will edit to clarify this in the 2026 P&P.</p>	<ul style="list-style-type: none"> Document the completed breastfeeding assessment in the Food Package screen's "Comments" field. Document additional details in the care plan if needed.
Updated the name of the Breastfeeding Interview policy to be "Breastfeeding and the Nutrition Interview"	N	Breastfeeding Interview → Breastfeeding and the Nutrition Interview		
Policies revised to reflect FNS updated food rules. Updated food rules go into effect October 1, 2025	Y	Food Packages (whole policy),	Utah Co: Food Packages: Question1:	Question 1:

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		Foods That are Authorized (whole policy), Tailoring Food Packages (whole policy)	<p>XIV b i, it states that you can use previously used proofs “if she was terminated within the last 30 days.” Is this correct? Do you mean if the proofs were entered within 30 days? Or really within 30 days of termination? For example, someone terminated when their child was 9 mo old, and then changed BF status at 9.5 months old we could use the proofs that are 9.5 months old because it’s been less than 30 days since she termed?</p> <p>Question 2: XVII and XVII. Are these instructions on changing the category anywhere else in the policy? I feel like I would have never guessed that the Food Package policy is where I should go to see steps on how to make a new record.</p> <p>Comment 1: I appreciate the formatting update on the policies, for</p>	<p>This was incorrect. We updated this to say “Previously used proofs can be reused if she was certified within the last 31 days.”</p> <p>Question 2. These scenarios used to be spread out through multiple policies. We combined them into Food Packages because the categories and category changes affect the food packages.</p> <p>Comment 1: You’re welcome.</p>

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			<p>example, the formatting helps clarify what is meant in XXI.</p> <p>Question 3: Tailoring Food Packages: VII. If we are only to change food packages if formula is involved, how do we meet the specifications of VII that we make the full quantifies of foods available to participants? What about the mom going from pregnant to fully breastfeeding in a month? Wouldn't not changing her food package in the current month be giving her less than the full quantities?</p> <p>Question 4: Under the formula food package section when it is talking about giving the 4-5 month package when a baby is over 6 months old, recommend to add more explanation of that a FAFAF is needed with no baby foods allowed marked.</p>	<p>Question 3: MIS system capabilities have constraints that we can't adjust at this time. The full quantities are provided the following month.</p> <p>Question 4: This is all in reference to the footers of Table 2 and Table 3. This is FNS language that we cannot change or alter. The footers include state agency options that are part of the entire new food rule.</p> <p>The Food Packages policy is where the state of Utah gives</p>

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			<p>Table 3, section 11 In lieu of infant foods (cereal, fruit, and vegetables), infants older than 6 months of age in Food Package III may receive WIC formula (infant formula, exempt infant formula, or WIC-eligible nutritionals) at the same MMA as infants ages 4 through 5 months of age of the same feeding option.</p> <p>And also when talking about 2% milk, to add that 2% can be given if MD marks on a FAF with a medical food ie Pediasure prescription even if child is not underweight (like from the situation Liz emailed about the other day)</p> <p>Footers of Table 2, section 10 and Table 3, section 12 Low-fat (1%) or nonfat milks are the standard milk for issuance to children ≥ 24 months of age and women. Reduced-fat (2%) milk is authorized only for participants with certain conditions, including but not</p>	<p>more guidance for our specific state.</p> <p>Utah chose to not require documentation for CVV for juice. See section VIII in Food Packages for more details on what is and is not required for your specific questions that we emboldened.</p>

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			<p>limited to, underweight and maternal weight loss during pregnancy. The need for reduced-fat (2%) milk for children receiving Food Package IV-B and women must be based on an individual nutritional assessment.</p> <p>As well as this section with stating whole fat yogurt can be substituted with a FAF for whole milk and a medical food</p> <p>Table 2, section 13, Table 3, section 13 For children ≥ 24 months of age (Food Package IV-B) and women, low-fat or nonfat yogurts are the only types of yogurts authorized.</p> <p>Table 2 and Table 3, section 7 As determined appropriate by the healthcare provider per medical documentation, children and women may choose to substitute a \$3 CVV for the full juice amount (64 fluid ounces)</p>	

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			<p>Does this mean we need to put a comment of why we are giving the \$3 CVV instead of juice?</p> <p>This part is confusing as well with stating that there needs health care provider documentation to give tofu and plant based milks?</p> <p>Table 3, section 16 For children, issuance of tofu and plant-based milk alternatives may be substituted for milk as determined appropriate by the healthcare provider per medical documentation. Plant-based milk alternatives may be substituted for milk for children on a quart for quart basis up to the total MMA of milk. Tofu may be substituted for milk for children at the r</p> <p>Explaining what documentation is needed, a FAF or just a comment?</p>	

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Exit Counseling is no longer required to be done. Staff should follow VENA guidance to determine what nutrition education and referrals will be most helpful for participants.	N	Nutrition Education (IX)	Utah Co: Thank you!!!	You're welcome! This was a federal change.
Removed "Each fiscal year (Oct 1)" as the specified timeline that UAWA president will provide recommendations of staff for the NEC. This hasn't been followed, and will allow for a more natural flow of when UAWA wants to recommend or change committee members.	N	Nutrition Education (XI.a.)		
Removed the line that says the NEC will meet at least quarterly. This will remove undue hardship on clinic flow and allow for the time of members of the NEC to be used most effectively and when needed.	N	Nutrition Education (XI.b.)		
Clarified that drug and other harmful substance abuse information must be provided to all participants upon certification. Other types of referrals (health-related and public assistance programs, and Medicaid) should be provided whenever needed.	N	Healthcare Referrals (II. III.)		
Simplified language of what to do with tobacco cessation referrals.	N	Healthcare Referrals (V)		
Updated language regarding immunization screenings and WIC's role	N	Healthcare Referrals (VI)	Utah Co:	This was to update the federal language. The operations and

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			<p>Are we requiring clients to show proof of immunizations now statewide? We removed the immunizations record as a required proof to bring to appointments on the website last year since people would cancel/reschedule/miss their WIC appointment if they didn't have it or weren't up to date. If immunizations are not required to participate, the language in this section needs to indicate this. Maybe change that IF the client shows immunization records we can then document it in Vision in the appropriate sections.</p> <p>This seems to add a lot to the people scheduling our appointments on the phone or via text.</p> <p>Central: Can there be a place in the immunization screen to mark that family does not vaccinate?</p>	<p>nutrition teams won't be auditing this during MEs.</p> <p>No changes to the MIS can be made prior to our Clinic Services and Scheduler Update (CSSU) which will occur throughout 2026-2027.</p>

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Updated cleaning instructions for multi user pumps.	N	Breastfeeding Aids	Utah Co: Breastfeeding Aids section: Upkeep and repair of owned pumps. iv. Change: "Before contacting the State, when a pump is reported broken or not working, please follow the protocol below:" How long do we record the suction? It says to keep a tracking sheet, but it does not say for how long we need to be doing this.	This would be a one time check if you are having problems with the pump. Question back: Do you want to know how long to test the suction? Do you want to know how long to keep the tracking sheet record? Or do you want to know how many times to test the suction?
Added requirement to upload BF Aid form in VISION when signed in Teletask.	N	Breastfeeding Aids		
Added clarification for infant feeding tube devices policy.	N	Breastfeeding Aids		
Added clarification on nipple shield policy.	N	Breastfeeding Aids		
Got rid of term hospital grade pump and changed to multi-user.	N	Breastfeeding Aids	The state proposed plan includes some changes to contact timeframes that didn't end up noted on the Changes and Comments document. This might be wrapped up in getting rid of	Correct. The timeframe changes were included in the removal of the term hospital-grade breast pump. Sorry we didn't specify the contact timeframes in the Changes and Comments document.

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			<p>the term “hospital grade pump”, but since it was not specified on the document. I just want to make sure everyone sees it. Pump contact timeframes have been a hot topic in the past.</p> <p>Utah Co:</p> <p>First of all, “prescriptive authority”. What do doctors or “prescriptive authorities” know about pumping? We see often that most doctors just give the prescription blindly or just because the patient asked without a lactation assessment. Then according to the first point, no matter what if a client comes with a prescription we need to give her a pump. Correct? Now, the second point says that if we do an assessment and we find that a pump is not needed, then we just need let the doctor know. I feel like these two points contradict each other in a way.</p>	<p>I agree that an assessment should be completed first and then if deemed unnecessary the physician or prescriptive authority should be notified. Policy has been updated to say an infant must be offered a lactation assessment within 2 business days.</p> <p>WIC collaborates annually with Medicaid to ensure that all low-income client’s receive breast pumps as needed. Medicaid providers (even though they don’t have breastfeeding training) have prescriptive authority that should be honored, unless WIC determines it is</p>

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			<p>What if we give the pump to her and then we find that she did not need one in the first place? What if the mom can't come back in 2 days?</p> <p>We propose that WIC should ALWAYS do an assessment before we give a pump out. We advertise that we give personalized help, but if we just start giving pumps because they bring a prescription then how can we say that we are truly helping them achieve their goal?</p> <p>Recommend process change - first point should indicate that an assessment must be done first within 5 days (at least) to determine the need. The second point should say that if the assessment did not show the need, then to contact the prescriptive authority. Third point should talk about how to handle situations where the baby is high risk due to</p>	<p>frivolous or unnecessary and after communication with the prescriptive authority, they agree with the WIC assessment.</p> <p>Updated policy to state: Electric breast pumps prescribed by a physician or prescriptive authority for any infant must be offered a lactation assessment within two business days of receiving the prescription.</p> <p>Equivalent pump types will be honored (a multi-user or single user. Specific manufacturer brands do not have to be honored.</p> <p>If an assessment is completed that does not warrant following the prescription (i.e., not providing a multi-user pump), the WIC CPA should contact the prescriptive authority. The prescriptive authority must agree with the CPAs assessment to deny issuance of the breast pump.</p>

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			prematurity, or something like that.	
Added detail to return policy for multi-user pumps and how to handle participants not returning pumps.	N	Breastfeeding Aids		
Added clarification on PC policy contacts.	N	Breastfeeding Promotion and Support	<p>Weber-Morgan: We cannot increase contacts by contacting them every other month until they wean, unless there is a significant and annually reliable funding increase for peer counseling.</p> <p>How are we to determine when “services are no longer desired”?</p> <p>We enter a date for when they turn 1 year old as the exit date once we no longer have plans to contact them (around 2 months old) so that if the participant reaches out to us, they are still part of the PC program.</p>	<p>If peer counselors are not making a scheduled phone call (1 every other month), mom says she doesn’t need to receive contacts anymore or mom is no longer breastfeeding, we would exit mom from the program. This does not mean if in 1 month or 6 months she has breastfeeding questions we can’t help her. PC’s can always take out the exit date and document the contact if any should occur after mom was exited. When the exit date is removed you can pull these participants on the Ad hoc report: BF PC Caseload.</p> <p>Exiting mom from the program when not making any scheduled phone calls will make your</p>

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			What benefit is there in exiting the participant as soon as we no longer have planned contacts?	reports smaller for those calls that should be made. To be eligible for the Breastfeeding Awards of Excellence you have to be making phone calls monthly with any participant in the PC program.
Moved a section from food packages to Breastfeeding Counseling.	N	Breastfeeding Counseling		
Removed this policy because it was redundant from other policies and is training guidance. All information is found in the Food Package Module or in other policies.	N	Nutrition & Food Package Counseling	This policy says it was removed but still shows up in the proposed plan.	It will stay in the proposed plan until our State Plan (proposed P&P) is approved by FNS. Then, it will be removed when all P&P is updated.
Added introduction to the beginning table. Combined information from first table and tables further down in policy so all information is in one place. Clarified hematological testing ages. Nothing changed, just clarified age ranges in policy.	N	Anthro & Lab → Anthro & Biochemical Data		
Clarified that for pregnant women, “Current weight every visit” means it must be documented every 3 months after certification.	N	Anthro & Biochemical Data (Required Data table)		
Added initials as an additional option for WIC staff when checking in formula and issuing to participants.	N	Ordering Formula from State (VII.c.; IX.a.)		

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Specified that a new risk record, education record, referral record (if applicable), and care plan are required if a FAFAF is received with a medical diagnosis marked that isn't included as a nutrition risk factor in the participant's current certification period.	N	Formula and Food Authorization Form (II.c.)	<p>What changed to require a care plan, education record, and referral record to be created when a new risk factor is identified?</p> <p>Utah Co: Recommend to modify to say medical Dx on FAFAF that is not listed in risk screen – add the risk. If client becomes high risk – add education record and referral record (if applicable for both) and care plan.</p>	This was a mistake. Policy updated to only require a new risk record if any new risk factor is identified outside of cert or midcert appts (including when a FAFAF is received). If the newly assigned risk factor is designated as high risk, then policy must be followed to create a care plan for these participants.
III. Information System				
IV. Organization & Management				
Added Integrated Services Program (0-8 Care Coordination) to the list of programs with which WIC can share data.		Confidentiality		

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Changed required topic in-service from “Smoking cessation” to “Drug and other harmful substance abuse information”	N	Staff Training (X. b. iii.)	Weber-Morgan: A provided webinar for this training would be greatly appreciated.	UAWA also asked for this the state will work to provide a training between October 2025-September 2026.
Added that staff must include the number of nutrition education hours each training provided when entering them into the VISION training tracking table.	N	Staff Training (X. g.)		
Specified that in order to issue nipple shields, staff must complete the Nipple Shield Module and the How to issue a nipple shield PowerPoint.	N	Staff Training (Minimum training required for each WIC function table)		
Updated wording to clarify which tracking tables to use for which trainings when documenting in VISION	N	Staff Training (III.f.; X.f.)		
Updated language from “Modules” to “Trainings” to be more inclusive of the different kinds of trainings assigned.	N	Staff Training (throughout policy)		
Listed the Utah Shopping Guide training as a yearly required training. It was previously listed as a training that would only be required by memo only. Because this is always provided each year, this will eliminate the need to provide a memo to require it.	N	Staff Training (X)		
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VIII. Certification, Eligibility and Coordination of Services				
Rearranged the order of instructions under the out-of-state transfers section. Rearranged to be in the order of steps someone would take with a VOC participant.	N	Transfers (III.b.)		
Clarified what is and isn't required for out-of-state VOC appointments.	N	Transfers (III.b.xvi., xvii., xviii.)		
Policy added that: Gestational mothers (surrogates) who apply for WIC should be advised to seek legal advice about their WIC status.	N	Categories and Certification Periods	Utah Co: Can more reasoning be provided on why they need to seek legal advice? What do they need legal advice for in regards to WIC? If a surrogate mom is on Medicaid, does her active Medicaid status qualify her whole family (if she has children WIC eligible)?	Participation in WIC or other public assistance programs may not be allowed according to state judicial law or individual agreements. Gestational mothers must understand the legal requirements that apply to them and should seek legal advice. WIC staff are not required to ask about gestational mother status or understand/explain it to applicants. WIC regulations and policies do not prohibit gestational mothers from participating or have any different requirements. If a Gestational mother is being paid for this service, this income would be included in WIC eligibility determinations.

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				<p>If any pregnant mom is on Medicaid it does qualify her and her eligible children.</p> <p>DHHS attorneys have advised state WIC staff not to write policies relating to gestational mothers and to simply advise them to seek legal advice.</p>
Clarification added regarding time periods that records and proofs are valid for certification.	Y	Steps for Certification		
Clarification added regarding using the Medicaid Provider Lookup Tool and PRISM verification for identification that these should be used only when a physical form of ID cannot be provided.	N	Proof of Identity	<p>Utah Co:</p> <p>Are the situations to use this on an individual basis for staff to determine when to use it?</p> <p>Can the Lookup Tool be used as ID if it is the first time we are seeing an official ID for an infant/child?</p>	<p>The policy is intended to clarify that all applicants should be asked to provide a physical form of identification or submit an image of their ID. For those who have difficulty obtaining or providing a physical ID, local staff may allow the use of the Medicaid Provider Lookup Tool or PRISM verification on an as needed, case by case, basis. It should not be used on a regular basis solely for convenience purposes. WIC staff do not need to seek permission to use these forms of ID when they have determined there is a need.</p>

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				These forms of ID are allowed to be used as the first time ID for an infant or child if needed.
Clarification added that whenever WIC cards are used as identification, staff must verify the number matches the assigned card in Vision.	N	Proof of Identity		
Participant violations policy updated to increase the dollar value of a claim that would require a 1 year disqualification from \$100 to \$1,000.	Y	Participant Violations		
Participant Violation language updated in accordance with a federal regulation change to include selling breast pumps as a violation: Selling, offering to sell, giving away, or trading WIC cards, supplemental foods, formula, or breast pumps, either in person or online, to anyone other than the individual(s) for which they were issued.	Y	Participant Violations	Weber-Morgan: Will the newly specified violations be added to the R&R and pump loan agreement?	These will be added at the next printing of the R&R. This is not needed to be added to the pump loan agreement. It is not expected that these new violations will be enforced prior to the participant having a chance to read them in the R&R.
Clarification added that for clinics that don't do WIC appointments every day, resolving the duals on the morning of each WIC day should be sufficient to ensure that data is not added to a duplicate family that may have accidentally been created.	N	Dual Participation		
IX. Food Delivery and Food Instrument Accountability and Control				

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Added policy regarding machine/AI translation and interpretation as received from USDA guidance.	Y	Limited English Proficiency	Weber-Morgan: We occasionally use google translate to create a bulletin board (1page) class in a language that we do not have any employees able to translate. If we are no longer able to do this, can the state provide a couple basic nutrition classes in many languages for those participants that are not comfortable using wichealth.org?	This policy is from the federal regulations. It is not intended to prohibit the use of technology to provide translation or interpretation but rather to remind that we have an obligation to communicate the “vital” program information in a manner that is accurate and understandable. Use of professional translators and interpreters is an allowed NSA expense.
Additional Changes				
Other Comments:			Utah Co: Is there a limit to how many times a participant can use an affidavit? Examples: Income based could be year after year if they can't get a	There is no limit on the number of times a participant can use an affidavit in place of a missing proof as long as the reason for needing to use an affidavit is in the list of approved reasons: 1. a victim of theft, 2. a victim of disaster, 3. a homeless individual,

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SECTION II LOCAL POLICY AND PROCEDURES (P&P)				
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			<p>letter from employer when paid in cash.</p> <p>Proof of ID – a client that refuses to get a birth certificate because she doesn't have money for it. Isn't eligible for Medicaid. Can we use an affidavit at each recertification?</p>	<p>4. a migrant farm worker, 5. an individual who works for cash (no proof of income), 6. a victim of other personal misfortune (domestic violence, etc.).</p> <p>The example of an applicant who refuses or cannot afford to get a birth certificate is not a valid reason to use an affidavit. In this case staff should work with the applicant to determine an acceptable form of ID they can provide instead.</p>

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SECTION III- STATE OPERATIONS				
POLICY CHANGE/CLARIFICATION	FED RQ? Y/N	POLICY SECTION(S)	LOCAL AGENCY & PUBLIC COMMENTS	STATE AGENCY RESPONSES / ACTIONS
I. Vendor Management				
Added canned fruits and vegetables	N	Cash-Value Benefits		
Updated to add FDP (Food Delivery Portal)	Y	Evaluation of Authorized Vendors		
Renamed to Transaction Processing. Updated to current processes.	N	File Transmission (Claim File – APL) → Transaction Processing		
Updates for online eWIC added	N	Food Delivery System and Transaction Procedures		
Modification of some requirements	N	Food Inventory Requirements	SW: Some peer 5 stores are having trouble getting WIC tortillas delivered. Some small stores can't stock quarts of milk unless they buy a whole case which they can't sell before expiration.	Minimum stocking requirements are in place, but exceptions have been granted to some small stores regarding these stocking issues. Additional tortilla options have been added for October that will help resolve this issue as well.
Updates for online eWIC added	N	Payment Disputes and Appeals		
Updates to vendor agreement and authorization process added.	N	Vendor Authorization		
Policy updated to add: Vendor payment adjustments are needed on an occasional basis to ensure fair payment to vendors and avoid underpayments, overpayments, and duplicate payments.	N	Vendor Payment Reconciliation		
II. Nutrition Services & Breastfeeding				

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SECTION III- STATE OPERATIONS				
POLICY CHANGE/CLARIFICATION	FED RQ? Y/N	POLICY SECTION(S)	LOCAL AGENCY & PUBLIC COMMENTS	STATE AGENCY RESPONSES / ACTIONS
Polices updated to reflect new food rules.	Y	Foods That are Authorized, Food Packages		
III. Information System				
IV. Organization & Management				
V. NSA Expenditures				
VI. Food Funds Management				
VII. Caseload Management				
VIII. Certification, Eligibility and Coordination of Services				
Updated policy to add more detail and current processes for how interstate dual information is shared and processed between bordering state agencies.	N	Interstate Dual Enrollment		
IX. Food Delivery and Food Instrument Accountability and Control				
New policy section added related to Account Balance Corrections (ABCs) and vendor payment adjustments.	N	Account Balance Corrections and Vendor Payment Adjustments		
X. Monitoring and Audits				
XI. Civil Rights				

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SECTION III- STATE OPERATIONS				
POLICY CHANGE/CLARIFICATION	FED RQ? Y/N	POLICY SECTION(S)	LOCAL AGENCY & PUBLIC COMMENTS	STATE AGENCY RESPONSES / ACTIONS
Other Comments:				