

## **Illinois WIC Program Policy Practice Standards (PPS)**

### **Secure and Confidential Communication with WIC Participants**

#### **August 2023**

Policy Practice Standards (PPS) assist staff in translating policy into practice. This guidance is intended to be used with the Illinois WIC Policy Manual; Administration 5.2 and Contractual IDHS Information System Security and Privacy Requirements to ensure confidential and secure communication via email and/or text messaging to participants. The intention of utilizing these services is to improve communication, retention and build stronger relationships with WIC participants.

Participants must be given a choice of preferred method of communication and outreach (phone, email and/or text) and consent obtained and documented in the WIC MIS. Education must be provided on secure and confidential messaging when using email and/or text for both participants and WIC staff.

#### **Obtaining and Documenting Participant's Preferred Communication and Outreach**

1. Preferred communication and outreach method must be obtained at the initial certification and confirmed at recertifications.
2. Document preferred method of communication on Household Info screen in WIC MIS. Review Addendum 1 for documentation expectations.
3. Documentation in WIC MIS gives permission for the local agency to contact a participant by email and/or text message for WIC appointment reminders, eligibility proofs and information about the program services and benefits to better serve and support the family.

#### **Local Agency Procedure for Sending Secure and Confidential Messaging with Email and/or Text**

1. Personal WIC Information and Protected Health Information (PHI) require secure messaging when being sent via email and/or text message.
  - Send messages with no Personal WIC Information or PHI, or
  - Use work issued equipment with secure messaging (e.g., encryption).
  - Review Addendum 2 for details and examples.
2. Agency staff must report lost or stolen devices immediately to a supervisor.
3. Messages must only be used for specific work-related purposes and not for business solicitations, religious or political causes, or any matters outside of a specific WIC related purpose.
4. If a participant chooses to share proof of eligibility via email and/or text:
  - Call participant to confirm receipt of information from the WIC agency.
  - Document in the WIC MIS, using a General Note any information/documents (e.g., proofs received) received from a WIC participant via email and/or text immediately, when possible, but no later than 24 hours after the message is received.
    - Documentation must include:
      1. Date of contact
      2. Summary of the contact
      4. Documentation of type of communication (e.g., text message or e-mail)
      5. In the event of late entry a note indicating reason

**Example General Note:** Received and verified the following eligibility proofs for upcoming certification: ID – driver's license; Residency – driver's license; Income – adjunctive via Title 19. Emailed deleted.

- Delete email and/or text messages when conversation with participant has concluded and required documentation has been completed in the WIC MIS. Information must be deleted within 5 business days.

### **Required Participant Education**

1. Types of email and/or text information that may be shared with the participant (e.g., appointment reminders and information about WIC services and benefits to better serve and support the family).
2. Messages received may contain confidential WIC participant information that may be seen by others.
3. The choice of communication will not affect the participant's family's eligibility in receiving benefits from the WIC Program.
4. The participant is responsible for any costs that the phone company charges for email and/or text messages or other data rates.
5. The participant may change their preference for communication by calling the WIC agency at any time.
6. The participant is responsible for promptly contacting the WIC agency if your email or cell phone number changes.
7. Participants information shared with the agency by email and/or text may not be secure. However, the participant will be contacted that it was received and deleted within 5 business days.

### **Resources**

1. Confidentiality of applicant and participant information [eCFR :: 7 CFR Part 246 -- Special Supplemental Nutrition Program for Women, Infants and Children](#)
2. Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
3. Illinois Personal Information Protection Act [815 ILCS 530].

Addendum 1

**Documentation of Preferred Contact Method**

The following examples are intended to assist WIC staff accurately documenting a WIC Participants preferred method of communication and gives consent to the local agency to send email and/or text messages to the participant.

- If text is preferred, indicate “Text” under Preferred Contact Method box, enter phone number in appropriate box, check the “Prefer” and “Txt Msg” boxes.

* Language		* Proof of Residency		* Preferred Contact Method			
English	<input checked="" type="checkbox"/> Translator Required	IL Driver's License		<input type="radio"/> Phone <input checked="" type="radio"/> Text <input type="radio"/> Email			
* Education Level		* Proof of Residency		Email			
9th to 12th Grade		IL Driver's License		test@gmail.com			
<input type="checkbox"/> No Phone							
Area Code	Phone	Comment	Prefer	No Calls	Phone Type	Txt Msg	
(618)	123-4567		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cell	<input checked="" type="checkbox"/>	

- If email preferred, indicate “Email” under Preferred Contact Method box, enter email address in appropriate box.

* Language		* Proof of Residency		* Preferred Contact Method			
English	<input checked="" type="checkbox"/> Translator Required	IL Driver's License		<input type="radio"/> Phone <input type="radio"/> Text <input checked="" type="radio"/> Email			
* Education Level		* Proof of Residency		Email			
9th to 12th Grade		IL Driver's License		test@gmail.com			
<input type="checkbox"/> No Phone							
Area Code	Phone	Comment	Prefer	No Calls	Phone Type	Txt Msg	
(618)	123-4567		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cell	<input type="checkbox"/>	

- If phone preferred, indicate “Phone” under Preferred Contact Method box, enter phone number in appropriate box and indicate “Phone Type” and check “Prefer”.

* Language		* Proof of Residency		* Preferred Contact Method			
English	<input checked="" type="checkbox"/> Translator Required	IL Driver's License		<input checked="" type="radio"/> Phone <input type="radio"/> Text <input type="radio"/> Email			
* Education Level		* Proof of Residency		Email			
9th to 12th Grade		IL Driver's License					
<input type="checkbox"/> No Phone							
Area Code	Phone	Comment	Prefer	No Calls	Phone Type	Txt Msg	
(618)	123-4567		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cell	<input type="checkbox"/>	

- If Email and Text are both allowable by participant, indicate “Email” under Preferred Contact Method box and check “Text Msg” with phone number information.

* Language		* Proof of Residency		* Preferred Contact Method			
English	<input checked="" type="checkbox"/> Translator Required	IL Driver's License		<input type="radio"/> Phone <input type="radio"/> Text <input checked="" type="radio"/> Email			
* Education Level		* Proof of Residency		Email			
9th to 12th Grade		IL Driver's License		test@gmail.com			
<input type="checkbox"/> No Phone							
Area Code	Phone	Comment	Prefer	No Calls	Phone Type	Txt Msg	
(618)	123-4567		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cell	<input checked="" type="checkbox"/>	

## Addendum 2

### **Confidential Communication with WIC participants**

Personal WIC Information and Protected Health Information (PHI) require secure messaging when being sent via email and/or text message. This guidance provides definitions of each and examples of standard confidential messaging.

**Definition: "Personal WIC Information"** Confidential applicant and participant information is any information about an applicant or participant, whether it is obtained from the applicant or participant, another source, or generated as a result of WIC application, certification, or participation, that individually identifies an applicant or participant and/or family member(s). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other Federal, State or local law.

**Definition: "Protected Health Information (PHI)"** is information, connected to a living or deceased patient, that relates to the patient's past, present, or future physical or mental health condition. PHI includes healthcare services and payment for those services.

#### **Examples include but are not limited to:**

1. Name
1. Address
2. All elements of dates (except year) for dates directly related to an individual
3. Telephone number
4. E-mail address
5. Social security number
6. Medical record number
7. Health plan beneficiary number
8. Household/Participant ID number
9. Internet Protocol (IP) address number
10. Any other unique identifying number, characteristic, or code.

#### **Email and/or Text Message Examples**

<b>Approved Messages</b>	<b>Contains Confidential Information</b>
Someone in your family has a WIC appointment scheduled for Friday at 1 p.m. at (Local WIC Agency name). Please call xxx-xxx-xxx with questions or to reschedule.	Molly Jones, date of birth 1/12/23, has a WIC appointment scheduled for Friday at 1 p.m. at (Local WIC Agency name). Please call xxx-xxx-xxx with questions or to reschedule.
Please bring your WIC prescription for special formula from your doctor to your next WIC appointment scheduled for Friday at 1 p.m. at (Local WIC Agency name). Please call xxx-xxx-xxx with questions or to reschedule.	Molly Jones, HH ID 9600000, will need to bring an updated WIC prescription for special formula to their next WIC appointment scheduled for Friday at 1 p.m. at (Local WIC Agency name). Please call xxx-xxx-xxx with questions or to reschedule.
WIC looks forward to meeting you on Friday at 1 p.m. at (Local WIC Agency name). Please bring your proof of identity, income and address with you. Please call xxx-xxx-xxx with questions or to reschedule.	WIC looks forward to seeing Molly on Friday at 1 p.m. Please confirm your address is 151 Happy Trails Rd, Sunnyville and your phone number is 636-123-6547.