

Onondaga County Health Department of Special Supplemental Nutrition Program for Women, Infants and Children, WIC

May 20, 2025

By Onondaga County Comptroller Martin D. Masterpole

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SECTION I INTRODUCTION

Introduction

The Onondaga County Health Department - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutritious foods at no cost to low-income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who have been determined to be at nutritional risk. WIC promotes breastfeeding as the feeding method of choice for infants and provides support through education, peer counselors, nutrition education and referrals to other related social services of healthy living.

WIC is a federal reimbursement program and subject to a Federal Single Audit pursuant to the Code of Federal Regulations, (7 CFR 246). The WIC reimbursements for year-ending 2024 was \$10.1 million dollars. Expenditures include payments to recipients and funding for the administration of all WIC related program functions.

Onondaga County currently operates four WIC sites located in Camillus, Liverpool, and two in Syracuse. A fifth site, Lafayette, was closed in October 2024 and a sixth site, Onondaga Nation, was closed in April 2025. These sites are used to facilitate eligibility determinations, which are based on category, residency, financial and nutritional risk. Once deemed eligible, a Nutrition Assistant or a Nutritionist will conduct the nutritional risk assessment. Eligible applicants also receive nutrition education, including breastfeeding support, and referrals to other health care services as needed through their local WIC clinic.

WIC participants receive benefits to purchase items from a food package tailored to their specific nutritional needs. eWIC Cards are pre-loaded with food items based on their particular nutritional needs on a tri-monthly basis for use at authorized retail stores. If cards are lost, stolen, or damaged, cards are canceled and a new card will be reissued.

In an effort to make County residents aware of the WIC Program, the Health Department distributes pamphlets to all other health agencies within the County as well as private medical practices and other public buildings. In addition, the WIC program has an official outreach program, which targets specific concentrations of individuals.

SECTION II BACKGROUND

Background

In response to the growing public concern regarding the many low-income people suffering from malnutrition, various studies identified hunger as the major problem. The outcomes were:

- The Child Nutrition Act of 1966 enacted by President Lyndon B. Johnson began addressing the concern.
- In 1972, the Special Supplemental Food Program for Women, Infants, and Children, (WIC) was formally authorized by an amendment to the Child Nutrition Act of 1966.
- The same year, legislation started the WIC program as a 2-year pilot project.
- The WIC program was established, as a permanent program in 1974 to safeguard the health of low-income women, infants and children up to five years of age to provide supplemental nutritious food to assist during such critical times of growth and development and to help prevent the occurrence of health problems.

The WIC program has proven to be effective over the years in improving the health of pregnant women, new mothers, and their infants and is now available in all 50 states, 32 Indigenous State Agencies, 5 Territories, and the District of Columbia. Numerous studies show that women who participated in the program during their pregnancies had lower medical costs for themselves and their babies than did women who did not participate. WIC participation was also linked with longer gestation periods, higher birthweights and lower infant mortality.

WIC is a 100% federal grant program for which Congress authorizes a specific amount of funds each year for the program. The United States Department of Agriculture, (USDA)'s Food and Nutrition Service, (FNS) administers WIC at the federal level and makes funds available to participating state agencies. Local agencies such as Onondaga County WIC facilitate the program and determine eligibility. The primary focus is safeguarding the health of low- income women, infants and children up to five years of age by providing supplemental nutritious food to assist during such critical times of growth and development and to help prevent the occurrence of health problems.

SECTION III EXECUTIVE SUMMARY

Executive Summary

The Onondaga County Comptroller's Office engaged in an audit of the Special Supplemental Nutrition Program for Women, Infants and Children, (WIC) to ensure the programs internal controls are operating sufficiently and in compliance with federal regulations to provide reasonable assurance that only eligible individuals receive WIC under the federal award programs in accordance with program requirements supported by proper documentation.

Over the course of the audit, we tested for compliance requirements to this specific federal program. Findings included:

• Some cases contained no documentation of height or length and weight measurements and/or no documentation of hematological testing (other than verbal reporting). Ability to fully and correctly assess nutritional risk may be negatively affected as a result.

SECTION IV SCOPE AND METHODOLOGY

Scope:

The purpose of this report is to provide Onondaga County's Health Department administrators and WIC program managers with information and recommendations on the internal controls and operating effectiveness as it pertains to eligibility for the WIC program. In order to gain an understanding of their current process we analyzed a variety of data during the audit period of January 1, 2024 through December 31, 2024.

Our objectives for the audit were to:

- Determine if expenditures associated with Special Supplemental Nutrition Program for WIC, made on behalf of eligible individuals for allowable activities and costs.
- Determine if expenditures associated with Special Supplemental Nutrition Program for WIC were allowable expenditures expended in the period of availability and the claims properly reported to NYS.

Methodology:

In order to complete our objectives we:

- Reviewed applicable laws, policies, procedures and regulations to attain an understanding of the WIC Program.
- Interviewed staff and management responsible for oversight and implementation of the aforementioned laws, policies, procedures and regulations.
- Selected and tested a sample of client cases in order to determine if internal controls are operating effectively to properly determine eligibility for the WIC Program.
- Selected and tested a sample of expenditures associated with the WIC Program to ensure they were allowable expenditures and properly reported to NYS.
- Discussed draft findings and recommendations with WIC administrators for their input and evaluation.
- Finalized our findings and recommendations and included them in this report.

SECTION V FINDINGS AND RECOMMENDATIONS

During the course of the audit, we noted the following exceptions to the 2024 compliance requirements subject to audit as defined by the Federal Government's Office of Management and Budget.

1. We noted that for 16 of 40 cases tested for compliance, medical documentation (height, weight, and hematology) had not been provided, and the case had not been followed up on in accordance with the Administrative Directive and the American Rescue Plan Act Waiver Guidance. Failure to do so can affect ability to accurately assess Nutritional Risk.

Waivers related to the Physical Presence and Remote Issuance, NYS WIC 07/23 - #31 requires the staff who are Competent Professional Authority (CPA's) to obtain anthropometric or hematological data used to determine nutrition risk, or for the data to be obtained from an allowable source. Self-reported data may *not* be accepted. However, per WPM 1184 – Anthropometry, Self-Reported (or Duplicate Previous) Data may be entered into the system to complete a certification, but the data does not meet the anthropometric requirements. WPM 1184 states that staff must make and document attempts to obtain the current data within 60 days of the certification.

Per 7 CFR sections 246.2 & 246.7(e), "Nutritional Risk," the determination of nutritional risk factor may be completed by a competent professional authority on the staff of the local agency or based on referral data submitted by a competent professional authority not on the staff of the local agency. A CPA must determine that the applicant is a nutritional risk. At minimum, the CPA must perform and/or document measurements of each applicant's height or length and weight. In addition, a hematological test for anemia must be performed and documented at certification.

Administrative Directive NYS WIC 07/23 - #31 confirms that WIC benefits should not be denied, withheld, or limited based solely on the lack of anthropometric or hematologic data.

- For 9 cases tested, verbal height and weight measurements were documented at Certification, however, there was no documentation to support that the Medical Referral From was sent until subsequent follow-up appointments.
- For 5 cases tested, Verbal height and weight measurements were documented at Certification, however, there was no documentation to confirm that the Medical Referral Form was provided to the client at Certification or at follow-up appointments.
- For 2 case tested, verbal height and weight measurements were documented at Certification. Client provided with Medical Referral Form but there was no documentation to confirm client was followed-up with to provide documentation at subsequent appointments. No Height, Weight, and Hematology (if over 9 months old) information provided from doctor.

Recommendation:

We recommend WIC administration and staff re-familiarize themselves with the above waivers and eligibility documentation requirements.

2. For 1 of 40 cases tested, WIC did not comply with the Administrative Directive to provide applicant with "Graduation Letter" Form, informing applicant that due to child turning five years old, the WIC benefits have been discontinued.

Recommendation:

We recommend the department staff comply with Administrative Directives to provide applicant with "Graduation Letter" Form when child has turned five and is no longer eligible to continue receiving WIC benefits.

SECTION VI MANAGEMENT RESPONSE



Onondaga County Health Department

J. Ryan McMahon, II, County Executive Kathryn Anderson, MD, PhD, MSPH, Commissioner of Health



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May 23, 2025

Mr. Martin Masterpole Onondaga County Comptroller 421 Montgomery Street, 14th Flor Syracuse, NY 13202

Re: Response to Audit Report on Onondaga County Health Department's Women, Infants, and Children (WIC) Program

Dear Mr. Masterpole,

This letter is in response to the findings and recommendations in the above referenced report.

- 1) 16 of 40 cases tested for compliance, medical documentation (height, weight, and hematology) had not been provided, and the case had not been followed up on in accordance with the Administrative Directive and the American Rescue Plan Act (ARPA) Waiver Guidance. Failure to do so can affect ability to accurately assess Nutritional Risk.
 - We recommend WIC administration and staff re-familiarize themselves with the above waivers and eligibility documentation requirements.

WIC administration is well-versed in the ARPA Waiver Guidance and related documentation requirements. We agree with the recommendation to re-familiarize staff with this information. Following the receipt of the 2023 audit findings in August 2024, the Senior Nutritionist conducted a thorough review of ARPA waiver guidance and documentation protocols with all Nutrition staff. Additionally, we designated compliance with the collection and documentation of anthropometric data the focus of our FFY 2025 NYSDOH WIC Program Management Evaluation Goal. The goal includes multiple action steps, which are in various stages of completion:

Completed Action Steps:

At the January 2025 Staff Meeting, the WIC Coordinator and Nutrition Coordinator conducted an
Anthropometry training, which included review of the ARPA Waiver guidance related to
anthropometry, review of the Local Agency's (LA's) WIC Services Documentation Record Review
results related to anthropometry from FFY 2024 Q1 and Q3, and FFY 2025 Q1, discussion on the
benefits of obtaining anthropometric measurements, and review of the LA's procedures to obtain
anthropometric measurements.

- In January 2025, the Senior Nutritionist developed an Anthropometry Record Review tool based on the NYSDOH WIC Services Documentation Record Review survey, which includes the questions: Are there up-to-date anthropometric measurements? and Are attempts to obtain upto-date anthropometric measurements documented?
- In February 2025, the Senior Nutritionist completed Anthropometry Record Review n 10 records
 utilizing the LA-developed record review tool to establish a baseline compliance measurement for
 obtaining anthropometric measurements and documenting attempts to obtain.

In Progress/To Be Completed Action Steps:

- Beginning in March 2025, the Senior Nutritionist is assigning 3-4 nutrition staff each month to complete Anthropometry Record Review on 10 records each utilizing the LA-developed record review tool.
- In July 2025, the Nutrition Coordinator will conduct Anthropometry Record Review of 10 records
 to obtain a measurement of compliance in obtaining anthropometric measurements and
 documenting attempts to obtain. Compliance will be indicated by the answer Yes to the
 questions: Are there up-to-date anthropometric measurements? Are attempts to obtain up-todate anthropometric measurements documented? The Nutrition Coordinator will compare this
 data to the baseline data collected during the initial Anthropometry Record Review in February
 2025.
- In August 2025, the Nutrition Coordinator will review the results of the July 2025 Anthropometry Record Review and provide a comparison of the final results (July 2025) with the baseline results (February 2025) with all staff at the August 2025 Staff Meeting.

We employ multiple methods to obtain anthropometric and hematological information, which include inperson appointments, offering drop-in opportunities for measurement and bloodwork checks, and
providing the WIC Medical Referral Form, which participants can have completed by their health care
provider. We also accept screenshots of visit summaries or patient portal records sent by participants. As
of January 2025, Nutrition staff gained access to HealtheConnections, which provides an additional
resource for obtaining height, weight, and bloodwork data directly from this platform. In accordance with
the ARPA waivers, benefits must not be denied, withheld, or limited based solely on the lack of
anthropometric or hematologic data.

The specific issues from the 2024 audit have been reviewed directly with the involved staff members. In addition, when findings are revealed from the record review being conducted as part of our Management Evaluation Goal, they are addressed both individually with the relevant staff member and in staff meetings to ensure broader awareness and compliance.

2) For 1 of 40 cases tested, WIC did not comply with the Administrative Directive to provide applicant with "Graduation Letter" Form, informing applicant that due to child turning five years old, the WIC benefits have been discontinued.

We recommend the department staff comply with Administrative Directives to provide applicant with "Graduation Letter" Form when child has turned five and is no longer eligible to continue receiving WIC benefits. We agree with the finding. This specific issue has been reviewed directly with the involved staff member. We will continue to conduct regular internal record reviews, and should a similar issue arise in the future, we will address it both individually with the relevant staff member and, when appropriate, in staff meetings to ensure broader awareness and compliance.

Please let me know if you have any qu	estions or would like more information.
Thank you.	
Sincerely,	
Kristina Schoonmaker WIC Program Coordinator	