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WIC Coordination With Medicaid and SNAP

More State WIC Programs Collaborating With Other Major Programs To Reach Additional Eligible Low-Income Families With Young Children

By Zoë Neuberger and Lauren Hall

Collaboration between the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, and the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) is an important way to give eligible low-income families with children access to a range of health, nutrition, and supportive services they need to become and stay healthy.¹ By enrolling a greater share of Medicaid and SNAP participants in WIC, states can support healthier pregnancies, improve birth outcomes, and improve child health and cognitive development for low-income families, potentially reducing striking racial inequities.

This report draws on information the Center on Budget and Policy Priorities (CBPP) collected from WIC state agencies during the summers of 2021 and 2022 and updated in the fall and winter of 2023-2024. The report describes several ways that WIC state agencies are collaborating with their state's Medicaid and SNAP programs and shows a promising trend of increased collaboration between WIC and Medicaid, and WIC and SNAP.

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to low-income pregnant and postpartum people, infants, and children under age 5. A large body of research demonstrates that WIC improves participants' health, developmental, and nutrition outcomes.² Yet only half (51.2 percent) of eligible people were enrolled in the program during 2021 (the most recent year for which U.S. Department of Agriculture, or USDA, estimates of WIC coverage are available), well below earlier years.³

WIC works alongside Medicaid and SNAP to help families weather financial distress, improve health and wellness, and boost economic prospects. To simplify eligibility determinations, a WIC

¹ In addition to health care and grocery benefits, these programs provide services such as nutrition education, breastfeeding support, help with smoking cessation, and referrals to additional services.

² See Steven Carlson and Zoë Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," CBPP, updated January 27, 2021, www.cbpp.org/wicworks.

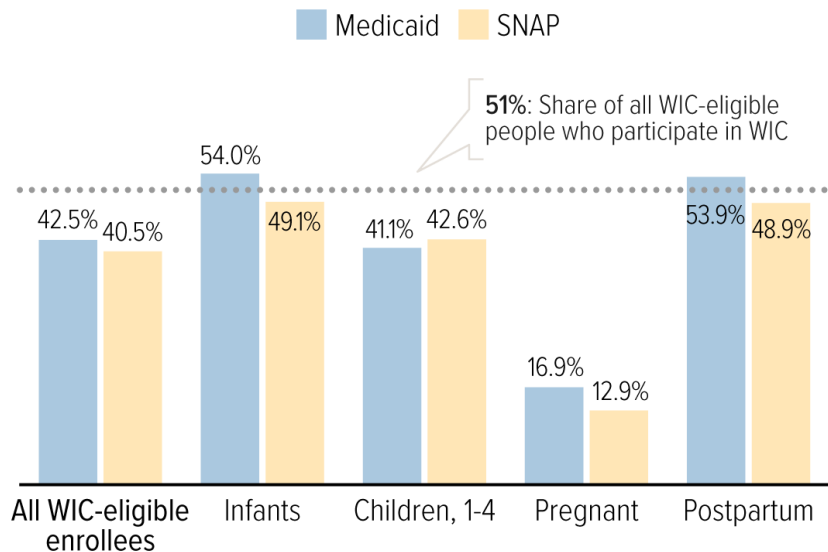
³ USDA, Food and Nutrition Service, "National and State Estimates of WIC Eligibility and Program Reach in 2021," November 2023, <https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021>.

applicant who already receives Medicaid or SNAP is automatically considered income-eligible, or adjunctively eligible, for WIC.⁴ Medicaid and SNAP enrollees can benefit from WIC’s nutritious foods and services, but many do not participate. Despite being adjunctively eligible, *more* than half of WIC-eligible Medicaid and/or SNAP enrollees did not participate in WIC. Only 16.9 percent of eligible pregnant people and 41.1 percent of children aged 1 through 4 who were enrolled in Medicaid participated in WIC. Similar percentages of pregnant people (12.9) and children (42.6) participating in SNAP participated in WIC.⁵ (See Figure 1.)

FIGURE 1

Most WIC-Eligible Medicaid and SNAP Enrollees Don't Participate in WIC

Share of WIC-eligible Medicaid and SNAP enrollees who participated in WIC, 2021



Note: These participation rates are for WIC-eligible Medicaid enrollees with income at or below 185 percent of the federal poverty guidelines (WIC’s income limit for applicants who are not adjunctively income-eligible), who may be more likely than Medicaid enrollees with higher incomes to face food insecurity. The WIC participation rates are lower among all WIC-eligible Medicaid enrollees.

Source: U.S. Department of Agriculture report on “National and State Level Estimates of WIC Eligibility and Program Reach” for 2021

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⁴ Recipients of monthly Temporary Assistance for Needy Families cash assistance payments are also adjunctively eligible for WIC. For more details about the adjunctive eligibility rules, see 7. C.F.R. § 246.7 (d)(2)(vi), <https://www.law.cornell.edu/cfr/text/7/246.7>.

⁵ For more information on barriers to WIC participation and how WIC state agencies can overcome them, see Zoë Neuberger, Lauren Hall, and Linnea Sallack, “WIC’s Critical Benefits Reach Only Half of Those Eligible”, CBPP, February 21, 2024, <https://www.cbpp.org/research/food-assistance/wics-critical-benefits-reach-only-half-of-those-eligible>. For state-by-state fact sheets showing WIC coverage rates and participation over time across various categories, along with maternal and child health measures and an estimate of the additional funding each state would have received with a higher coverage, see www.cbpp.org/wiccoveragefactsheets.

Interest in cross-program collaboration has grown in recent years. More state WIC programs not only collaborate with Medicaid and SNAP, but have entered into written cross-program agreements, which sometimes allow for sharing data that can be used for targeted outreach and streamlined enrollment. This report provides a state-by-state compilation of cross-program collaboration efforts involving WIC, Medicaid, and SNAP. CBPP collected information from states on coordination between WIC and Medicaid and/or SNAP during 2021 and requested updates from them in 2022 and again in late 2023 and early 2024.⁶ Responses from 49 of the 51 WIC geographic state agencies and the District of Columbia⁷ show positive trends, including:

- At least 36 WIC state agencies now meet periodically with Medicaid and/or SNAP officials, compared to only 24 state agencies that reported having periodic meetings with these programs in 2021.
- At least 34 WIC state agencies have a written agreement on coordination or data sharing with Medicaid or SNAP and six more are developing one, up from 2021 when only 27 states had agreements in place.
- At least 33 WIC state agencies periodically (anywhere from daily to annually) receive data on Medicaid and/or SNAP enrollees and seven more are establishing processes to receive data, a notable increase from 2021 when only 22 WIC state agencies reported receiving data periodically.
- At least 22 WIC state agencies conduct targeted outreach to WIC-eligible individuals identified by matching WIC data with data on individuals or families enrolled in Medicaid or SNAP, a striking increase from 2022 (the first year WIC state agencies were asked about this) when only 13 used the data for targeted outreach.

Pilot programs have demonstrated that by matching data across programs to identify and conduct outreach to families enrolled in Medicaid or SNAP but not WIC, states can increase WIC enrollment, especially among Medicaid participants, which may improve health and developmental outcomes.⁸

⁶ The National WIC Association helped solicit responses from WIC state agencies in a survey conducted during the fall of 2023. In early 2024, CBPP contacted WIC state agencies that did not complete the survey to request updates to information they had provided previously. Linnea Sallack, an independent consultant formerly with the Altarum Institute and the California WIC program, helped compile and summarize state responses. This report draws heavily on earlier work conducted in partnership with Benefits Data Trust and on co-authored reports.

⁷ Territories or tribal organizations can serve as state agencies operating the WIC program, but they were not surveyed. Two states (Tennessee and Virginia) did not provide responses in any of the years they were requested. Responses for Kansas and Mississippi are from 2021 and responses for California, Florida, Georgia, Maryland, Pennsylvania, Rhode Island, South Dakota, and Vermont are from 2022.

⁸ In 2018 and 2019, CBPP and Benefits Data Trust (BDT) partnered with Colorado, Massachusetts, Montana, and Virginia to conduct pilots to measure how many people were adjunctively eligible for WIC but not enrolled, and to test whether outreach in the form of a series of text messages could help increase these families' WIC enrollment. The details of these pilot interventions and results are explained in Jess Mancely and Zoë Neuberger, "Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC," CBPP, January 5, 2021, www.cbpp.org/wicpilotreport. BDT continued to partner with states on data sharing and targeted outreach until they closed in 2024. In addition, Share Our Strength's No Kid Hungry campaign provided grants administered by the American Public Human Services Association (APHSA) to several states to better connect SNAP participants with nutrition supports, including WIC, through activities including data matching and targeted outreach. An impact report

USDA is actively supporting WIC collaboration with Medicaid and SNAP. In 2023, the department issued a policy memorandum encouraging WIC state agencies to collaborate with Medicaid and SNAP agencies in their states to explore data sharing and outreach opportunities.⁹ USDA also entered into a cooperative agreement with the Johns Hopkins Bloomberg School of Public Health to launch the MORE WIC! Project that will provide grants and technical assistance to support WIC state agencies with data matching and outreach initiatives.¹⁰ The project team, including the National WIC Association, will assist WIC state agencies interested in launching or expanding data sharing and matching to identify WIC-eligible families enrolled in programs such as Medicaid and SNAP, but not enrolled in WIC. The project will also help states conduct outreach and streamline enrollment processes to increase these families' WIC participation.

Examples in this report of how WIC agencies are collaborating with their state's Medicaid and SNAP programs can help states that are interested in launching or expanding such collaboration identify other states undertaking similar work and confer with them or draw on the lessons they learned. There are additional opportunities within the Medicaid program to connect applicants and enrollees with WIC when they interact with the state Medicaid agency, managed care organizations, or health care providers. In addition to sharing data to facilitate targeted outreach, state Medicaid agencies can strengthen referrals by developing a standardized and streamlined mechanism for health care providers; build and define a community-based health workforce that can make linkages to WIC; and work with health care providers and Medicaid managed care organizations to include WIC enrollment as a strategy to improve quality and address health-related social needs.¹¹

Assessing the Extent of WIC Coordination With Medicaid and SNAP

Cross-program coordination can take many forms. One common approach is for WIC staff to meet periodically with Medicaid and/or SNAP officials. In addition to facilitating outreach, such collaboration fosters better coordination of services and supports for families participating in more than one program.

A growing number of WIC state agencies have a written agreement with Medicaid or SNAP (such as a data-sharing agreement or memorandum of understanding). A written agreement describing how these programs will coordinate and how to make referrals across programs can benefit both

on each project is available at Share Our Strength and APHSA, "Coordinating SNAP and Nutrition Supports," https://aphsa.org/APHSA/Policy_and_Resources/csns.aspx.

⁹ WIC Policy Memorandum #2023-5: Data Sharing to Improve Outreach and Streamline Certification in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), April 25, 2023, <https://www.fns.usda.gov/wic/data-sharing>.

¹⁰ See USDA, Food and Nutrition Service, "FNS awards cooperative agreement to streamline enrollment in WIC through data matching," <https://www.fns.usda.gov/news-item/fns-016.23>.

¹¹ For more information on these strategies and examples of how they have been implemented, see Sonya Schwartz *et al.*, "State Medicaid Agencies Can Partner With WIC Agencies to Improve the Health of Pregnant and Postpartum People, Infants, and Young Children," CBPP and Georgetown Center for Children and Families, December 20, 2023, www.cbpp.org/medicaidwicopportunities. For resources related to how state WIC and Medicaid agencies can partner to improve nutrition and health, see www.cbpp.org/medicaidwicresources.

state and local WIC agencies.¹² It may also allow data exchanges and describe the information that will be shared and how often. This allows WIC state agencies to periodically receive files with information about participants in the other program who are eligible for WIC. These files can then be matched with files of WIC enrollees to assess how many WIC-eligible individuals are not enrolled, and state or local WIC agencies can contact those individuals to offer to enroll them.

Though not the focus of this report, collaboration between WIC and Medicaid and/or SNAP also occurs at the local level. Local WIC agencies periodically meet with employees of the other programs to educate them about WIC's eligibility requirements and services and how to make a referral to WIC. Some WIC local agencies send staff to Medicaid/SNAP offices to conduct direct outreach and help clients apply for WIC. Other local WIC agencies have agreements with the programs to receive contact information of clients who may be eligible for WIC to facilitate targeted outreach to them.

Since 2021, the Center on Budget and Policy Priorities has periodically collected information from states on coordination between WIC and Medicaid and/or SNAP. In our survey, 49 of the 51 WIC state agencies located in geographic states and D.C. responded to questions in 2021 and/or 2022 regarding coordination with Medicaid and SNAP programs in their states.¹³ Forty states provided updates to these questions during the winter of 2023-2024.

- Are there periodic (at least annual) meetings between state-level WIC representatives and representatives from Medicaid and/or SNAP programs?
- What information about applying for WIC does Medicaid provide to enrollees who may be WIC-eligible?
- What information about applying for WIC does SNAP provide to enrollees who may be WIC-eligible?
- Is there a state-level data-sharing agreement or memorandum of understanding between WIC and Medicaid and/or SNAP?
- Does Medicaid and/or SNAP share data on enrollees with WIC to identify enrollment gaps?
- If Medicaid and/or SNAP data are shared with WIC, are the data used for targeted outreach by mail, telephone, or text?
- If Medicaid and/or SNAP data are shared with WIC, how often are they shared?

Their responses show an upward trend in WIC state agency collaboration with the Medicaid and/or SNAP programs in their state; over three-quarters have or are developing written agreements with another program; and three-quarters also currently receive enrollee data from Medicaid, SNAP, or both or are in the process of setting up procedures to receive such data.

¹² For more information about how to streamline enrollment across programs, see Sonal Ambegaokar, Social Interest Solutions, and Zoë Neuberger and Dorothy Rosenbaum, "Opportunities to Streamline Enrollment Across Public Benefit Programs," CBPP, November 2, 2017, <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>.

¹³ State agencies operated by territories or tribal organizations were not surveyed.

Responses from WIC state agencies are summarized below, along with examples of ways WIC works with Medicaid and SNAP to coordinate, establish agreements, and use shared data. Table 1 shows each state's response to each question.

Cross-Program Collaboration

WIC is usually administered by a different state agency than the agency that administers Medicaid and SNAP, while Medicaid and SNAP are sometimes administered by the same agency, but not always. Thus, coordination often must occur not only across programs, but across agencies. Regular cross-program meetings provide an opportunity to share information, develop referral processes, identify cross-enrollment opportunities, and coordinate outreach and service delivery.

Thirty-six of the 51 WIC state agencies have reported that they periodically meet with representatives of Medicaid and/or SNAP. In addition, many state agencies indicated that Medicaid and/or SNAP provide their enrollees with information about WIC, ranging from general program information, such as the WIC website or a toll-free WIC phone number, to a link to an online application. WIC state agencies that coordinate with other programs can recommend language for them to use in their communications with enrollees to ensure it is accurate and engaging.

Application processes for Medicaid and SNAP vary across states, with some emphasizing online service more than others. In all scenarios, there are opportunities to make referrals to WIC and provide information about how to apply.

One way to facilitate referrals from other programs to WIC is to incorporate online tools into the WIC certification process for families. These tools range from electronic forms that collect basic contact information or allow an applicant to request a certification appointment to online applications where families enter most of the demographic and basic health information needed for certification, upload eligibility documents, and read and electronically sign required forms.¹⁴ Links to online tools can then be included in the referral materials that Medicaid or SNAP provides to WIC-eligible families.

Several WIC state agencies indicated that they provide the other programs with a link to such an online tool to include in their outreach messages.¹⁵ This approach helps eligible families initiate enrollment in WIC without having to make a phone call or navigate a website to find information about how to enroll. By offering a unique link, WIC state agencies can also monitor whether Medicaid or SNAP enrollees are initiating WIC enrollment.

Including WIC in an online eligibility screener or program application is another way to connect families applying for Medicaid or SNAP with WIC. These are usually set up and operated by state agencies that administer Medicaid and SNAP. Some of these screeners and applications contain information about WIC, but families who may be eligible are often referred to a separate website for information about how to apply. Other applications automatically refer applicants who are

¹⁴ For more information about tools to facilitate WIC enrollment see CBPP, "Assessing Your WIC Certification Practices," www.cbpp.org/wiccertificationtoolkit.

¹⁵ Texas, for example, uses an online WIC application. See Texas WIC Program, "Texas WIC Application," National WIC Association, June 13, 2021, <https://thewichub.org/texas-wic-application/>.

categorically eligible to WIC or allow families to request that their relevant information be shared with WIC to initiate the enrollment process.¹⁶

Agreements Between WIC and Medicaid and/or SNAP

A written agreement describing how WIC, Medicaid, and/or SNAP will coordinate, how to make referrals across programs, and how data will be shared and used can be beneficial for state and local WIC agencies.¹⁷ Federal law allows Medicaid and SNAP to share enrollee data with WIC, and states have demonstrated that data can be shared securely, protecting families' privacy while improving their access to essential benefits and services.¹⁸

Thirty-four WIC state agencies reported that they have a data-sharing agreement or memorandum of understanding with Medicaid or SNAP (an increase from 27 in 2021); an additional six reported that they are in the process of establishing an agreement.¹⁹ (See Figure 2.)

Developing a written agreement that includes data sharing involves staff from multiple programs with expertise in areas including program policy, law, data security, and technology. Thinking through in advance how shared data will be used, and how the impact of those uses will be evaluated, helps states craft strong, secure, and flexible data-sharing agreements.²⁰ Consulting with states that have a data-sharing agreement in place or with national organizations with relevant experience can help states anticipate key issues and overcome challenges that arise.

¹⁶ For example, in New Mexico, when someone applies for SNAP, Medicaid, and/or TANF they are automatically evaluated for WIC categorical eligibility, and referral information is sent to the WIC eligibility system, where it is linked to family records. WIC staff can access the information and follow up with applicants who are not already enrolled in WIC. Colorado has an online multi-program application that allows applicants to choose to share their information with WIC. National WIC Association, "New Mexico WIC and SNAP Integration," December 16, 2022, <https://thewichub.org/new-mexico-wic-and-snap-integration/>. Colorado WIC Program, "Colorado Peak Multi-Program Screener and Application and Online WIC Signup," National WIC Association, June 9, 2021, <https://thewichub.org/colorado-peak-multi-program-screener-and-application-and-online-wic-signup/>.

¹⁷ For customizable shells of data sharing agreements, see Planning Tool 5: Sample Data Sharing Agreement in CBPP and Benefits Data Trust, "Toolkit: Increasing WIC Coverage Through Cross-Program Data Matching and Targeted Outreach," March 1, 2022, www.cbpp.org/wiccrossenrollmenttoolkit.

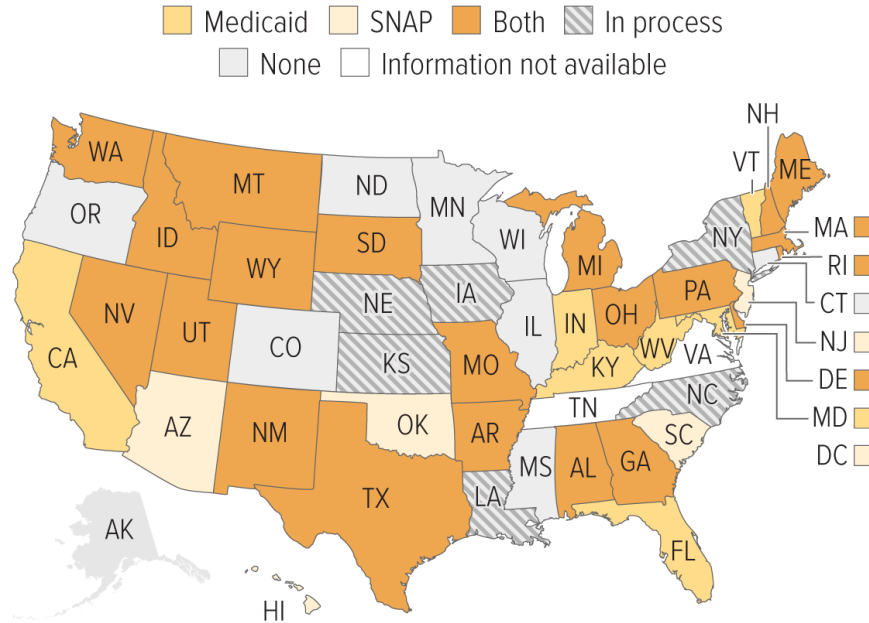
¹⁸ WIC Policy Memorandum #2023-5: Data Sharing to Improve Outreach and Streamline Certification in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

¹⁹ Florida, Georgia, New Jersey, New Mexico, and Wyoming entered into a data-sharing agreement or memorandum of understanding with Medicaid or SNAP between 2021 and 2022. The District of Columbia was not included in 2021; in 2022 D.C. reported that it has a data-sharing agreement or memorandum of understanding with SNAP.

²⁰ For a discussion of key considerations when developing a data-sharing agreement, see Jess Maneely, Benefits Data Trust and Zoë Neuberger, CBPP, "Matching Data Across Benefit Programs Can Increase WIC Enrollment," April 27, 2021, www.cbpp.org/wicdatamatching.

FIGURE 2

34 WIC State Agencies Have a Written Agreement With Medicaid or SNAP and 6 More Are Developing One



Source: Information collected from WIC state agencies by the Center on Budget and Policy Priorities during the summers of 2021 and 2022 and updated in the fall and winter of 2023-2024

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Data Sharing Between WIC, Medicaid, and SNAP

Sharing data from Medicaid and SNAP with WIC allows state agencies to measure cross enrollment in the aggregate to assess the extent to which eligible families are missing out on WIC benefits. It also allows for direct outreach to families who are eligible for WIC but not enrolled. If these families enroll in WIC, the certification process may be streamlined because WIC already has information documenting adjunctive eligibility. States interested in launching similar efforts can learn how to effectively conduct data matches and targeted outreach from the states with experience or seek funding or technical assistance through USDA’s MORE WIC! Project.²¹

State and local agencies use Medicaid and SNAP enrollee data for a variety of purposes, including documenting adjunctive eligibility. Most states have an automated telephone- or web-based system

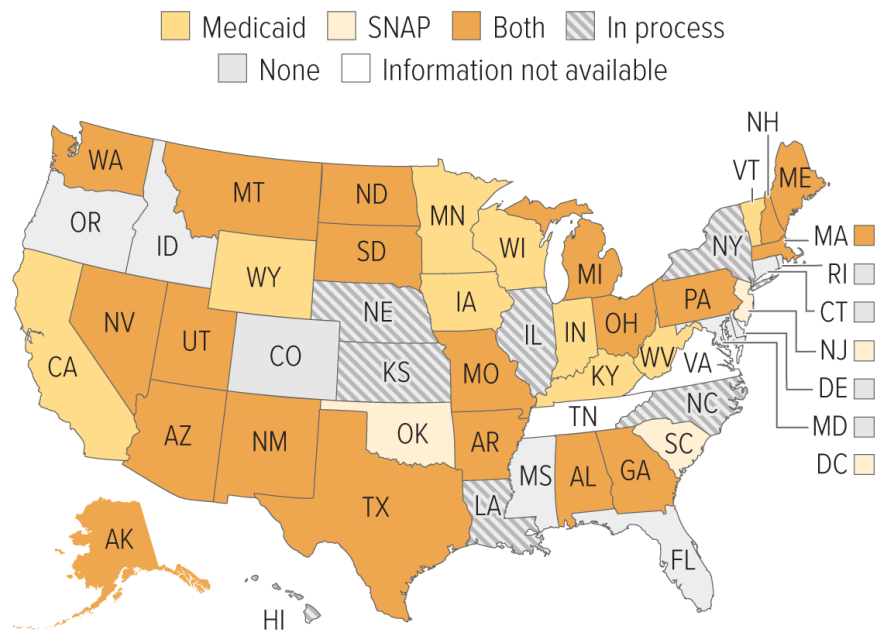
²¹ For more information on how to launch or strengthen cross-program data sharing, see Maneely and Neuberger, “Matching Data Across Benefit Programs Can Increase WIC Enrollment,” *op. cit.*

that allows them to check whether a WIC applicant is adjunctively eligible.²² States with such automated systems do not necessarily have a written agreement in place and do not need to receive batches of data to check applicants' adjunctive eligibility.

Thirty-three WIC state agencies reported in 2022 or 2023-2024 that they or their local agencies periodically *receive* data on program enrollees from Medicaid and/or SNAP (as compared to 22 in 2021).²³ The frequency of data sharing ranges from daily to annually. An additional seven WIC state agencies are in the process of establishing procedures for receiving data from Medicaid and/or SNAP. (See Figure 3.) With nearly two-thirds of WIC state agencies having access to data from Medicaid and/or SNAP and more working toward that goal, there is an opportunity to identify and increase enrollment of WIC-eligible individuals. Once state and local agencies receive data, they typically use the data either to determine enrollment gaps or to conduct outreach to eligible low-income families.

FIGURE 3

33 WIC State Agencies Periodically Receive Data on Medicaid and/or SNAP and 7 More Are Establishing Processes to Receive Data



Source: Information collected from WIC state agencies by the Center on Budget and Policy Priorities during the summers of 2021 and 2022 and updated in the fall and winter of 2023-2024

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²² For more information about each state's practices for checking for adjunctive eligibility, see Zoë Neuberger, "State WIC Agencies Use Federal Flexibility to Streamline Enrollment," CBPP, updated April 1, 2022, Table 1, www.cbpp.org/wiccertificationpolicies.

²³ The District of Columbia was not included in 2021; in 2022 D.C. reported receiving enrollee data from SNAP.

By matching Medicaid and SNAP enrollee data with WIC enrollee data, state and local WIC agencies can assess the enrollment overlap and gap between programs. Measuring the aggregate enrollment gap allows states to measure progress over time in reaching more adjunctively eligible families. Analyzing which groups are more likely to be missing out on WIC allows states to develop more effective referrals and tailor outreach to underserved groups. Thirty state agencies report that they are using Medicaid and/or SNAP enrollee data to identify WIC enrollment gaps (as compared to 22 in 2021). An additional seven states are in the process of using data from the other programs for this purpose.

Matching Medicaid and SNAP enrollee data with WIC enrollee data also allows state and local WIC agencies to conduct targeted WIC outreach directly to eligible families who are not enrolled. Most states that use Medicaid and SNAP data this way have a written agreement in place that establishes the parameters for sharing and using data.

In 2021, state agencies were asked if the data use agreement or memorandum of understanding between WIC and Medicaid and/or SNAP permitted the data shared with WIC to be used for outreach. At that time, 20 state agencies indicated that the agreement allowed for the Medicaid or SNAP enrollee data to be used by the state or local agencies for targeted WIC outreach.²⁴ Five additional state agencies were setting up agreements and procedures to use data from one or both of these programs for WIC outreach.

In 2022 and again in 2023-2024, states that are currently receiving Medicaid and/or SNAP data were asked if they are using the data to conduct targeted outreach. Of the 33 states that receive data from the other programs, 22 states indicated that they are using Medicaid or SNAP data for targeted outreach, employing a combination of text messaging, phone calls, and mail for outreach to Medicaid and/or SNAP enrollees who are not enrolled in WIC. An additional five states are preparing to conduct outreach to Medicaid and/or SNAP enrollees. Use of data for targeted outreach has greatly increased from 2022 when only 13 states reported doing so.

In some states, letters with information about WIC and how to apply are sent to families who are eligible for WIC but not enrolled through mass mailings. Other states provide lists with names and contact information for WIC-eligible families to their local agencies to contact by phone. Targeted outreach using text messaging has been successful in reaching and enrolling adjunctively eligible families in WIC.²⁵ Regardless of the method, procedures for timely outreach and follow-up with respondents, and a mechanism for monitoring the results, are important for successful outreach.

Conclusion

By collaborating with Medicaid and SNAP, which have much more robust take-up by eligible families, state WIC programs can strengthen referrals, measure the extent to which WIC reaches adjunctively eligible families, conduct outreach to enroll more eligible families, and monitor progress

²⁴ For examples of state initiatives involving cross-program data matching and targeted outreach, see Maneely and Neuberger, “Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC,” *op. cit.*; Carter and Garon, *op. cit.*

²⁵ For more information on launching or strengthening targeted text messaging outreach, see Jess Maneely, Benefits Data Trust, and Zoë Neuberger, CBPP, “Targeted Text Message Outreach Can Increase WIC Enrollment, Pilots Show,” CBPP, June 10, 2021, www.cbpp.org/wic texting. For a comparison of these various outreach methods, see Table 2.

over time. By working across agencies to ensure that low-income families with young children receive the full array of benefits and supports for which they are eligible, administrators of each program can help prevent short-term hardship and put children on a healthier course for life.

State-Level Coordination Between WIC and Medicaid and/or SNAP

Legend:

MED = Medicaid Program; SNP = Supplemental Nutrition Assistance Program

LNK = Link to a pre-application, application, or appointment request; WEB = WIC website; PHN = WIC phone number; OTH = Other; DNK = Do not know

Mail = US Mail, TEL = telephone, TXT = text message

DLY = Daily; WKL = Weekly; MTH = Monthly; QTR = Quarterly; SEM = Semi-annually; ANN = Annually

-- = Information not available

State	Are there periodic meetings between state-level WIC reps. and reps. from Medicaid and/or SNAP?	What information about applying for WIC does Medicaid provide to enrollees who may be WIC-eligible?	What information about applying for WIC does SNAP provide to enrollees who may be WIC-eligible?	Is there a state-level data-sharing agreement or memorandum of understanding between WIC and Medicaid and/or SNAP?	Do Medicaid and/or SNAP share data with WIC to identify enrollment gaps?	If Medicaid and/or SNAP data are shared with WIC, are the data used for targeted outreach by mail, telephone, or text? If yes, enter how outreach is done.	If Medicaid and/or SNAP data are shared with WIC, how often are they shared?
Alabama	No	DNK	DNK	MED, SNP	MED, SNP	No	DLY
Alaska	Yes	DNK	DNK	No	MED, SNP	Yes ⁴	QTR
Arizona	Yes	DNK	PHN	MED, SNP	MED, SNP	TXT, TEL, OTH	MED-WKL, SNP-SEM
Arkansas	No	DNK	DNK	MED, SNP	No		OTH ⁵
California ¹	Yes	WEB	WEB	MED	MED	No	ANN
Colorado ²	Yes	LNK, WEB, OTH ⁶	LNK, WEB, OTH ⁶	No	No		
Connecticut	Yes	DNK	DNK	No	No		
Delaware	No	OTH ⁷	OTH ⁷	MED, SNP	No		
District of Columbia	Yes	PHN, WEB	PHN, WEB	SNP	SNP	TXT	QTR
Florida ¹	No	DNK	DNK	MED	No		
Georgia ¹	Yes	WEB	WEB	MED, SNP	MED, SNP	No	DLY

Hawai'i³	Yes	DNK	WEB, PHN OTH ⁷	SNP	In process	In process	In process
Idaho	No	PHN, WEB	PHN	MED, SNP	No		
Illinois	Yes	--	--	No ¹¹	In process (SNP)	In process (TEL)	In process (MTH)
Indiana	No	No	No	MED	MED	No	MTH
Iowa	Yes	DNK	DNK	In process	MED	Mail, TEL, TXT	WKL
Kansas^{3,12}	Yes	WEB, OTH ⁷	WEB, OTH ⁷	In process (SNP)	In process (SNP)	--	In process (WKL)
Kentucky	Yes	OTH ⁷	OTH ⁷	MED	MED	Mail	MTH ⁵
Louisiana	Yes	DNK	PHN	In process	In process (MED, SNP)	In process (TXT)	In process
Maine	Yes	No	PHN	MED, SNP	MED, SNP	TXT	MTH
Maryland	Yes	PHN	DNK	MED	No		
Massachusetts²	Yes	DNK	WEB	MED, SNP	MED, SNP	TXT	QTR
Michigan	No	DNK	DNK	MED, SNP ⁸	MED, SNP	No	Ad hoc
Minnesota	Yes	WEB	DNK	No	MED	TXT	QTR
Mississippi	No	PHN	OTH	No	No		
Missouri	Yes	DNK	DNK	MED, SNP	MED, SNP	MED-Mail, TEL, TXT SNP-Mail, TEL	MTH
Montana²	Yes	DNK	DNK	MED, SNP	MED, SNP	No	Ad hoc
Nebraska	Yes	No	WEB, OTH ⁷	In process	In process	In process	In process
Nevada	Yes	OTH ⁷	OTH ⁷	MED, SNP	MED, SNP	TEL	DLY
New Hampshire	Yes	PHN, WEB	PHN, WEB, OTH ⁹	MED, SNP	MED, SNP	TEL	DLY
New Jersey³	Yes	No	WEB, PHN, LNK	SNP	SNP	Mail	MTH
New Mexico³	Yes	OTH ⁷	OTH ⁷	MED, SNP	MED, SNP	Yes ⁴	DLY

New York	Yes	WEB	PHN	In process	In process		
North Carolina	Yes	DNK	LNK	In process	In process	No	In process
North Dakota	No	No	No	No	Yes	Mail	MTH
Ohio	Yes	OTH ⁷	OTH ⁷	MED, SNP	MED, SNP	Mail, TEL, TXT	MTH
Oklahoma	No	WEB	DNK	SNP	SNP	TXT	QTR
Oregon	Yes	PHN, WEB, LNK	PHN, WEB, LNK	No	No		
Pennsylvania¹	No	WEB	WEB	MED, SNP	MED, SNP	Mail, TEL, TXT	MTH
Rhode Island¹	Yes	PHN, WEB ⁷	PHN, WEB ⁷	MED, SNP	No		
South Carolina	Yes	OTH ⁵	OTH ⁵	SNP	SNP		MTH
South Dakota¹	Yes	PHN, WEB, OTH ⁷	PHN, WEB, OTH ⁷	MED, SNP	In process (MED, SNP)		DLY ⁹
Tennessee¹²	--	--	--	--	--		--
Texas	Yes	WEB	WEB	MED, SNP	MED, SNP	TEL, TXT	MTH
Utah	Yes	WEB	WEB	MED, SNP	MED, SNP	TXT	MTH/QTR
Vermont¹	Yes	WEB, OTH ⁷	OTH ⁷	MED	MED	Mail, TEL	MTH, OTH
Virginia^{2,12}	--	--	--	--	--		--
Washington	Yes	No	No	MED, SNP	MED, SNP	In process (TXT)	QTR
West Virginia	No	OTH ¹⁰	DNK	MED	MED	Mail, in process (TXT)	QTR
Wisconsin	No	WEB, Mail	No	No	No	Mail	MTH
Wyoming	Yes	OTH ⁷	DNK	MED, SNP	MED	No	MTH

1. The responses for California, Florida, Georgia, Maryland, Pennsylvania, Rhode Island, South Dakota, and Vermont are from 2022. These states did not respond to a request for updates in 2023-2024.
2. Colorado, Massachusetts, Montana, and Virginia participated in pilot projects to match WIC enrollee data with enrollee data from Medicaid, SNAP, and/or TANF to identify individuals who are eligible for WIC but not enrolled. These state agencies conducted targeted WIC outreach using text messaging to the households identified. For more information about the pilot project design and results, see Jess Maneely and Zoë Neuberger, "Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC," Center on Budget and Policy Priorities, January 5, 2021, www.cbpp.org/wicpilotreport. For the data-sharing agreement that was in place during Virginia's pilot project, see National WIC Association, "Data Sharing Agreement for Data Matching and Outreach," June 14, 2021, <https://thewichub.org/data-sharing-agreement-for-data-matching-and-outreach/>. The data-sharing agreement that was in place for Colorado's pilot project

has expired. Massachusetts and Montana have continued to conduct data matching and targeted outreach. For a customizable shell of a data sharing agreement, see www.cbpp.org/wiccrossenrollmenttoolkit, Planning Tool 5.

3. Hawai'i, Kansas, New Jersey, and New Mexico WIC state agencies collaborated with their SNAP state agencies on projects to implement innovations and interagency coordination to combat childhood hunger. An impact report on each project is available at Share Our Strength and APhSA, "Coordinating SNAP and Nutrition Supports," https://aphsa.org/APHSA/Policy_and_Resources/csns.aspx.
4. Alaska and New Mexico did not specify the outreach methods used.
5. In Arkansas, Medicaid and SNAP enrollee data are shared with local WIC sites for program coordination; in Kentucky, Medicaid data are shared with local sites for outreach.
6. In Colorado, the multi-program PEAK online application allows applicants to choose to share their information with WIC in addition to applying for Medicaid and SNAP. The WIC program provides an online dashboard showing the results of these and other referrals to WIC, which is available at <https://www.coloradowic.gov/colorado-wic-data-dashboard>.
7. Examples of other ways that Medicaid or SNAP programs inform applicants or enrollees about WIC include providing general program information, notifying them that they may be eligible for WIC and making referrals to WIC.
8. Michigan's data-sharing agreement is in place for a pilot project to match WIC enrollee data with enrollee data from Medicaid and SNAP to identify individuals who are eligible for WIC but not enrolled. This state agency conducted targeted WIC outreach using text messaging to a sample of the households identified.
9. In New Hampshire and South Dakota, Medicaid and SNAP enrollee data are uploaded into the WIC management information system for local sites to check for adjunctive eligibility.
10. In West Virginia, the managed care organizations include WIC printed materials in welcome packets for Medicaid recipients.
11. In Illinois, there is no requirement for a data use agreement or memorandum of understanding because WIC and SNAP operate within the same government agency and Medicaid uses the same management information system as SNAP.
12. The responses for Kansas are from 2021. Kansas did not respond to a request for updates in 2022 or 2023-2024. Tennessee and Virginia have not provided responses at all.