

**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Public Health**  
**Division of Maternal and Child Health**  
**(Amendment)**

**902 KAR 18:021. Eligibility, certification periods, and time frames for processing applicants.**

RELATES TO: 194A.050, [~~194A.505, 194A.990,~~] 7 C.F.R. Part 246, 278.6[~~, 21 U.S.C. 802~~]

STATUTORY AUTHORITY: KRS 194A.050, 211.180[~~211.090(3)~~], 7 C.F.R. Part 246, 42 U.S.C. 1786

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: 42 U.S.C. 1786 and 7 C.F.R. Part 246 provide ~~for~~ grants for state operation of the Special Supplemental Nutrition Program for Women, Infants~~,~~ and Children (WIC). KRS 194A.050(1) authorizes the Cabinet for Health and Family Services to promulgate administrative regulations as necessary to qualify for the receipt of federal funds. KRS 211.180(1)(e) and (f) authorize the cabinet to promulgate administrative regulations for the health of expectant mothers, infants, and preschoolers, and the improvement of health through better nutrition. This administrative regulation establishes the application and participation process for participants of the Kentucky Special Supplemental Nutrition Program for Women, Infants~~,~~ and Children (WIC).

Section 1. Eligibility. To be certified as eligible to participate in the WIC program, a person shall:

- (1) Be categorically eligible as follows:
  - (a) A pregnant woman;
  - (b) A postpartum woman, up to six (6) months after termination of pregnancy;
  - (c) A breastfeeding woman, up to the infant's first birthday;
  - (d) An infant, birth to one (1) year of age; or
  - (e) A child, one (1) to five (5) years of age;
- (2) Provide proof of residence in the Commonwealth of Kentucky, such as a utility bill, driver's license, or Supplemental Nutrition Assistance Program (SNAP) identification card;
- (3) Provide proof of identity as defined by 7 C.F.R. 246.7(c), such as a driver's license, medical card, birth certificate, or photo identification;
- (4) Provide proof of household income, such as the most recent paystub, tax form (W-2), or medical card, and meet the following income criteria:
  - (a) Receive Kentucky Transitional Assistance Program (KTAP), SNAP, or Medicaid;
  - (b) A pregnant woman or infant in the household receives Medicaid;
  - (c) A member of the household receives Medicaid; or
  - (d) The household income is at or below 185 percent of the federal poverty level;
- (5) Meet the required nutritional risk data at certification:
  - (a) Height or length and weight measurements shall be performed and documented or referral data performed by a health care provider collected within sixty (60) days of the date of certification;~~;~~
  - (b) Hematological tests shall be performed and documented or referral data performed by a health care provider collected within ninety (90) days of the date of certification; and
- (6) Meet one (1) of the following nutritional risk criteria:
  - (a) A detrimental or abnormal nutritional condition detectable by biochemical or anthropometric measurements, such as:

1. Anemia;
  2. Underweight;
  3. Overweight;
  4. Abnormal pattern of weight gain in a pregnant woman;
  5. Low birth weight ~~[gain]~~ in an infant; or
  6. Stunting in an infant or child; or
- (b) A documented nutritionally related medical condition, such as:
1. Clinical signs of nutritional deficiency;
  2. Metabolic disorder;
  3. Pre-eclampsia in a pregnant woman;
  4. Failure to thrive in an infant;
  5. Chronic infection;
  6. Alcohol or drug abuse or mental retardation in a woman;
  7. Lead poisoning;
  8. History in a pregnant woman of a high risk pregnancy or an associated factor, such as:
    - a. Smoking;
    - b. Conception before sixteen (16) months postpartum;
    - c. History of low birth weight, premature birth, or neonatal loss;
    - d. Adolescent pregnancy; or
    - e. Current multiple pregnancy;~~[or]~~
  9. Congenital malformation in an infant or child;
  10. ~~[or]~~ An infant born to a woman with:
    - a. A history of alcohol abuse;
    - b. A history of drug abuse; or
    - c. Mental retardation;
  11. ~~[d.]~~ A dietary deficiency that impairs or endangers health, such as an inadequate dietary pattern as assessed by:
    - a. ~~[(i)]~~ A twenty-four (24) hour dietary recall;
    - b. ~~[(ii)]~~ Dietary history; or
    - c. ~~[(iii)]~~ Food frequency checklist; or
  12. ~~[e.]~~ A condition that predisposes a person to an inadequate nutritional pattern or nutritionally related medical condition, such as homelessness or migrancy.

Section 2. Certification Periods. WIC program benefits shall be based upon certifications established in accordance with the time frames established in this section.

- (1) A pregnant woman shall be certified for the duration of her pregnancy and for up to six (6) weeks postpartum.
- (2) A postpartum woman shall be certified for up to six (6) months postpartum.
- (3) A breastfeeding woman shall be certified up to the infant's first birthday or when the woman ceases breastfeeding, whichever occurs first~~[at intervals of approximately six (6) months, ending with the breastfed infant's first birthday].~~
- (4) An infant shall be certified up to the infant's first birthday. ~~[or when the woman ceases breastfeeding, whichever occurs first].~~ The local WIC agency shall ensure that the infant receives the required health and nutrition assessments pursuant to 7 C.F.R. 246.11(e)(3) ~~[at intervals of approximately six (6) months, except an infant under six (6)]~~~~[months of age shall be certified for a period extending up to the first birthday if the quality and accessibility of health care services is not diminished].~~
- (5) A child shall be certified at intervals of approximately twelve (12)~~[six (6)]~~ months, up until the~~[ending with the end of the issuance month in which a]~~ child reaches their~~[the]~~ fifth birthday. The local WIC agency shall ensure that the child receives the required health and nutrition assessments in accordance with 7 C.F.R. 246.11(e)(3).

Section 3. Priority System. Vacancies in the WIC program shall be filled as they occur unless maximum participation has been reached. If maximum participation has been reached, vacancies shall be filled by a priority system based upon the nutritional risk of the patient.

Section 4. Time Frames for Processing Applicants.

(1) Pregnant~~[and breastfeeding]~~ women, infants, and migrant farmworkers and their families~~[migrants]~~ shall be screened and notified of WIC program eligibility or ineligibility within ten (10) days of application.

(2) All other applicants shall be screened and notified of WIC program eligibility or ineligibility within twenty (20) days of application. WIC benefits shall be provided when participants are notified of certification.

(3) In accordance with 7 C.F.R. 246.7(f)(2)(iii)(A), the state agency may provide an extension of the notification period to a maximum of fifteen (15) days for those local agencies that make a written request, including a justification of the need for an extension.

Section 5. Nutrition Education.

(1) Nutrition education shall be made available to the participant or the participant's parent or guardian and shall relate to the participant's nutritional needs, household situation, and cultural preferences.

(2) Tobacco, drug, and other substance abuse information shall be provided to each participant or the participant's parent or guardian.

(3) Breastfeeding information, including the benefits of breastfeeding, shall be provided to each pregnant participant, unless contraindicated.

*JOHN R. LANGEFELD, MD, Commissioner,*

*STEVEN J. STACK, MD, MBA, Secretary*

APPROVED BY AGENCY: January 7, 2026

FILED WITH LRC: February 3, 2026 at 11:50 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall, if requested, be held on April 27, 2026, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this virtual hearing shall notify this agency in writing by April 20, 2026, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends virtually will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation through April 30, 2026. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Analyst, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, Kentucky 40621; Phone: 502-564-7476; Fax: 502-564-7091; CHFSregs@ky.gov.

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

**Contact Person:** Julie Brooks and Krista Quarles

**Subject Headings:** Children and Minors; Public Assistance; Public Health

**(1) Provide a brief summary of:**

**(a) What this administrative regulation does:**

This administrative regulation establishes the application and participation process for participants of the Kentucky Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

**(b) The necessity of this administrative regulation:**

This administrative regulation is necessary to ensure that applicants for WIC are aware of the eligibility, application, and participation requirements.

**(c) How this administrative regulation conforms to the content of the authorizing statutes:**

KRS 211.180 authorizes the cabinet to promulgate administrative regulations necessary to improve the health of expectant mothers, infants, and preschoolers, and the improvement of health through nutrition.

**(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:**

This administrative regulation ensures consistent eligibility, application and participation requirements are applied equally throughout the commonwealth.

**(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:**

**(a) How the amendment will change this existing administrative regulation:**

The amendment to this administrative regulation amends the nutritional risk criteria for consistency with federal regulation. The infant and child certification periods are increased from six (6) to twelve (12) month time frames for consistency with federal regulation and adds that a local agency may request a fifteen (15) day extension of the participant notification requirements.

**(b) The necessity of the amendment to this administrative regulation:**

The amendment to this administrative regulation is necessary to ensure the state WIC program operates in full compliance with federal regulations.

**(c) How the amendment conforms to the content of the authorizing statutes:**

7 C.F.R. 246.7 outlines the participant eligibility and certification requirements. KRS 211.180 authorizes the cabinet to promulgate administrative regulations necessary to improve the health of expectant mothers, infants, and preschoolers, and the improvement of health through nutrition.

**(d) How the amendment will assist in the effective administration of the statutes:**

The amendment to this administrative regulation will ensure the WIC program operates in full compliance with federal regulation.

**(3) Does this administrative regulation or amendment implement legislation from the previous five years? No.**

**(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:**

The amendment to this administrative regulation will impact the local WIC agencies as well as participants receiving WIC benefits. Local agencies for WIC include sixty-one (61) county and district health departments and three (3) pediatric medical centers. The WIC program supports an average of 107,000 participants per month.

**(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:**

**(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:**

Local agencies will need to ensure applicants meet required eligibility guidelines and certification happens timely. Participants will need to ensure they have proper documentation and meet the established eligibility guidelines.

**(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):**

There will be no cost to local agencies or to participants.

**(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):**

Local agencies and participants will have access to timely eligibility approval.

**(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:**

**(a) Initially:**

This is an ongoing program, there are no initial funds.

**(b) On a continuing basis:**

According to the U.S. Department of Agriculture, the WIC program receives federal grant funding of approximately \$112 million dollars to administer the program.

**(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:**

The WIC program is funded through a grant from the U.S. Department of Agriculture.

**(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:**

An increase in fees or funding is not necessary to implement the amendment to this administrative regulation.

**(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:**

There are no fees associated with this administrative regulation.

**(10) TIERING: Is tiering applied?**

Tiering is not applied as the requirements are applied equally to all applicants.

## FISCAL IMPACT STATEMENT

**(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation.**

KRS 194A.050, 211.180, 7 C.F.R. Part 246, and 42 U.S.C. 1786.

**(2) Identify the promulgating agency and any other affected state units, parts, or divisions:**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the Department for Public Health, Cabinet for Health and Family Services is the promulgating agency.

**(a) Estimate the following for the first year:**

**Expenditures:**This administrative regulation does not impact expenditures for the promulgating agency.

**Revenues:**The WIC program receives approximately \$112 million dollars in grant funding from the U.S. Department of Agriculture (USDA).

**Cost Savings:**This administrative regulation does not result in cost savings.

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

The funding from USDA to support the WIC program is depended on federal monies available.

**(3) Identify affected local entities (for example: cities, counties, fire departments, school districts):**

Local health departments that operate a WIC program are affected local entities.

**(a) Estimate the following for the first year:**

**Expenditures:**The amendment to this administrative regulation will not impact expenditures for the local agencies who implement WIC.

**Revenues:**The state program provides funding from the grant dollars received to support the local agencies who implement WIC.

**Cost Savings:**This administrative regulation does not result in cost savings.

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

Subsequent year expenditures, revenues and cost savings will be dependent on the amount of federal funding received from the USDA.

**(4) Identify additional regulated entities not listed in questions (2) or (3):**

Additional regulated entities include WIC recipients.

**(a) Estimate the following for the first year:**

**Expenditures:**This administrative regulation will not impact expenditures for WIC recipients as services and resources are provided at no cost to recipients.

**Revenues:**This administrative regulation will not generate revenue for WIC recipients.

**Cost Savings:**WIC recipients have cost savings associated with receiving resources to purchase food items. This is dependent on the individual's eligibility.

**(b) How will expenditures, revenues, or cost savings differ in subsequent years?**

Expenditures and revenue will not change in subsequent years. Cost savings will remain dependent on the individual's eligibility to purchase food items.

**(5) Provide a narrative to explain the:**

**(a) Fiscal impact of this administrative regulation:**

This administrative regulation will have a budget neutral fiscal impact. This administrative regulation will not generate revenue for the promulgating agency or other impacted entities. Expenditures will not be increased or decreased as a result of this administrative regulation and there will be no cost savings.

**(b) Methodology and resources used to determine the fiscal impact:**

The amendment to this administrative regulation updates the state regulatory eligibility and certification requirements to be consistent with federal regulation. The time frames for processing applications are also amended for consistency with federal regulation.

**(6) Explain:**

**(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate)**

This administrative regulation does not have an overall negative or adverse major economic impact.

**(b) The methodology and resources used to reach this conclusion:**

This administrative regulation is budget neutral.

## FEDERAL MANDATE ANALYSIS COMPARISON

**(1) Federal statute or regulation constituting the federal mandate.**

7 C.F.R. 246 and 42 U.S.C. 1786.

**(2) State compliance standards.**

KRS 194A.050 requires the secretary of the Cabinet for Health and Family Services to promulgate and enforce administrative regulations necessary to implement programs mandated by federal law or to qualify for federal funds.

**(3) Minimum or uniform standards contained in the federal mandate.**

7 C.F.R. 246 provides grant funding to states agencies to administer the Special Supplemental Nutrition Program for Women, Infants and Children through local agencies at no cost to eligible recipients. 7 C.F.R. 246.3(b) delegates authority for the effective and efficient administration of the program to states. 42 U.S.C. 1786 requires states to submit a plan for operation and administration each fiscal year.

**(4) Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate?**

No, this administrative regulation does not impose stricter requirements, or additional or different responsibilities or requirements.

**(5) Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements.**

Not applicable.