

<p style="text-align: center;">Texas WIC Health and Human Services Commission</p>

Effective September 1, 2023

Policy No. CS:17.0

Documentation of a Complete Nutrition Assessment

Purpose

To ensure accurate and thorough determination of eligibility for WIC benefits, and identification of all nutrition risk conditions.

Authority

7 CFR Part 246.7

Policy

Local agency (LA) staff must perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income, identification, and residency meet program guidelines.

Procedures

- I. A complete nutrition assessment must be performed by a certifying authority (CA) or a WIC Certification Specialist (WCS). Other trained WIC staff may perform anthropometrics, and blood iron levels.
 - A. Nutrition risk factors must be evaluated by a CA or WCS.
 - B. Every nutrition risk for which a person can qualify must be identified and documented in the Management Information System (MIS).

- II. A complete nutrition assessment includes biometric data, health and maternal history, and immunization screening and referrals.
 - A. Biometric Data– includes the measurement of weight, length/height, and blood iron levels. Biometric data may be performed in the clinic or obtained from a healthcare provider or health/medical portal.

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1. Anthropometric Data – the weight and height/length must be measured and plotted according to the instructions in the *Guidelines for Nutrition Assessment*. **Table 1** (page 5) explains acceptable timeframes based on the date measurements are taken to obtain or accept anthropometric measurements.
 - a. In rare cases when the weight and length are unknown or cannot be obtained from a healthcare provider or by using standard measuring equipment, select “weight or length/height not available” in the MIS.

2. Blood Iron Levels – Assessment of iron status via a blood screen for hemoglobin or hematocrit levels must be performed according to the instructions in the *Guidelines for Nutrition Assessment*. **Table 2** (page 5) explains the appropriate category and age to perform a blood screening.
 - a. Waiving the blood screening requirement is allowed for limited situations and shall be documented in the MIS. The following exceptions are the only circumstances that would preclude a blood screen for low iron:
 - i. Applicants whose religious beliefs do not allow them to have blood drawn. Acceptable documentation includes a written, signed statement by the parent/caretaker or applicant, or written documentation by the WIC staff that is signed by the parent/caretaker or applicant. This must be uploaded to the MIS.
 - ii. Applicants with a “lifelong” medical condition such as hemophilia, fragile bones, or osteogenesis imperfecta. A written, signed statement by the healthcare provider, physician, or someone working under the physician’s orders is required. This must be uploaded to the MIS.

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- iii. Applicants with a treatable skin disease or a serious skin condition, where the blood collection may cause harm to the applicant. A written, signed statement by the healthcare provider, physician, or someone working under a physician's orders is required. This must be uploaded to the MIS.
- B. Health and Maternal History – The health history questionnaire, prior pregnancy data, and counseling session are required to assess the applicant's nutritional and health status at each certification. Nutrition risk conditions must be assessed and assigned according to the instructions in the *Clinic Assessment Manual*.
- 1. For applicants certified as pregnant, a medical/maternal history must be completed during the pregnancy.
 - 2. A medical/maternal history must be collected after the pregnancy ends for applicants certified as postpartum and breastfeeding.
- C. Immunization Screenings and Referrals
- 1. If available, staff must review immunization records during the client's certification and mid-certification appointments (refer to [CS:32.0 \(T\) Mid-Certification Assessment for Children](#))
 - a. Immunization status (current or not current) must be indicated in the MIS.
 - b. If immunizations are not current, referrals to immunization providers in the community must be made.
 - c. Information on timely immunizations must be provided to clients. At a minimum, staff must provide a Centers for Disease Control and Prevention (CDC) immunization schedule or post a CDC immunization schedule for clients

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to view. The updated schedule can be accessed at:
[Vaccine Schedule for Children 6 Years or Younger | CDC](#).

2. If immunization records are not available, staff must indicate "Not Available" in the MIS. Clients must be reminded to bring their records to their next scheduled appointment for review.

III. Special Circumstances/Accommodations

- A. When an applicant has special health care needs, special accommodations may be made in obtaining medical/nutrition data to evaluate the applicant's nutritional status. Refer to Policy [CR:07.0 \(T\) Provision of Services to Families with Special Health Care Needs](#) for the definition of special health care needs and procedures to follow in these circumstances. Refer to [Policy CS:04.0 Physical Presence](#) for appropriate waivers, if necessary.
- B. A USDA waiver under the American Rescue Plan Act (ARPA) allows LAs to defer the anthropometric and blood iron levels for all applicants/clients up to 60 days. Refer to [Policy CS:04.0 Physical Presence](#).

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Table 1. Anthropometric Requirements

Category	Age	Acceptance Timeframes	Anthropometric Requirements
Infants	< 2 weeks	Birth date measurements	Length and weight physical presence waived
	> 2 and < 8 weeks	Dated 30 Days or less	Length and weight Physical presence waived
	> 8 weeks	Dated 30 Days or less	Length and weight Physical presence required
Children	12 months - <2 years	Dated 60 Days or less	Length and weight Physical presence required
	2-5 years		Height and weight Physical presence required
Pregnant Breastfeeding Postpartum	N/A	Dated 60 Days or less taken in current certification category	Height and weight Physical presence required

Table 2. Blood Iron Level Requirements

Category/Age	When to Conduct Blood Screening	Acceptance Timeframe
Infants Initial certification <9 months	<ul style="list-style-type: none"> • Between 9 – 12 months • Use corrected/adjusted age if premature • If initial certification between 6 – 8 months, conduct if: <ul style="list-style-type: none"> ○ At nutritional risk ○ If returning between 9 – 12 months presents a barrier 	Dated 30 days or less
Infants Initially certified 9 – 12 months	At certification	Dated 30 days or less

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Category/Age	When to Conduct Blood Screening	Acceptance Timeframe
Children 12 months – 5 years	<ul style="list-style-type: none"> • At least once every 12 months. • Must be conducted 6 months after initial blood screening if: <ul style="list-style-type: none"> ○ mid-certification falls between 12 - 23 months old ○ blood iron level below normal range at previous certification. <p>Refer to: <u>CS:32.0 (T) Mid-Certification Assessment for Children</u></p>	Dated 60 days or less
Examples: <ul style="list-style-type: none"> • Initial blood screening 6 – 8 months old: conduct at 12 – 14 months old • Initial blood screening 9 – 12 months old: conduct at 15 – 18 months old • No initial blood screening: conduct at child certification 		
Pregnant Postpartum Breastfeeding	At certification	Dated 60 days or less and in current certification category