

<b>Texas WIC Health and Human Services Commission</b>
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Effective August 1, 2017

Policy No. CS: 17.0 (T)

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## 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 shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines.

### Procedures

- I. A nutrition assessment shall be performed by a certifying authority (CA) or a WIC Certification Specialist (WCS). Other trained WIC staff may obtain measurements diet/health histories and perform blood screens for low iron.
  - A. **Nutrition risk** factors shall be evaluated by a CA or WCS.
  - B. Every nutrition risk for which a person can qualify shall be identified and documented on the Participant Page of MIS system.
  
- II. A nutrition assessment is considered complete when the following indicators of nutritional status have been evaluated:
  - A. **Current weight and height/length** – all applicants.
    1. The weight and height/length shall be measured and plotted according to the instructions in the *Guidelines for Nutrition Assessment* section in the *Clinic Assessment Manual*.
    2. In rare cases when the weight and length are unknown or cannot be obtained from a healthcare provider or by using

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standard clinical equipment, the value "0" for weight and length shall be entered in the MIS system.

3. Documentation of why measurements were not obtained shall be included in the note section of Participant Page. Refer to *Guidelines for Nutrition Assessment – Weighing and Measuring – Special Considerations* and/or *WCS Module 8: Anthropometric Data Collection*.

**B. Diet Assessment** – all applicants. Utilizing the health history and interview, an assessment of applicant's nutritional status, shall be conducted.

**C. Hemoglobin or hematocrit** –for all applicants:

1. Infants initially certified at less than 9 months of age shall be **offered** a blood screen between 9 and 12 months,
  - a. except for infants that are initially certified from 6 through 8 months of age, and
    - i. the CA or WCS determines blood work is required because the infant may be at nutritional risk, or
    - ii. if returning to the clinic for blood work between 9 and 12 months presents a barrier for program participation.
  - b. All infants initially certified at 9 months or older shall have a blood screen at certification.
  - c. Premature infants shall not have a blood screen before 9 months corrected/adjusted age.
2. All children shall have a blood screen performed at least once every 12 months, excluding the mid-certification assessment.
  - a. A blood screen shall be performed 6 months after the initial blood test.
  - b. A blood screen shall be performed between 12 and 14 months of age for children whose blood was screened from 6 through 8 months of age.
  - c. A blood screen shall be performed between 15-18 months of age, for children whose blood was screened

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- between 9 and 12 months of age. This may result in blood screen being deferred at the child certification
- d. If blood was not screened between 9 and 12 months of age, blood shall be screened at the child certification.
3. Pregnant women shall have a blood screen during their pregnancy. Postpartum and breastfeeding women shall have a blood screen after delivery.
  4. Assessment of iron status shall be performed according to the instructions in the Guidelines for Nutrition Assessment. A current hemoglobin/hematocrit value obtained from a healthcare provider (not older than 30 days for infants or 60 days for women and children from the certification date) is acceptable.
  5. Waiving the requirement for hemoglobin/hematocrit 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.
    - a. 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 shall be scanned and attached to MIS record.
    - b. Applicants with "life long" medical conditions such as hemophilia, fragile bones, or osteogenesis imperfecta. A written, signed statement by the healthcare provider, physician or someone working under a physician's orders is required. This shall be scanned and attached to MIS record.
    - c. Applicants with a treatable skin disease or with 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

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a physician's orders is required. This shall be scanned and attached to MIS record.

- D. **Health History (Medical/Maternal history)** - all applicants.
  - 1. Nutrition risk conditions related to medical/maternal history shall be assessed according to the instructions in the Guidelines for Nutrition Assessment. A health history shall be completed for each certification.
  - 2. For applicants certified as pregnant women, a medical/maternal history shall be completed during the pregnancy, and for applicants certified as postpartum and breastfeeding women, a medical/maternal history shall be collected after the termination of the pregnancy.
  
- III. **Medical/nutrition data** previously obtained in the WIC clinic or from a healthcare source or a referral may be used to evaluate the applicant's nutritional status in order to reduce the number of times WIC applicants are subjected to the same assessment procedures.
  - A. Medical data for women and children (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet assessment) may be used for determining nutrition risk for a full certification period, if it is not more than 60 days when eligibility is determined. Medical data for applicants certified as pregnant women shall have been collected during their pregnancy, and data for applicants certified as postpartum and breastfeeding women shall have been collected after the termination of their pregnancies.
  - B. Medical data for infants (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet assessment) may be used for determining nutrition risk for a full certification period if it is not more than 30 days when eligibility is determined, with the exception of birth data.
    - 1. The birth weight and length of an infant shall not be accepted for certification purposes after the infant is two weeks of age.
    - 2. When an infant is older than two weeks of age, a current weight and length must be obtained. The birth weight and

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- length shall be plotted in addition to current weight and length.
3. To certify an infant that is not physically present:
    - a. For an infant less than 2 weeks old, birth weight and length (or more recent) shall be used for certification purposes.
    - b. For infants from two to eight weeks, weight and length must be accepted if it is within the most recent 30 days from certification (Refer to Policy 17.0).
    - c. Infants older than 8 weeks, without a physical presence waiver (described below), must be physically present for certification.
    - d. For infants with special health care needs, see section IV below.
- C. Medical data submitted from a healthcare source, other than the local WIC agency:
1. Shall be in writing, and include the data and date measurements were obtained; or
  2. If information is obtained via telephone by LA, staff shall document the data and date measurements were obtained.
  3. Scan and attach document or enter information in notes on Participant Page of the MIS .
- IV. 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 for the definition of special health care needs and procedures to follow in these circumstances. Refer to Policy CS:04.0 for appropriate waivers, if necessary.