

NUTRITIONAL ASSESSMENT

A. Assessment Procedures

Revised 12/98

1. A Competent Professional Authority determines nutritional risk by performing a complete nutritional assessment on a one-on-one basis. *Each individual seeking certification or recertification for participation in the program shall be physically present at the clinic site for determination of program eligibility. This applies to all new applicants for their initial certification as well as participants who are presently receiving benefits and who are applying for a subsequent certification. The only exceptions to this policy are:*
 - (a) *for newborn infants certified as Priority II (see number 3 below).*
 - (b) *if the agency determines that presence would present an unreasonable barrier to participation, a local agency may waive the physical presence clause for an infant or child who:*
 - (I) *was present at the initial certification visit; and is receiving ongoing health care from a provider other than the local agency; or*
 - (ii) *was present at the initial certification visit; was present at a certification or recertification determination within the 1-year period ending on the date of the certification or recertification determination described above (I); and has one or more parents who work.*

In the case of severe hardship contact the State WIC Agency.

2. Referral information from a Competent Professional Authority not on the staff of the local agency may be used in making the determination. If the applicant would incur a cost to obtain data from an outside health care provider, solely to obtain the data for WIC, the local agency should offer to conduct the assessment procedures free of charge. Infants and children cannot be certified on the basis of a medical referral form without being physically present.
3. An exception to the assessment procedure can be made only for Priority II infants. When it is impossible to get anthropometric data or when the parent or guardian cannot bring the infant or medical records to the local agency promptly after birth, the infant may be certified on the basis of the mother's documented status during pregnancy. Either the payee or the alternate shopper may pick up the first set of

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checks for a preliminary infant. Such infants should be given benefits to six weeks of life only, to ensure that complete nutritional assessment data will be secured within a reasonable time. Benefits should not be issued after the first six weeks unless the nutritional assessment is complete.

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4. *Anthropometric measurements may not be more than 60 days old prior to certification, and blood work (hemoglobin/hematocrit) must be no older than 90 days from the date of the WIC certification. Lead screening results may not be more than 180 days old. Collected data must be reflective of the category.*
5. The following assessment tools should be considered in determining the individual's nutritional status:
 - ✓ WIC Medical Information Form (WIC-2A or 2B)
 - ✓ Prenatal Weight Gain Grid (WIC-49)
 - ✓ Infant or Child NCHS Growth Grids (WIC-47A and B, WIC-48A and B)
 - ✓ Nutrition and Risk Assessment Form for Infants and Children, and Women (WIC 3B, 3C, 3D, 3E)

B. The assessment includes all the following areas:

1. An individual history that includes:
 - (a) Dietary history obtained through the use of:
 - (i) Dietary recall and food frequency.
 - (ii) Exploration of food preferences, nutritional supplements, fads, etc.
 - (b) Medical history related to nutrition. The history may be obtained through a review of the applicant's medical record or referral information from a competent professional not on staff of the local agency. For example:
 - (i) Obstetrical history.
 - (ii) Condition of teeth.
 - (iii) Use of drugs or medications.
 - (c) Socioeconomic factors that affect nutrition.

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- (i) Resources available for food purchase.
- (ii) Availability of food storage and cooking facilities.
- (iii) Educational level of the participant.

Particular attention should be paid to determine whether nutritional patterns are subject to variation over time, such as when personal or family resources, situations, or functioning impact on nutritional patterns.

2. Anthropometric Measurements - The consistent and accurate use of pregnancy weight gain grids, or growth grids as a recording and evaluation tool for the following measurements is imperative:

(a) For Women and Children 2 years of age or older, and at least 35 inches in height.

- (i) Height
- (ii) Weight

(b) For Infants and Children up to 2 years of age and older children under 35 inches.

- (i) Recumbent length
- (ii) Weight

Revision implemented 11/96

(C) *Measurements shall be conducted not more than 60 days prior to certification for program participation. Note: pregnant and postpartum women's measurements must be taken during their pregnancy (pregnant women), or after the termination of their pregnancy (postpartum and breastfeeding women).*

Revision implemented 3/98

Note: Scales must be calibrated based on manufacturer's schedule and procedures, but at least on a yearly basis. Zero-balance scales on a daily basis and document on form WIC-86. See Appendix for information on Municipal Sealers.

Revised 12/00

3. *Laboratory Analyses:*

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- (a) *Hematocrit/hemoglobin measurement must be done as follows:*
- (i) *Pregnant Women:*
- *The data collected must be taken as early as possible during the current pregnancy.*
 - *Prenatal women may be certified without receipt of bloodwork for up to 90 days after the date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment. The date, bloodwork is recorded in the record will be documented in the chart.*
 - *For pregnant women, use the bloodwork cutoff that corresponds to the woman's trimester when the bloodwork was taken.*
- (ii) *Breastfeeding and Postpartum Women:*
- *The data collected must be taken once during the postpartum period, ideally 4-6 weeks after delivery.*
 - *Breastfeeding women 6-12 months postpartum, no additional blood test is required if a blood test (taken after delivery) was already obtained and documented by the WIC local agency.*
- (iii) *Infants:*
- *The bloodwork must be collected between 9-12 months.*
 - *However, bloodwork may be acceptable for infants 6 - 12 months old under certain circumstances (i.e. on low-iron formula, preterm and low birthweight infants, fully breastfed infant, and when deemed prudent based on a case-by-case basis).*
 - *If no nutrition risk factor can be determined, a blood test must be performed on-site by WIC-or be obtained from a clinician-before the person can be determined to be eligible for WIC services.*
- (iv) *Child:*
- *Children need bloodwork at their initial certification as a child*
 - *Additionally, bloodwork is required between 15 and 18 months*
 - *Thereafter, if blood values were normal, bloodwork should be done every 12 months*
 - *However, If blood values were low, blood work must be done again in 6 months*
 - *Bloodwork results may be deferred for up to 90 days after the*

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date of WIC certification, but only for patients with at least one nutrition risk factor at the time of their WIC appointment.

- If no nutrition risk factor can be determined, a blood test must be performed on-site by WIC, or be obtained from a clinician, before the person can be determined to be eligible for WIC services.*
- The date, bloodwork is recorded in the record will be documented in the chart.*

Example:

*CHILD (9-12 months) Blood test is required. Results are normal.
CERTIFICATION :*

*CHILD (15-18 months) New blood test is required. Results are normal.
RECERTIFICATION*

*CHILD (21-24 months) New blood test is not required, because results
RECERTIFICATION were normal at last certification.*

*CHILD (27 –30 months) New blood test is required. Blood test was not
RECERTIFICATION: done at last certification.*

All children must be screened at least once per year.

Follow up: Follow up monitoring of blood values of persons with low hemoglobin/low hematocrit is largely the responsibility of health care providers and should be treated as a medical concern. Therefore, if low hemoglobin/low hematocrit is suspected, the following will occur:

- a. Notations in the participant’s file with respect to nutrition risk factors listed and priority as appropriate.*
- b. Document the date the nutrition risk data were taken if different from the date of certification.*
- c. Inform the woman or parent/guardian of the outcome and meaning of the blood test.*
- d. Provide follow-up nutrition education, if appropriate.*

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- e. *Make adjustments in the food package, as appropriate*
- f. *Make referrals to health care or social services, as appropriate.*

Note: The results of blood lead screenings may not be more than 180 days old if used as a certifying risk.

- (e) These tests may not otherwise be avoided unless:

The agency has received a signed statement by a recognized member of the clergy to the effect that the applicant is known to the clergy person as a member of that clergy person's religious body, and that the laws or rules of that religious body prohibit its members from having any test for blood iron performed on them.

Note: Blood screening equipment must be calibrated according to the manufacturer's schedule and procedures. Document daily calibration results on WIC-86 Calibration Log.

- 4. The Competent Professional Authority records the results of the assessment on the appropriate Nutritional Risk Criteria Sheet.

Clarified 2/97

- 5. *The Competent Professional Authority determines the applicant's nutritional risk. See appendix 200 for approved WIC Risk Criteria for Women, Infants and Children (WIC - 3AA and WIC-3AB).*
- 6. The Nutritional Risk Criteria Sheet and other documents used in determining nutritional risk are placed in the applicant's file. Agencies whose WIC records are integrated with their agency's medical records will maintain documents used in determining nutritional risk in the participant's individual medical record.
- 7. If the applicant meets all eligibility criteria, including nutritional risk, the local agency personnel will proceed to certification (or recertification) procedures.

C. Priority System for Nutritional Risk Criteria

- 1. The following priorities shall be applied by the Competent Professional Authority. When vacancies occur after a local agency has reached its maximum participation level, these priorities will assure that those persons at greatest nutritional risk receive Program benefits, in accordance with WIC Risk Criteria: WIC-3AA, WIC-3AB. In all cases, assess for and select the highest priority for which a person is qualified.

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The QWIC computer system will assign all applicants a subpriority based on the following criteria:

Income

Eligible participants will be subprioritized first according to income.

- ✓ Those applicants with incomes <185% of the federal poverty guidelines will be subprioritized first in each of the priorities.
- ✓ Applicants whose income are >185% and <250% of the federal poverty guidelines will be prioritized second.

After applicants are subprioritized by income, they will be subprioritized as follows:

- A: Applicants with risk factors that place them at high risk.
- B: Children up to 24 months of age.
- C: Applicants who are not at high risk.
- P: Applicants who are eligible based on a prevent regression risk factor.

The computer will automatically assign the highest priority and subpriority for each applicant.

2. A person, certified as an infant, whose certification period extends beyond 12 months of age, shall carry the infant priority if such priority is higher than any child priority he/she would otherwise be assigned.
3. Regression- A participant who has previously been certified eligible for the Program may be considered to be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the supplemental foods or nutrition education. Such participant should be placed in the lowest priority for his/her category.

Persons may be certified for regression if benefits are to be issued in consecutive months between the previous and next certification periods (i.e. no "break" in receipt of benefits). **Regression cannot be used for a person being added to the Program.** Regression may not be used a second consecutive time.

Exceptions to this rule may only be made when a local agency documents to the state

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agency a special need for a person to remain on the Program and receives approval from the state agency. Priority II infants may not be recertified for regression.

214 DENIAL OF ELIGIBILITY

1. If the applicant is determined ineligible for the Program, or there are insufficient Program funds to enroll the applicant, local agency personnel will complete duplicate copies of WIC-9A, Program Denial/Termination (Appendix).
2. Local agency personnel will explain to the applicant or caretaker of the applicant the reason(s) for denial of eligibility for program benefits and provide the person with a copy of the completed form in the appropriate language.
3. Local agency personnel will inform the applicant or caretaker of his/her right to appeal any decision made by the local agency regarding his/her eligibility for the program.
4. Local agency personnel will provide the applicant or caretaker with the WIC-14, Fair Hearing Information. A WIC-15, Request for Fair Hearing form, will be given if the applicant expresses a wish to appeal a denial. Information about available resources for legal counsel must be given.
5. Local agency personnel will ensure that a completed copy in English, of the Denial of Eligibility form and other eligibility determination documents are signed by a WIC staff person and are retained in the applicant/participant's file. If the copy of the WIC-9A provided to the applicant or caretaker is in a foreign language, that language should be indicated on the bottom of an English language version of the form.
6. A complete record should be made of dates of activity, assessment data and reasons for denial.
7. If the denial is due to insufficient Program funds, and the applicant meets all other eligibility criteria, place the person's name on the appropriate waiting list. Determine whether another agency may be able to serve the person and refer as appropriate. If waiting lists are long and low priority applicants may not be reached in a reasonable period of time, consult with the state agency to see if a portion of the waiting list may be discontinued.
8. If the denial is due to reasons other than insufficient Program funds, the applicant/participant may reapply whenever circumstances change.
9. Local agency personnel will provide information about other potential sources of food assistance in the local area to individuals who apply in person to participate in the WIC Program, but who cannot be served because the Program is operating at capacity in the

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local area.

216 FOREIGN STUDENT ELIGIBILITY

First, U.S. citizenship is not a condition of WIC eligibility. Therefore, foreign students and other aliens cannot be denied participation in the WIC Program solely on this basis.

A person entering the country as a foreign student is allowed entry solely to pursue a full course of study at an established institution of learning or other recognized place of study in the U.S., particularly designated by the student and approved by the Attorney General after consultation with the Office of Education. The alien spouse and unmarried minor children of any such student if accompanying or following to join the student are classified by the Immigration and Naturalization Service (INS) as foreign students. However, participation in the WIC Program may jeopardize a foreign student's visa because it may be construed by INS as evidence that the participant has become a public charge. Any children born to foreign students during their stay in the United States may participate in WIC without jeopardizing their parents' visas.

Local agencies should implement the following procedures:

1. If the local agency believes or knows for a fact that the applicant is an alien, the local agency should tell the applicant that participation in the WIC Program could jeopardize retention of his or her visa, if the financial situation which makes them eligible for WIC existed before entering this country. Refer the alien to the local INS office for further information.
2. If, after the local agency cautions the alien applicant of the possible consequences of his or her participation in WIC, the applicant still wants to apply for benefits, the local agency should require documentation of income eligibility, since a prerequisite for a foreign student visa is economic self-sufficiency. The local agency can require that the alien submit the same financial information that was submitted to INS to obtain a visa or give written authorization for the agency to obtain any and all income information from INS.
3. If the student is self-supporting, he/she must document to INS that he/she has sufficient funds to cover all living costs for the planned years of study including living expenses.
4. If the student is dependent on financial support from his parents or other persons, the sponsoring persons may complete and sign an INS Form I-134 outlining their income and assets, and their ability to support the alien student. The student should have copies of this documentation or other documents such as an IAP-66 or I-20.
5. Eligibility should be denied if income documentation is incomplete. Fair Hearing rights must still be made available, however.

6. WIC regulations specifically restrict the use or disclosure of information obtained from program applicants or participants to persons directly connected with the administration or enforcement of the WIC Program. All information provided by applicants and participants, including their names and addresses, is covered by this restriction. Sharing such information with the Immigration and Naturalization Service (INS) would not be in accord with program regulations. In other words the WIC Program is not obligated to and is restricted from sharing any information on a participant with INS.

217 OTHER ALIENS

- o U. S. Citizenship is not a condition of WIC eligibility.
- o WIC does not need to have any information about an applicant's alien status.
- o Benefits can not be denied on the basis of alien status.
- o WIC regulations prohibit the sharing of any information with INS.
- o Aliens must provide proof of identification, residence and income, just as any other applicant must.
- o Eligibility should be denied if income documentation is incomplete.
- o Illegal aliens already in a health center or clinic for health care can use that health center's existing documentation as a source of documentation for identification.
- o If any applicant is receiving benefits from Medicaid, Food Stamps, AFDC or GPA, it can be used as income documentation for WIC.
- o Written anecdotal documentation from a reliable, independent third party individual, can be accepted as documentation.
- o Refugees must provide proof of income just as any other applicant must, whether employment or documentation of support by others.