

<p style="text-align: center;">Nutrition Services Department of State Health Services</p>

Effective March 1, 2014

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 shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines. Supporting documentation of the complete nutrition assessment shall be available for audit/review.

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 appropriate participant form.

- 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.

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1. The weight and height/length shall be measured and plotted according to the instructions in the Guidelines for Nutrition Assessment.
 2. The value "0 lbs, 1 ounce" for birth weight shall be entered in the Texas WIN system if the birth weight is unknown.
 3. The code "999 lbs, 0 ounces" for weight and "99 0/8 inches" for length/height shall be entered in the Texas WIN system to indicate that measurements cannot be obtained using standard clinical equipment or from a healthcare provider.
 4. Documentation of why measurements were not obtained shall be included in the participant's chart. 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** – all applicants six months of age or older.
1. All infants and children certified at ages 9 months to 24 months shall have a blood screen for low iron:
 - a. Infants shall have a blood screen between 9 – 12 months of age and again, as a child, between 15 –18 months of age.
 - b. Blood work may be performed on infants initially certified between 6 and 9 months of age for the reasons stated below and shall be documented in the client's chart.
 - i. The CA or WCS determines blood work is required because the infant may be at nutritional risk, or
 - ii. The requirement to return to the clinic for blood work between 9 and 12 months presents a barrier for program participation.

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- c. Premature infants shall not have a blood screen before 9 months corrected/adjusted age.
 - d. All children shall have a blood screen performed at least once every 12 months, excluding the mid-certification assessment.
 2. Pregnant women shall have a blood screen during their pregnancy. Postpartum and breastfeeding women shall have a blood screen after delivery.
 3. 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.
 4. Waiving the requirement for hemoglobin/hematocrit is allowed for limited situations and shall be documented in the client's chart. For exceptions listed in 4. a. b. c., enter the following values in the Texas WIN automated system: 99.9 for hemoglobin or 99 for hematocrit. 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. A statement of refusal to have blood drawn shall be included in the applicant's certification file. 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.
 - 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.

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- 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 a physician's orders is required.
 - d. When a blood screen is not performed or waived, a true value for hemoglobin or hematocrit cannot be entered into the computer.
 - i. For infants certified at 7 or 8 months of age (exception C.1.b.i and ii), enter the following values in the Texas WIN automated system: 78.0 for hemoglobin or 78 for hematocrit.
 - a. These infants need to have their blood work postponed and a blood work (BW) appointment scheduled between 9 and 12 months of age.
 - b. This process will be repeated at the infants' child subsequent certification appointment when they are either 13 or 14 months old; the blood work will again be postponed until they are between 15 and 18 months old.
 - c. In both cases, the initial and subsequent certification appointments, the BW appointment code will be used and 78/78.0 will be entered in the Hct/Hgb field in Texas WIN, respectively.
- 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.

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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 length shall be plotted in addition to current weight and length.
 3. To certify an infant that is not physically present, obtain and plot the birth weight and length, or more current data, whichever is appropriate based on the age of the infant. To prevent termination of WIC services, the infant shall be presented by six weeks of age to be weighed and

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measured, and the current weight and length shall be plotted. 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.

- 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.

- V. Documentation of a complete nutrition assessment shall be maintained in each income-eligible applicant's record and shall be available for audit/review.