



SECTION: Certification
SUBJECT: RISK ASSESSMENT
DATE: May 22, 2015 (*Reviewed*)

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POLICY: Local WIC programs shall assess nutrition risk during the certification process to determine eligibility for WIC participation.

PURPOSE: To ensure that all applicants receive accurate and uniform assessment of their nutrition related health needs.

RELEVANT REGULATIONS: 7 CFR §246.7 ¶(e)—Nutritional Risk
All States Memorandum 96-44
WRO Policy Memorandum 803-AO, Attachment B

OREGON WIC PPM REFERENCES: ♦601—Physical Presence at Certification
♦626—Hemoglobin and Hematocrit Screening in WIC
♦640—Documentation Requirements for Certification in TWIST
♦660—Competent Professional Authority: Requirements
♦670—Overview of Risk Criteria and Priorities
♦675—Risk Criteria Codes and Descriptions

DEFINITIONS:

<i>Anthropometric</i>	Pertaining to body size and proportions. In WIC, the term is normally used in reference to measurements of height, length, weight, and head circumference.
<i>Applicant</i>	A person who comes to the WIC clinic requesting WIC services.
<i>Biochemical</i>	Pertaining to blood chemistry.
<i>Certification</i>	The process of identifying eligibility for WIC by using specific procedures and standards.
<i>Competent professional authority (CPA)</i>	An individual on the staff of the local WIC program authorized to determine nutritional risk and prescribe supplemental foods.
<i>Eligibility criteria</i>	Conditions an applicant must meet in order to be enrolled in the WIC program.
<i>Nutrition risk</i>	A health problem, medical condition, diet deficiency or other issue that can compromise the health of a participant and is required for program eligibility.

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PROCEDURE:

- Overview* 1.0 Applicants who meet the WIC program’s category and income eligibility standards must be determined to be at nutrition risk prior to receiving program benefits. Data collection and evaluation must occur during the certification process in order to assess nutrition risk. Completion of a full assessment is recommended prior to providing counseling and education.
- Data collection* 1.1 Accurate and complete anthropometric, biochemical, dietary, and health information must be gathered by staff for evaluation by the competent professional authority (CPA) during the certification process (See ♦660—Competent Professional Authority: Requirements).
- Referral Data* 1.1.1 Participants may be encouraged to bring data from their health care provider to avoid duplication of health procedures. If data is provided by a health care provider, this must be documented in TWIST. See ♦Policy 640-- Documentation Requirements for Certification in TWIST, Appendix B.
- Physical presence* 1.2 Applicants must be physically present at their certification appointments for data collection and evaluation unless an exception is granted and documented (See ♦601—Physical Presence at Certification).
- Refusal of procedures* 1.2.1 An applicant or parent/caretaker has the right to refuse to participate in any of the health procedures, such as blood tests. The person should be made aware that these procedures are assessment tools used to provide information for determining program eligibility, and the applicant may not qualify without them, depending on the presence of other risk criteria. The reason for refusal should be documented in TWIST according to ♦640— Documentation Requirements for Certification in TWIST, Appendix B.
- Using previous data* 1.2.2 Federal regulations allow height or length and weight measurements collected up to 60 days **before** the certification date to be used as data for certification purposes.
- When to obtain data* 1.2.3 Federal regulations allow blood work to be collected within 90 days of the certification date if the applicant has at least one qualifying nutritional risk factor at the time of certification.
- 1.2.4 Data for pregnant women must be obtained during pregnancy; data for postpartum and breastfeeding women must be collected after the pregnancy. Data for infants must be collected during infancy. Data for children is collected while the applicant is a child, although anthropometric data collected at 11 months of age may be used to certify a 12 or 13-month old child.

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- Data evaluation* 1.3 Anthropometric, biochemical, dietary, and health information will be recorded in TWIST and then compared to established standards. The CPA will explain these results to the applicant or parent/caretaker and determine eligibility based on identified medical and nutritional needs. Refer to ♦640—Documentation Requirements for Certification in TWIST.
- Anthropometric assessment*** 2.0 Obtain accurate height or length and weight measurements for each participant at each certification. Record all measurements in TWIST according to ♦640—Documentation Requirements for Certification in TWIST.
- 2.1 See the “*Oregon WIC Training: Anthropometric Assessment Module*” for information on weighing and measuring techniques, equipment use and interpreting growth graphs and prenatal weight gain grids.
- 2.2 See the “*Oregon WIC Training: Nutrition Risk Module*” and ♦675—Risk Criteria Codes and Descriptions for risk parameters associated with growth and weight gain.
- Biochemical assessment*** 3.0 Obtain hemoglobin or hematocrit data at certification or follow up appointments according to the appropriate guidelines for the participant category. Record all results in TWIST according to ♦640—Documentation Requirements for Certification in TWIST.
- Infants* 3.1 **Infants:** test at age 9 to 12 months. Bloodwork data taken at 6 to 8 months of age may be used in special circumstances on a case-by-case basis when it may be very difficult to obtain bloodwork at 9 to 12 months of age. This is not to be routine practice.
- Children age 1-2* 3.2 **Children age 1 to 2 years:** test at age 15 to 18 months, ideally 6 months after the infant screen. At least one blood test must be performed between 12 and 24 months of age and may be performed outside of the recommended 15 to 18 months range under special circumstances on a case-by-case basis. This is not to be routine practice.
- Children age 2-5* 3.3 **Children age 2 to 5 years:** test once every 12 months if previous results are within normal range, test every 6 months if results are below approved hematological standards. A child screened at 18 months whose results were within the normal range would not be required to be retested until 30 months of age. A child whose blood test at 18 months was below the normal range would be required to be retested at 24 months.
- Pregnant women* 3.4 **Pregnant Women:** test as early as possible during the current pregnancy.
- Postpartum women* 3.5 **Postpartum Women:** test at the first certification appointment after delivery.

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*Breastfeeding
women*

- 3.6 **Breastfeeding women 6-12 months postpartum:** no test is required if test results after delivery were normal. Follow up is recommended if previous blood tests were below hematological standards.
- 3.7 See the “*Oregon WIC Training: Hemotological Module*” and ♦626—Hemoglobin and Hematocrit Screening in WIC for information on testing procedures, equipment use and for information on evaluating test results.
- 3.8 See the “*Oregon WIC Training: Nutrition Risk Module*” and ♦675—Risk Criteria Codes and Descriptions for risk parameters associated with anemia.

*Nutrition risk
assessment*

- 4.0 Conduct interviews and complete the women’s or infant/children’s health questionnaire in TWIST regarding the historical and current health status of each applicant at each certification. Use information gathered from the interview and questionnaires about the applicant’s health history and current health status to complete the nutrition risk assessment and assign risk(s).
 - 4.1 See the “*Oregon WIC Training: Nutrition Risk Module*” and ♦675—Risk Criteria Codes and Descriptions for risk parameters associated with health status.
 - 4.2 It is important to review the risks that TWIST automatically assigns to assure that the risk has been correctly assigned. Any manually assigned risks must include documentation of the reason for assigning that risk.

Diet assessment

- 5.0 Conduct interviews and complete the women’s or infant/children’s diet assessment questionnaire in TWIST regarding the feeding behaviors of each applicant at each certification. Use information gathered from the interview and questionnaires about the applicant’s diet to complete a diet assessment and assign risk(s).
 - 5.1 See the following training modules for additional nutrition information:
 - “*Oregon WIC Training: Infant Nutrition and Feeding Module*”
 - “*Oregon WIC Online Training: Basic Nutrition Course*”
 - “*Oregon WIC Online Training: Prenatal Nutrition Course*”
 - “*Oregon WIC Training: Breastfeeding Module*”
 - “*Oregon WIC Online Training: Child Nutrition Course*”
 - *Oregon WIC Online Training: Postpartum Nutrition Course*”
 - 5.2 See the “*Oregon WIC Training: Dietary Risk Module*” and ♦675— Risk Criteria Codes and Descriptions for dietary risk parameters associated with feeding behaviors.

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Documentation 6.0

Select all risk criteria that apply to an applicant in the certification area of TWIST. Documentation in the participant's record must support identified risk factors. Completed health questionnaires, growth grids, weight gain grids, diet assessment questionnaires and "Progress Notes" may provide supporting evidence. See ♦640—Documentation Requirements for Certification in TWIST.

- 6.1 Additional risks that are identified during a certification period should be documented in TWIST. See ♦670—Overview of Risk Criteria and Priorities. ★

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