Nutrition Risk Requirements

Policy

USDA Federal Regulations: 246.7(c)
Nutrition risk as an eligibility criteria
Eligibility criteria and basic certification procedures. (1) To qualify for the Program, infants, children, and pregnant, postpartum, and breastfeeding women must:

(iii) Meet the nutritional risk criteria specified in paragraph (e) of this section.

Nutrition risk assessment and documentation
246.7(e) Nutritional risk. To be certified as eligible for the Program, applicants who meet the Program's eligibility standards specified in paragraph (c) of this section must be determined to be at nutritional risk. A competent professional authority on the staff of the local agency shall determine if a person is at nutritional risk through a medical and/or nutritional assessment. This determination may be based on referral data submitted by a competent professional authority not on the staff of the local agency. Nutritional risk data shall be documented in the participant's file and shall be used to assess an applicant's nutritional status and risk; tailor the food package to address nutritional needs; design appropriate nutrition education, including breastfeeding promotion and support; and make referrals to health and social services for follow-up, as necessary and appropriate.

Except as stated in paragraph (e)(1)(v) of this section, at least one determination of nutritional risk must be documented at the time of certification in order for an income eligible applicant to receive WIC benefits.

(1) Determination of nutritional risk. (i) Required nutritional risk data. (A) At a minimum, height or length and weight measurements shall be performed and/or documented in the applicant's file at the time of certification. In addition, a hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test shall be performed and/or documented at certification for applicants with no other nutritional risk factor present. For applicants with a qualifying nutritional risk factor present at certification, such test shall be performed and/or documented within 90 days of the date of certification. However, for breastfeeding women 6-12 months postpartum, such hematological tests are not required if a test was performed after the termination of their pregnancy. In addition, such hematological tests are not required, but are permitted, for infants under nine months of age. All infants nine months of age and older (who have not already had a hematological test performed or obtained, between the ages of six and nine months), shall have a hematological test performed between nine and twelve months of age or obtained from referral sources. This hematological test does not have to occur within 90 days of the date of certification. Only one test is required for children between 12 and 24 months of age, and this test should be done 6 months after the infant test, if possible. At the State or local agency's discretion, the hematological test is not required for children ages two and older who were determined to be within the normal range at their last certification. However, the hematological test shall be performed on such children at least once every 12 months. Hematological test data submitted by a competent professional authority not on the staff of the

local agency may be used to establish nutritional risk. However, such referral hematological data must:

(1) Be reflective of a woman applicant's category, meaning the test must have been taken for pregnant women during pregnancy and for postpartum or breastfeeding women following termination of pregnancy;

(2) Conform to the anemia screening schedule for infants and children as outlined in paragraph (e)(1)(ii)(B) of this section; and

(3) Conform to recordkeeping requirements as outlined in paragraph (i)(4) of this section.

(B) Height or length and weight measurements and, with the exceptions specified in paragraph (e)(1)(v) of this section, hematological tests, shall be obtained for all participants, including those who are determined at nutritional risk based solely on the established nutritional risk status of another person, as provided in paragraphs (e)(1)(iv) and (e)(1)(v) of this section.

(ii) Timing of nutritional risk data. (A) Weight and height or length. Weight and height or length shall be measured not more than 60 days prior to certification for program participation.

(B) Hematological test for anemia. (1) For pregnant, breastfeeding, and postpartum women, and child applicants, the hematological test for anemia shall be performed or obtained from referral sources at the time of certification or within 90 days of the date of certification. The hematological test for anemia may be deferred for up to 90 days from the time of certification for applicants who have at least one qualifying nutritional risk factor present at the time of certification. If no qualifying risk factor is identified, a hematological test for anemia must be performed or obtained from referral sources (with the exception of presumptively eligible pregnant women).

(2) Infants nine months of age and older (who have not already had a hematological test performed, between six and nine months of age, by a competent professional authority or obtained from referral sources), shall between nine and twelve months of age have a hematological test performed or obtained from referral sources. Such a test may be performed more than 90 days after the date of certification.

(3) For pregnant women, the hematological test for anemia shall be performed during their pregnancy. For persons certified as postpartum or breastfeeding women, the hematological test for anemia shall be performed after the termination of their pregnancy. For breastfeeding women who are 6-12 months postpartum, no additional blood test is necessary if a test was performed after the termination of their pregnancy. The participant or parent/guardian shall be informed of the test results when there is a finding of anemia, and notations reflecting the outcome of the tests shall be made in the participant's file. Nutrition education, food package tailoring, and referral services shall be provided to the participant or parent/guardian, as necessary and appropriate.

(iii) Breastfeeding dyads. A breastfeeding woman may be determined to be a nutritional risk if her breastfed infant has been determined to be a nutritional risk. A breastfed infant can be certified based on the mother's medical and/or nutritional assessment. A breastfeeding mother and her infant shall be placed in the highest priority level for which either is qualified.

(iv) Infants born to WIC mothers or women who were eligible to participate in WIC. An infant under six months of age may be determined to be at nutritional risk if the infant's mother was a Program participant during pregnancy or of medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions

detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.

(vi) Regression. A WIC participant who is reapplying for WIC benefits may be considered to be at nutritional risk in the next certification period if the competent professional authority determines that the applicant's nutritional status may regress to the nutritional risk condition(s) certified for in the previous certification period without supplemental foods and/or WIC nutrition services, and if the nutritional risk condition(s) certified for in the previous certification period is/are appropriate to the category of the participant in the subsequent certification based on regression. However, such applicants shall not be considered at nutritional risk based on the possibility of regression for consecutive certification periods. Applicants who are certified based on the possibility of regression should be placed either in the same priority for which they were certified in the previous certification period; a priority level lower than the priority level assigned in the previous certification period, consistent with §246.7(e)(4); or in Priority VII, if the State agency is using that priority level.

Nutrition risk criteria

246.7(e)(2) Nutritional risk criteria. The following are examples of nutritional risk conditions which may be used as a basis for certification. These examples include—

(i) Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, such as anemia, underweight, overweight, abnormal patterns of weight gain in a pregnant woman, low birth weight in an infant, or stunting in an infant or child;

(ii) Other documented nutritionally related medical conditions, such as clinical signs of nutritional deficiencies, metabolic disorders, pre-eclampsia in pregnant women, failure to thrive in an infant, chronic infections in any person, alcohol or drug abuse or mental retardation in women, lead poisoning, history of high risk pregnancies or factors associated with high risk pregnancies (such as smoking; conception before 16 months postpartum; history of low birth weight, premature births, or neonatal loss; adolescent pregnancy; or current multiple pregnancy) in pregnant women, or congenital malformations in infants or children, or infants born of women with alcohol or drug abuse histories or mental retardation.

(iii) Dietary deficiencies that impair or endanger health, such as inadequate dietary patterns assessed by a 24-hour dietary recall, dietary history, or food frequency checklist; and

(iv) Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, such as homelessness or migrancy.

Authority

7 CFR Part 246.7(c)(1)(iii)
7 CFR Part 246.7(e)(1)(i-iv)(vi)
7 CFR Part 246.7(e)(2)(i-iv)

Procedures

Requirements for determining nutrition risk

Nutrition risks determination is required for certification, recertification and health update appointments but should also be updated anytime a CPA is made aware of the client having a new risk.

- E.g. Pregnant woman comes in for a nutrition education appointment and tells you she was just diagnosed with gestational diabetes.

A new risk determination should also be done if the anthropometric panel is bypassed during a certification, recertification or health update appointment and the data obtained at a later time.

What certification cycle to assign risks to

When the Determine Risk button is clicked, the data system evaluates the participant status and Certification End Date (CED) to determine if the risk record should be associated with a current or future certification.

- If the participant's WIC status is "pending", then the new risk record will automatically be associated with the new certification record that transitions the participant to an active status.
- If a participant's WIC status is "active", then the data system looks at the CED and
    - if the date is more than 30 days before the CED, the risk record is associated with the current certification record.
    - if the date is 30 days or less before the CED; the data system displays the message: "Do you want to associate this risk with the certification that ends within 30 days?"
        - If staff click "no", the risk record will be assigned to the recertification appointment being completed.
        - If staff click "yes", the risk record will not be used for the recertification being completed and no risks will be assigned.
            - Due to this the recertification appointment will not have any risks and cannot be completed. You would only click "yes" if you are not recertifying but assigning a risk you just learned about from a different type of contact with the participant that just happens to fall at the end of their certification cycle.

Using regression as a nutrition risk

Regression cannot be used at an initial certification or when there are individuals of a higher priority class waiting for program benefits.

Regression may be used more than once during the time an individual participates in WIC, but it can not be used for consecutive certification periods.

The Competent Professional Authority must follow the steps below to certify a participant on the basis of possible regression.

1. Review the completed nutrition interview history to rule out the existence of current risk factors you may have missed, if none are found,
2. Manually assign the risk for regression

3. Generate a nutrition care plan and identify the risk factor the participant had at their previous certification to which the participant may regress.

Best Practices

The use of nutrition risk codes is monitored through chart audits and data system reports. This information is also used in the nutrition education needs assessment for the determination of nutrition and breastfeeding action plans.

Use of the "Additional Assessment Needed" checkbox
The "Additional Assessment Needed" checkbox on the nutrition risk panel should be marked if a CPA determines that follow-up should occur with the participant.

- Typically, if this checkbox is used, the participant should be scheduled for a follow-up appointment the following month.

Use of "HR Resolved" checkbox
During a nutrition education or health update appointment the CPA may determine that a high-risk participant is no longer considered high risk. An example of this is when a participant has a low hemoglobin at certification, but when the hemoglobin is rechecked at the health update appointment it is within normal limits.

- The "HR Resolved" checkbox allows the CPA to indicate that the high-risk status of the WIC participant has been resolved allowing for the high-risk indicator to be removed.
- They should still have the low hemoglobin risk assigned to them because they were certified for the WIC Program with that risk, it has just been resolved so they are no longer high risk.

Use of the Follow-up Nutrition Risk Assessment report
The Follow-up Nutrition Risk Assessment report should be used to monitor if high-risk participants or other participants needing additional assessment were seen by a dietitian.
The report indicates those who are high risk and those with the "Additional Assessment Needed" checkbox marked.

This is done by

- Running the report for past dates and
- Using the list to analyze the records.
    - Management staff would randomly select participant names from the list and review charts.

Regression
Defined as a possible decline in nutritional status related to a nutrition risk criterion from which the participant is newly recovered. This is risk is allowed to avoid the "revolving door" syndrome in which participants get worse after short term improvement during program

participation.
Examples of nutrition risk criteria include:

- Anemia indicators,
- Weight-for-height status,
- Growth patterns, and
- Dietary inadequacies.