

2.11 Nutritional Risk Criteria

POLICY:

To be certified as eligible for the West Virginia WIC Program, applicants who meet the Program's eligibility standards specified in **Policy 2.04 Residency Requirements** and **Policy 2.06 Income Eligibility Requirements** must be determined to be at nutrition risk by a Nutritionist/Nutrition Associate (CPA) through a client-centered nutritional assessment.

Note: Nutrition risk is defined as detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; dietary deficiencies that impair or endanger health; conditions that directly affect the nutritional health of a person, including alcoholism or drug abuse; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, homelessness and migrancy.

PROCEDURE:

A. Determination of Nutritional Risk

1. The Nutritionist/Nutrition Associate (CPA) will determine if the applicant/participant is at nutritional risk through a client-centered nutritional assessment. Required nutritional risk data includes:
 - a. Height or length and weight measurements will be performed and/or documented on the **Crossroads Anthro/Lab Screen** in the applicant's/participant's file at the time of certification (see **Policy 2.12 Anthropometric Measurements**); and
 - b. If required, a hematological test for anemia such as a hemoglobin test will be performed and/or documented on the **Crossroads Anthro/Lab Screen** in the applicant's/participant's file at the time of certification (see **Policy 2.13 Hematological Measurements**).
2. This determination may be based on nutritional risk referral data submitted by a healthcare provider.
 - a. Weight and height or length must be measured not more than 60 days prior to certification for Program participation (see **Policy 2.12 Anthropometric Measurements**).
 - b. For pregnant, breastfeeding and postpartum women, and child applicants, the hematological test for anemia will be performed not more than 90 days prior to certification for Program participation (see **Policy 2.13 Hematological Measurements**).

Note: the hematological test must be reflective of an applicant's category, meaning the test must have been taken for a pregnant woman during pregnancy and for postpartum or breastfeeding women following end of pregnancy.

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3. Nutritional risk data will be documented in the participant's file in **Crossroads** by the Nutritionist/Nutrition Associate (CPA) and will be used to assess an applicant's/participant'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.

- a. Document all referrals on the **Crossroads Referral Program Screen**.

B. Other Determinations of Nutritional Risk

1. Breastfeeding dyads (Nutrition Risk Codes 601 and 702)
 - a. A breastfeeding woman may be determined to be a nutritional risk if her breastfed infant has been determined to be a nutritional risk (Nutrition Risk Code 601).
 - b. A breastfed infant can be certified based on the mother's nutritional assessment (Nutrition Risk Code 702).
 - c. A breastfeeding mother and her infant will be placed in the highest priority level for which either is qualified.
2. Infants born to WIC mothers or women who were eligible to participate in WIC (Nutrition Risk Code 701)
 - a. An infant under six (6) months of age may be determined to be at nutritional risk if the infant's mother was a WIC Program participant during pregnancy or if 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.
3. Regression (Nutrition Risk Code 501)
 - a. A WIC participant reapplying for WIC benefits may be considered at nutritional risk in the next certification period if the Nutritionist/Nutrition Associate (CPA) 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.
 - b. These participants will not be considered at nutritional risk based on the possibility of regression for consecutive certification periods.

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- c. Applicants who are certified based on the possibility of regression should be placed in the same priority for which they were certified in the previous certification period.
 - d. The Nutritionist/Nutrition Associate (CPA) will document the use of regression in the participant's **Nutrition Care Plan** in **Crossroads**.
4. Nutritional risk data will be documented in the participant's file in **Crossroads** by the Nutritionist/Nutrition Associate (CPA) and will be used to assess an applicant's/participant'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.
- a. Document all referrals on the **Crossroads Referral Program Screen**.

C. Nutritional Risk Criteria

1. The following are examples of nutritional risk conditions which may be used as a basis for certification.
 - a. 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;
 - b. 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 persons, 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 less than 18 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 alcohol or drug abuse histories or mental retardation.
 - c. Dietary deficiencies that impair or endanger health; and/or
 - d. Conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, such as homelessness or migrancy.
2. When a complete nutrition assessment has been completed and the Nutritionist/Nutrition Associate (CPA) has not identified any risk factor, one of the following presumed nutrition risk codes will be assigned:
 - a. Risk 401 Failure to Meet Dietary Guidelines (used for women and children two years and older).

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- b. Risk 428 Dietary risk Associated with Complementary Feeding Practices (used for infants 4 to 12 months and Children 12 through 24 months).
3. The Nutritionist/Nutrition Associate (CPA) will document all applicable Nutrition Risk Criteria for an applicant/participant on **Crossroads Assigned Risk Factors Screen** during each certification to determine nutrition risk eligibility, to record that the applicant is certified or ineligible, for placement on a waiting list (see **Policy 1.09, Waiting List Management**), and for nutrition education and referrals.

D. Following Eligibility Determination

1. Once an applicant is found to be eligible to receive Program benefits, the Nutritionist/Nutrition Associate (CPA) will do the following:
 - a. Complete and document nutrition education according to the participant's record, dietary history, health history and/or participant's questions and concerns. Document the nutrition education contact on the **Crossroads Nutrition Education Screen** (see **Policy 5.05 Nutrition Education Contacts and Documentation**);
 - b. Refer the participant, when appropriate, using the **Crossroads Referral Program Screen**;
 - c. Complete a Nutrition Care Plan (see **Policy 5.03 The Nutrition Care Plan**);
and
 - d. Prescribe the appropriate food package on the **Crossroads Prescribe Food Screen**.

REFERENCES:

1. WIC Regulations, 7 CFR 246.2 Definitions
2. WIC Regulations, 7 CFR 246.7 Certification of Participants
3. WIC Regulations, 7 CFR 246.10 Supplemental Foods
4. Risk Code Chart, West Virginia WIC
5. Nutrition Service Standards, Standard 6, Nutrition Assessment