Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

WIC Nutrition Assessment and Tailoring Study: Final Report Part 1 – Appendix C

U.S. Department of Agriculture | Food and Nutrition Service | Office of Policy Support

WIC Nutrition Assessment and Tailoring Study: Final Report Part 1 – Appendix C

Submitted to

USDA Food and Nutrition Service
Office of Policy Support
1320 Braddock Place
Alexandria, VA 22314

Project Officers

Dr. Karen Castellanos-Brown
Alexander Bush

This WIC Nutrition Assessment and Tailoring Study was conducted by Westat under Contract No. GS00F009DA, supported by the U.S. Department of Agriculture's Food and Nutrition Service. The findings and conclusions in this report are those of the authors and should not be construed to represent any official USDA of U.S. Government determination or policy.

In approving Ohio WIC's participation in this study, the Ohio Department of Health Institutional Review Board requires that publication of research findings include the following disclaimer: "This study includes data provide by the Ohio Department of Health which should not be considered an endorsement of this study or its conclusions."

In approving Nebraska WIC's participation in this study, the Nebraska Department of Health and Human Services requires that publication of research findings include the following disclaimer: "These findings and their interpretation are the sole responsibility of the author and do not necessarily reflect the opinions or policy position of DHHS."

Suggested citation

Gabay, M., Gola, A.A., Gearing, M., Zimmerman, T.P., Kline, N., Zvavitch, P., Ray, G., Thorn, B. (2024). *WIC Nutrition Assessment and Tailoring Study: Final Report Part 1*. Prepared by Westat, Inc., Contract No. GS00F009DA. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Project Officer: Karen Castellanos-Brown.

Submitted by

Westat
An Employee-Owned Research Corporation®
1600 Research Boulevard
Rockville, Maryland 20850-3129
(301) 251-1500

Appendix C

Synthesis of State Agency Documents and State Plan Information Tables

Table of Contents

Appendix		Page
C-1	Synthesis of State Agency Documents	1-1
C-2	State Plan Information Tables	2-1

Appendix C-1

Synthesis of State Agency Documents

State Agency: Choctaw Nation of Oklahoma*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
Applicants who miss their first certification appointment will be contacted via phone or mail to reschedule their missed appointment. All applicants and clients will be offered same day appointments, as available. Appointment date and time will be made with input from the client and consider transportation needs, work and school hours and coordination with other appointments. (1) All applicants must be physically present and show proof of identification at certification visits with exemptions for persons with permanent or temporary disabilities that make it difficult to come to a WIC clinic for certification. (1)
Pre-assessment activity
–
Assessment introduction
Setting the agenda: staff will inform clients about the length of the appointment and what will ensue during the appointment. (1)
Taking anthropometric measurements
Height and/or weight must be measured using the procedures specified in Agency training. Anthropometric Procedures are conducted according to the following schedule: • Pregnant women: at certification and each clinic visit • Breastfeeding women: at certification and at 6-8 month mid-certification • Postpartum women: at certification • Infants: at certification, mid-certification (6-8 months) and health assessment (9-12 months) • Children: at certification and mid-certification (6-8 months) (1)
Taking biochemical measurements
Hemoglobin or hematocrit must be measured for all clients according to the following schedule: • Pregnant women: At certification • Postpartum and breastfeeding women: 4-6 weeks postpartum; repeat for breastfeeding women at 6-8 months postpartum if certification value was low • Infants: 9 – 12 months • Children: if less than 15 months old use 9-12 month result if normal; if 15 to 23 months old take measurement approximately 6-8 months after infant test; if 2 years old or older test every 12 months if previous test is normal else test every 6 months. (1)
Referring to medical information/referral information from health providers
Medical information is referred to for the following: Applicants who may be harmed by having the hemoglobin test performed due to a documented medical condition may be exempt from the testing while they have the condition. Medical documentation must be provided by the health care provider at each certification for temporary conditions and at the initial certification for lifelong conditions (hemophilia). (1) Medical documentation from a health care provider specifying the clients' qualifying medical condition is required for a Food Package III assignment. (1)
Completing a health questionnaire/answering health questions
Local agencies must conduct a health interview on each client according to client category. The Health Interview, including the Alcohol, Tobacco, and Other Drugs screen must be completed in the SPIRIT system. Mandatory health interview questions include: • Breastfeeding status (infant and child) • Household smoking (infant and child) • TV viewing (child only) • Multivitamin Use (all women) • Education (all women)

- Number of Infants (breastfeeding and postpartum)
- Birth outcome (breastfeeding and postpartum)
- Month medical care began (all women)
- Number of previous pregnancies (all women)
- Date last pregnancy ended, if applicable (all women)
- Diabetes and Hypertension Information (all women) (1)

Completing a nutrition questionnaire/answering diet questions

Uses the Nutrition Assessment Questions tab of the MIS system or Nutrition Assessment Questionnaire Supplements. (1)

Breastfeeding assessment (if needed)

Breastfeeding counseling and contact is provided through their Breastfeeding Peer Counsel Program. Breastfeeding Peer Counselors do on-site counseling and education, home visits, telephone/texting consultations and contacts, and hospital visits. (2)

All pregnant and breastfeeding clients will be given breastfeeding information and encouraged to exclusively breastfeed their infants unless medically contraindicated. During the prenatal period, a breastfeeding assessment will be completed at the initial certification and breastfeeding education contacts will be conducted. A breastfeeding note will be made at each postpartum visit/contact as long as the client continues to breastfeed and when the client changes breastfeeding status. (1)

All prenatal clients will be contacted by phone or mail within approximately a week after their estimated delivery date. Phone calls and items mailed will serve to identify most breastfeeding problems that occur immediately postpartum and will potentially increase the duration of breastfeeding among WIC clients. The ITO may also choose to use an alternate form of contacting these clients. (1)

WIC staff will refer pregnant and breastfeeding clients to a WIC Designated Breastfeeding Expert when they identify any breastfeeding situation that is out of their scope of practice. (1)

The State agency has established minimum protocols for breastfeeding promotion and support which include the following: a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding; a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients; a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods; participant breastfeeding assessment; food package prescription and tailoring based on breastfeeding and nutrition assessment; referral criteria; and peer counseling. (4)

Determining risk(s)

107 nutrition risk codes; uses 4-digit codes for inappropriate nutrition practices; does not use code 503 – presumptive eligibility for pregnant women. (3)

Each applicant/client will be assigned all of the nutrition risk(s) that apply at all certification and mid-certification visits and at any time a new risk is identified. Some nutrition risks will be automatically determined by SPIRIT. Other risks will be identified using the Nutrition Assessment Questions tab or Nutrition Assessment Questionnaire Supplements. (1)

All risks requiring a physician's diagnosis may be documented by a WIC Specialist or may be self-reported by the client. All nutrition risks will be documented on the Risk Factor tab in SPIRIT. (1)

The State agency MIS assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.) (4)

Engaging the participant in dialogue about identified risk(s)

Individual education sessions will meet the following standards: Previous education is assessed, and progress is discussed with client; Information provided is consistent with current nutritional recommendations and guidelines; Nutrition education is interactive and individualized to meet client's needs and considers their primary language, educational level, lifestyle, cultural beliefs, support system, living environment and other factors affecting nutrition of each client; Client receives positive feedback as often as possible to reinforce healthy nutrition practices and encouragement to promote behavior change; Appropriate and clear ways to meet goal that reflect the desired health outcome are established that are

measurable and reflect the goal; Client pathways to meet goal are developed with the involvement of the client; Appropriate materials are used to enhance and reinforce nutrition education message and as applicable provided to the client; Innovative methods in providing nutrition education are used whenever possible; Nutrition education provided coincides with any materials used and the goal and ways to meet the goal set with the client. (1)

Developing an individual care plan

Nutrition care plans may be used to establish nutrition education goals for each client's individual risk(s) throughout the certification period. (1)

All clients meeting the minimum high-risk criteria will be seen by an RD as soon as possible after being identified as high risk. The RD will document counseling sessions in the client's file using the S.O.A.P. (subjective information, objective information, assessment, and plan) note format in the Notes window of the MIS system. (1)

An individual care plan is provided based on: nutritional risk, priority level, CPA discretion, and participant request. (4)

Individual care plans may include the following components: individualized food package; identification of nutrition-related problems; nutrition education and breastfeeding support; a plan for follow-up, referrals; timeframes for completing care plan; documentation of completing care plan; and a practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. (4)

Benefit Tailoring – State Agency Policy and Procedures

Education and counseling

At certification, and as needed at follow-up visits, the local agency staff will instruct all WIC caregivers on the rules and regulations of the WIC program, relevant local agency policies, and the food delivery system. This instruction must be conducted in a language the client understands. In addition, the local agency staff will read or have the caregiver read the Rights and Responsibilities (R&R). (1)

Individual and group sessions and the provision of materials are designed to improve the health status and achieve positive change in dietary and physical activity habits, and emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual. All nutrition services must be overseen by a registered dietitian (R.D.). Clients will receive a minimum of one nutrition education session every three months during the certification period. Individual counseling and/or group classes may be utilized for nutrition education. Individual counseling may be in person, phone, or video conferencing. (1)

The State agency allows the following nutrition education delivery methods: Face-to-face, individually or group; online/internet; and telephone. (4)

To be allowed to provide high-risk nutrition education staff must have either a B.S. in the field of human nutrition or they are a registered dietitians or have an M.S. in nutrition or a related field. (4)

Referrals

Clients with hemoglobin levels below 9.0 should be referred to the RD and the client's primary care provider (1)

All clients or their caregivers will receive information on the following programs:

- SNAP (previously Food Stamps)
- Medicaid Income Guidelines
- Temporary Assistance for Needy Families (TANF)
- Child Support Enforcement (1)

Clients will be referred to IHS or a private provider (if insured) if they do not have health care. Pregnant women should be referred to a prenatal clinic and family planning services. Infants and children should be referred to Well Child/EPSDT and dental services.(1)

The local agencies will coordinate program operations with the following list of agencies by providing a handout that includes the program name, brief description, location, and phone number. These referrals will be documented in the Referrals tab of Spirit:

Food Banks/Donated Food*;Homeless Shelters*; Emergency Food*; Non-WIC Nutrition Programs* ;Food Distribution Programs on Indian Reservations (FDPIR)*; Expanded Food and Nutrition Program;

Immunizations; Family Planning; Prenatal Care; Well-child Clinic; Community Breastfeeding Support; Tribal and Bureau of Indian Affairs Social Services; Child Protective Services; Social Security Office; Alcohol/Drug Abuse Treatment Programs; Early Childhood Education/Head Start; Diabetes Prevention Program ; Tribal Health Programs; Mental Health Programs; Employment Office; General Assistance; Farm Worker Organizations; Healthy Start; Indian Health Service/Tribal Contracted Health Care; Dental Services Note: If the WIC Program has a waiting list, the programs marked with an asterisk (*) are mandatory referrals.
Food package tailoring
The individual's food and cultural preferences, nutritional needs and environmental constraints (i.e., homeless, no water or refrigeration) will be used to select the appropriate amounts and types of foods allowed. Documentation of existing medical and nutritional conditions is required for Food Package III. (1) The program manual presents tailoring options for milk, tofu, juice, canned beans or peanut butter substitution for eggs, infant cereal for children and women, infant fruit, vegetables for children and women, ready-to-feed formula, concentrate formula, and exempt formula and medical food issuance. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c). The State agency provides a special individually tailored package for homeless individuals and those with limited cooking facilities and residents of institutions. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics: Nutrition risk/nutrition and breastfeeding assessment, Participant preference, Household condition, Cultural preference. The State agency does not allow local agencies to develop specific individual tailoring guidelines. (4)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Florida*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
Local agencies are required to accommodate working parents or caretakers to limit the time they are absent from the workplace for WIC certification purposes. Accommodations can include providing lunch hour, early morning, evening, and/or weekend appointments. (5)
Pre-assessment activity
Florida WIC staff can determine if an applicant or client is adjunctively income eligible for WIC by accessing the FLORIDA system (Florida's social service computer system), to see if the applicant or client is currently enrolled in Medicaid, Food Assistance (SNAP), and/or Temporary Cash Assistance (TCA). This can be done through a screen in the FL-WiSE MIS system. (5)
Assessment introduction
CPAs should open the session with an engaging greeting using CPA's name and title, inform the client of what to expect from the visit, and involve the client in agenda setting. (14)
Taking anthropometric measurements
Staff who can perform anthropometric measurements include: health support staff (aide, worker, technician, and specialist), dietetic technician, health educator who is approved to be a competent professional authority (CPA), nurse (licensed practical nurse, registered nurse, and advanced practice registered nurse), nutrition educator, and nutritionist. Measurement date must be no more than 60 days prior to the date of certification. Birth weight/length data (verbal or referral data) may be used for certification of an infant. (5)
Taking biochemical measurements
The following staff are approved to conduct hemoglobin or hematocrit measurements: health support staff (aide, worker, technician, and specialist), dietetic technician, health educator who has been approved to be a CPA, nurse (licensed practical nurse, registered nurse, and advanced practice registered nurse), nutrition educator, and nutritionist.
Referring to medical information/referral information from health providers
Referral data may be used for anthropometric measurements and bloodwork if it meets date requirements. On-line patient medical portal information may be used if the information includes the anthropometric data, date of data, and the health care provider's name; is able to be printed; and then is scanned into FL-WiSE. (5)
Completing a health questionnaire/answering health questions
At certification, the Medical and Nutrition History FL-WiSE screens must be completed for all clients and information provided must be discussed with the client/parent. (5) Immunization status of children must be assessed at each certification visit and this can be done using an electronic interface between the FL-WiSE and FL SHOTS systems. (5)
Completing a nutrition questionnaire/answering diet questions
At certification, the Medical and Nutrition History FL-WiSE screens must be completed for all clients and information provided must be discussed with the client/parent. (5)
Breastfeeding assessment (if needed)
Breastfeeding assessments, breastfeeding support and counseling will always be done at certification for pregnant women, breastfeeding women, and breastfed infants. Each breastfeeding pair must receive a complete breastfeeding assessment by staff with breastfeeding training prior to the assignment of food packages or changing food packages after the initial assignment of food packages at certification. Before assessment and counseling, the Breastfeeding Peer Counselor (BFPC) or other breastfeeding staff is to review the Medical and Nutrition History screen sections, nutrition risk reasons and CPA's notes. If the BFPC or other breastfeeding staff sees the client first, the CPA needs to read the information documented by the breastfeeding staff. Any significant health concerns, food package considerations, or any discrepancy in information is to be discussed between the CPA and the BFPC or other breastfeeding staff. If there is discrepancy, further clarification should be requested from the client. Breastfeeding women who request infant formula (artificial baby milk) for supplementation must be referred to the local agency designated breastfeeding expert and/or other staff member designated as qualified to assess breastfeeding status and provide breastfeeding education and support. The staff member must

discuss with the mother the reasons for this request, provide appropriate counseling concerning the importance of exclusive breastfeeding, and the health risks of formula supplementation for the breastfeeding baby and the mother and how formula supplementation will lead to a diminished milk supply and shorter duration of breastfeeding. (5)

Determining risk(s)

Florida uses 5-digit risk codes allowing CPAs to be more specific in their documentation of risks. For example, most states use the code 344 for thyroid disorders. Florida uses codes 344.01 – hypothyroidism, 344.02 – hyperthyroidism, and 344.03 – other thyroid disorders. The WIC CPA Guidebook on nutrition assessment, documentation, and risk indicates which codes are computer generated and which need to be manually assigned by the CPA. (5)

Engaging the participant in dialogue about identified risk(s)

CPAs are encouraged to ask probing questions and Florida has revised it MIS system assessment questions to assist in this. For example, the question "What questions or concerns do you have about your health, weight, diet, or breastfeeding?" was replaced with the question "What is one nutrition or health topic or question that you want to make sure we discuss today." These changes were designed to lower the number of participants who respond "none" to assessment questions. (14)

CPAs must critically review, assess, and discuss the individual's nutrition questionnaire, hematological data, anthropometric data, available information regarding any other clinical/health issues or dietary/nutrition practices, and environmental factors with the participant or parent/caretaker to determine WIC eligibility and appropriate counseling/ education. (5)

Developing an individual care plan

At a minimum, the high risk and medically high risk individual certification contact must include completion and analysis of the Medical and Nutrition History screens and the preparation of a nutrition care plan using the Subjective/Objective/Assessment/Plan (SOAP) format for documentation. At certification, the Medical and Nutrition History screens must be completed for all clients and information provided must be discussed with the client/parent. Additional details regarding information on the Medical and Nutrition History screens or clarification of client/parent's response(s) are to be recorded as part of the SOAP note on the Care Plan screen for high-risk clients and in the Narrative or SOAP format in the Note tab for low risk participants. (5)

Low risk participants may receive their initial low risk nutrition education contact in either a group setting or in an individual session, depending on the needs of the participant. For all participants, the first nutrition education contact should be provided on the day of certification. Secondary contacts to low risk participants may be provided through: an individual contact, a group class, nutrition education kit contacts, Nutritious Story Time nutrition education, nutrition education newsletters, nutrition education notebooks, or for children participants, through the completion of an online lesson on wichealth.org. (5)

Benefit Tailoring – State Agency Policy and Procedures

Education and counseling

The type of nutrition counseling and nutrition education provided to WIC participants is dependent on the participant's category, age, ethnicity, and other socioeconomic and cultural factors. Nutrition counseling and nutrition education should be appropriately tailored to the needs, interests, concerns, and/or nutrition risks of the participant. For all participants, the first nutrition education contact should be provided on the day of certification. During certification, participants will be encouraged to participate in nutrition counseling or nutrition education activities. Nutrition counseling is to be client-centered. In client centered counseling, the nutrition professional:

- Interacts with the client/caretaker to hear the client's concerns and opinions,
- Reinforces what the client/caretaker is doing right and commends her/him,
- Briefly reviews topics pertinent to the client/family and explains how they impact the client's health or nutrition status,
- Asks the client/caretaker to choose a nutrition or physical activity goal to work on until the next appointment.

The goals of WIC-provided nutrition education are to promote the relationship between optimal nutrition and good health, to provide nutrition knowledge so that participants can achieve a positive change in food consumption habits and physical activity habits, improve their nutrition status, and prevent nutrition-related

problems, and to provide nutrition education services within the context of ethnic, cultural, and geographic preferences of the participants. Consideration will be given to the participant's language, educational background, and environmental limitations. (5)

Referrals

At least during the initial certification visit, each participant, parent or caretaker shall be advised of the types of health services available, where they are located, how they may be obtained and why they may be useful As part of the assessment process during each certification assessment visit, the CPA needs to determine if a referral should be made. Possible referrals are to a doctor, dentist, Medicaid, Food Assistance, and other social services, community based resources, Healthy Start, or to an International Board Certified Lactation Consultant (IBCLC). Local Agencies must develop and maintain a list of such referral resources that can be provided to clients as needed. WIC agencies must set protocols in conjunction with their agency's medical staff regarding what hematological or anthropometric values or other issues would indicate that a referral should be made and what issues would trigger the need for an immediate referral. (5)

Food package tailoring

The CPA may tailor the food package to best serve the nutritional needs of the individual participant. The only appropriate reasons for tailoring a food package are as follows:

- Medically or nutritionally warranted (e.g. to eliminate a food due to a food allergy, intolerance, sensitivity, or hypersensitivity or food aversion.).
- The health care provider orders a food(s) be omitted.
- Participant refuses or cannot use the maximum monthly allowance of food or formula or the health care provider orders a quantity less than the maximum monthly allowance.
- Partially breastfed infants (either mostly or some) who need less than the maximum amount of formula. The maximum amount of formula should not be used as the standard issuance for an infant unless the mother is not breastfeeding the infant at all. The amount of breastfeeding is to be considered when determining the total amount of formula to issue.
- If there is documented approval given by a health care provider, a licensed dietitian/nutritionist (LD/N) can determine the appropriate additional supplemental foods to provide to a participant based on a nutrition assessment.

Florida has a homeless food package and a kosher milk food package for participants who self-report a cultural eating pattern. Whole milk cannot be provided for reasons of preference. A CPA may authorize lactose free milk for children and women based on a request from the client's health care provider, a self-report of the participant or caretaker that is consistent with symptoms of lactose intolerance, or for client preference. Based on an individual assessment, a CPA can prescribe soy milk to children 12 months of age and older. Acceptable reasons include but are not limited to cow's milk allergy, lactose intolerance, and vegan diets. In addition, preference reasons for soy milk for children 12 months of age and older can be accepted. (5)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Indiana* (Full information was not available.)
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
Women must bring proof of identity, residency, and income to the certification appointment. For adjunctive eligibility they may bring their Medicaid card or SNAP or TANF award letter. Women are also asked to bring immunization record(s) for all infants and children up to age 2 years who are applying for WIC. The CPA must complete follow-up on client progress from previous assessments before beginning each nutrition assessment. (30)
Assessment introduction
–
Taking anthropometric measurements
Anthropometric measurements are taken. (30)
Taking biochemical measurements
Biochemical measurements are taken. (30)
Referring to medical information/referral information from health providers
–
Completing a health questionnaire/answering health questions
A health assessment is completed and staff must ask several mandatory questions. Among the mandatory questions are: • Does your baby have any health or medical issues? • Does your child have any health or medical issues? • Do you have any health or medical issues?" (women) Answering "yes" to any of these questions makes a drop down of medical diagnoses appear on the MIS system screen where assessment staff can document specific medical diagnoses. Other examples of mandatory health questions relate to the use of vitamins and mineral supplements and use of herbal products. Participants are also asked if anyone smokes inside the home.
Completing a nutrition questionnaire/answering diet questions
A nutrition assessment is completed. Examples of mandatory questions include: • Does your child consume any non-food items? • Does your child consume any cold deli meats, cold hot dogs, raw or undercooked meats or eggs, soft cheese, raw fish, raw sprouts, or unpasteurized foods?
Breastfeeding assessment (if needed)
The nutrition assessment includes a breastfeeding assessment. (30)
Determining risk(s)
A nutrition assessment and determination of nutrition risk based on specific criteria must be completed at each certification as part of program eligibility screening. Nutrition assessment is required at the mid-certification screening for monitoring the health and nutrition status of clients in an extended certification. (30) The Indiana code sheet includes the 4-digit inappropriate nutrition risk codes and the possibility of regression risk code. The risk code sheet connects the questions answered through the nutrition assessment process to the individual risk codes. (23)
Engaging the participant in dialogue about identified risk(s)
The nutrition assessment should promote a positive participant-centered approach that will: • Emphasize face-to-face interaction to build rapport; • Encourage probing to clarify information; and • Allow feedback to flow smoothly between staff and client. (30)

Developing an individual care plan
An individual care plan is provided based on nutrition risk, priority level, CPA discretion, and participant request. Individual care plans must include the following components: individualized food package, identification of nutrition-related problems, nutrition education and breastfeeding support, a plan for follow-up, referrals, documentation of completing care plan, and a practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. (21)
Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
WIC staff personalize nutrition education (based on need and interest). (30) Indiana allows the following nutrition education delivery methods: face-to-face either individual or in a group; online/internet; food demonstrations; and delivery methods that are used by other agencies such as EFNEP. (21) Education and counseling may be completed online. There are two options for online nutrition education: the INWIC App or wichealth.org.
Referrals
WIC staff make appropriate referrals. (30) During enrollment in WIC, referrals will be made to Medicaid and social service providers. Indiana WIC will refer all applicants to health care providers as appropriate. Some of the referrals include: • Medicaid • TANF • Smoking cessation • Maternal and Child Health Programs
Food package tailoring
Based on an individual nutrition assessment, the CPA will determine the need for adjustments to the standard food package in order to provide foods that better accommodate a client living in a homeless situation. Residency in a homeless facility does not automatically result in the need for food package changes. (28) Indiana food package policy also allows for the standard types of tailoring such as (for example) providing children 12 to 24 months whose individual nutrition assessment completed by the CPA results in assignment of risk factor "high weight for length" with 2%, 1% or skim milk as selected by the CPA instead of whole milk. These children may also have yogurt made from 2%, 1%, or skim milk selected by the CPA as a substitution for milk. (28) CPAs can select soy beverages or tofu for children 1 year or older base when an individual nutrition assessment, completed by the CPA, results in documentation of determination of a cultural, ethnic or dietary preference for soy beverage and/or tofu or a medical diagnosis or assignment of one or more of the following risk factors: Food Allergies, Lactose Intolerance, or Routinely Feeding Diets Very Low in Calories/Nutrients (Vegan Diets). Food package policy states that the CPA should provide counseling with appropriate nutrition education to make parents and caregivers aware that their child's diet may be nutritionally inadequate when milk is replaced by other foods. (28)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Louisiana*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
The online Participant Gateway site syncs directly with the Family's record in MOSAIC (the WIC computer system). Through the Gateway participants can easily and quickly update health history information, submit electronically signed forms, and even upload documents required by WIC staff for certifications before arriving at the WIC clinic. When the family/participants arrive for their appointment, WIC clinic staff already have information and documents to get started. WIC staff can complete appointments more efficiently and quickly. The Language feature in the Participant Gateway allows Participants to toggle between English or Spanish at any time no matter which preferred language is selected on the family page in MOSAIC. (41)
Assessment introduction
–
Taking anthropometric measurements
WIC staff are responsible for obtaining anthropometrics for all applicants and entering in LAWIN (MOSAIC). The CPA is responsible for ensuring the accuracy of the anthropometrics and assessing the adequacy of growth and weight gain. Head circumference may be performed and documented to determine nutrition risk but are not part of the minimum required assessment. (34)
Taking biochemical measurements
WIC staff are responsible for obtaining and assessing bloodwork on infants over 9 months old, and for all women and children at the time of certification. Additional assessments (i.e., serum lead level which is not a WIC allowable cost) may be performed and documented to determine nutrition risk but are not part of the minimum required assessment. (34)
Referring to medical information/referral information from health providers
Official medical documentation may aid in the continuity of healthcare between the primary care provider and the WIC Program and provide additional information related WIC medical nutrition risk. (34)
Completing a health questionnaire/answering health questions
The Questionnaires section of the Participant Gateway contains Health History options for each WIC participant and for the family. The family completes a set of questions and WIC staff completes the health assessment by reviewing the questionnaire results and answers additional questions in MOSAIC. (41) For children the questions include: • How do you feel your child is doing? • What types of activities does your child enjoy? • Where do you take your child for healthcare? • Has your child ever had any health problems, surgery, or medical concerns? • Is your child taking any medications? • Is your child taking any vitamins and/or mineral supplements? • Is your child taking any herbal or botanical supplements, remedies, and/or teas? • Have you taken your child to the dentist? • Tell me some things that are going well with mealtime and if there are any challenges that you are having. • Are there any foods that you limit or do not give your child? • Are you ever concerned you won't be able to buy enough food to feed your family? • Does anyone living in your household currently smoke inside the home? • Does anyone who provides care or lives with the child currently use tobacco products or vape? • Are you afraid someone you know may injure or harm you and/or your child? (43)

Completing a nutrition questionnaire/answering diet questions
Completed as part of the Health History.
Breastfeeding assessment (if needed)
As part of the Health History, pregnant women are asked "Have you heard about breastfeeding?" WIC staff are instructed to "Listen, Ask, Assess for …Interest in breastfeeding, Concerns/Myths, Support Systems, Issues/success with past breastfeeding." Breastfeeding women are asked • Tell me how you feel breastfeeding is going. WIC staff are instructed to "Listen, Ask, Assess for … Success, Challenges, Teething/biting, Baby not interested, Baby preferring one breast." • What kind of help are you getting with breastfeeding? WIC staff are instructed to "Education Moment Listen, Ask, Assess for … Partner/spouse, Friends/peers, Other family members, Work/school environment." (43)
Determining risk(s)
Risks codes can be assigned by the computer system or entered by WIC staff. The computer assigns risk codes based on the responses to the health questionnaire. All questions are required to be answered to determine nutritional risk and assignment of appropriate risk codes. (40) Of the 285 risk codes used by Louisiana across all participant categories, 185 are assigned auto-assigned by the MIS system; 100 are not. Louisiana uses the 3-digit risk codes for inappropriate nutrition practices. It also uses the possibility of regression risk code. (46) The nutrition assessment must include: • A head-to-toe visual physical assessment of the participant's overall appearance and wellbeing, adding notes on the participant page for anything out of the ordinary, and making referrals as appropriate. • The Health History questionnaire to include both medical and nutrition information. • All medical nutrition risk factors must be evaluated by the CPA, requesting clarification from the participant where needed, and adding additional justification comments for required risk codes. (34) The CPA must ensure the accuracy of assigned nutrition risk codes based on medical nutrition history, anthropometrics, blood work, and other data collected during the screening process. (34)
Engaging the participant in dialogue about identified risk(s)
All medical nutrition risk factors must be evaluated by the CPA, requesting clarification from the participant where needed. (34)
Developing an individual care plan
The MOSAIC system has a screen for documenting individual health goals. On the Health Goal screen, a dropdown provides possible options for "general goals" such as: cessation of substances of concern, control portion sizes, decrease sugar-sweetened beverages, exclusively or partially breastfeed, increase consumption of iron-rich foods, increase family meals, increase fruits and vegetables, increase physical activity, and lose weight. (40)
Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
Nutrition education and high-risk nutrition counseling should focus on improving nutrition and physical activity behaviors based on the individual participant's needs, household situations, and cultural preferences, including information on how to select and prepare food for themselves and their family. Nutrition education must be provided to all WIC participants at a minimum of two contacts in a six-month period. Nutrition education during certification, recertification, and high-risk nutrition counseling should emphasize education on behavior change and use a participant- centered approach by: • Discussing the participant's or caregiver's concerns, • Focusing the education toward the participant/caregiver concerns and/or the risk code(s) of greatest need and/or concern, • Assisting the participant/caregiver in making participant-centered goals related to their health, nutrition, and/or physical activity.

At certification appointments, WIC staff should express the benefits of nutrition education and encourage participation, offer nutrition and physical activity education based on participant/caregiver concerns and/or assigned risk code(s) of greatest need and/or concern and category, and provide assistance with setting a realistic, participant-centered goal(s).
At re-certification appointments, WIC staff should discuss nutrition-related to participant/caregiver concerns, or nutrition risk code(s) of greatest need/concern and/or information relevant to the participants/caregiver concerns, provide nutrition education follow-up of previous recommendations and goals set at the previous appointment, and assist the participant in setting their next goal, and documenting the goal in the MIS system.
Methods of providing nutrition education are individual sessions, group classes, and online education. (35)

Referrals

When a High-Risk Referral is generated for a Participant based on the Health Assessment or Risk Codes, MOSAIC will require a referral to be generated. Note If the High Risk Referral status is not changed from Pending to Accepted or Refused, the referral remains outstanding and the Participant cannot be certified. (40)
Of the 285 risk codes used by Louisiana across all participant categories, 67 require referral to a High Risk Nutritionist. (46)
Referrals to appropriate health care provider must be made based on the applicable risk codes collected during the Nutrition Assessment. (34)

Food package tailoring

Food packages can be tailored, and food items may be substituted to meet participants' medical, nutritional, cultural needs, or food preferences.
The full maximum monthly allowance of all supplemental foods in all food packages shall be made available to participants unless medically or nutritionally warranted. It is the responsibility of the CPA to tailor participant food benefits considering:

- Food allergies and intolerances
- Breastfeeding needs
- Participant request to exclude or reduce the quantity of food items
- Satisfying the medical or nutritional needs of the participant

When a participant requests exclusion or reduction in quantity of a food item, the CPA should provide nutrition counseling relative to that particular food. For example, if the participant wishes to exclude milk from the food benefits, the CPA should discuss the nutritional content and health benefits of consuming milk in the recommended daily amount. Food benefits can be tailored for homeless participants. The CPA shall assess the participant's food benefit needs based upon the participant's self-declaration of their living arrangements. The CPA shall consider the participant's ability to store food, access to adequate refrigeration, access to a sanitary and unrestricted water supply, ability to safely handle food, and ability to clean utensils and containers. The CPA shall tailor and prescribe non-perishable food benefits using the Shelf Stable Food Package options for participants who self-declare that their living arrangements are not conducive to the safe handling of the WIC benefits. (37)
A participant may choose or be authorized by prescription to substitute a specified quantity of food within their assigned package for another item that falls within the Substitution Group Guidelines. In the Food Substitution window of the MIS, WIC staff select a Substitution Group. Substitution Groups include Milk, Cereal, and Fruit and Vegetable. The Cereal and Fruit and Vegetable Substitution Groups are only available for Food Packages for special dietary needs. The WIC staff can modify of the quantity of items as necessary. If the Total Equivalent Quantity is more than the Max Quantity, then staff receive a message from webpage alert to confirm. Participants may tailor their food packages by refusing a type of food.

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Nebraska*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
Activity prior to the assessment includes: rights and responsibilities read by/to applicant; categorical eligibility determined; and determine and document income, residency, and ID. (53, clinic flow chart) Each applicant for the WIC Program, at each certification visit shall receive an explanation of the purpose and scope of the WIC Program and of the certification process. (53) Each WIC applicant will have the following information provided to them by clinic staff during their WIC visit to help minimize misunderstandings about the nature of the program and the benefits it provides: • WIC provides nutrition and breastfeeding education and support, supplemental foods, and referrals. • All clients will receive a nutrition assessment to help identify their individual needs. • WIC foods are prescribed for each individual client. • These foods are supplemental and may not meet all of your needs. Additional foods may need to be purchased. • You will be notified when your benefits are about to expire. WIC will reassess your situation for continued eligibility. WIC staff will help you achieve your nutrition and health goals for you and your family. (53)
Assessment introduction
–
Taking anthropometric measurements
When determining program eligibility, each participant shall be measured and weighed as part of their nutritional assessment according to the procedures listed below. • Participants must be weighed and measured at every certification • Pregnant women should be weighed once each trimester • Infants should be weighed and measured again at 6 months of age. (53)
Taking biochemical measurements
Nebraska uses the 1998 Centers for Disease Control and Prevention (CDC) Guidelines for anemia cutoffs. Hemoglobin test may be performed by WIC or medical referral data may be accepted from a healthcare provider. If referral data is used, the test must have been performed within 60 days of the certification date, and be reflective of the participants' status. When a participant has a low hgb value, it is required that a referral be made by a WIC staff member. There are two types of referrals: An active referral occurs when a staff member initiates contact with a participant's medical provider and a passive referral occurs when a staff member suggests a participant discuss with their medical provider about any medical issues or test results. (53)
Referring to medical information/referral information from health providers
Medical data used in determining eligibility of a WIC applicant may be provided by a competent professional authority not on the staff of the local agency. Data must be less than 60 days old at time of certification and reflect the applicant's current category. Applicants may bring the documented data with them, signed, and dated by their health care providers, or the WIC staff may contact the provider, if the applicant agrees to the release of information. (53)
Completing a health questionnaire/answering health questions
The assessment includes a health assessment interview. (53)
Completing a nutrition questionnaire/answering diet questions
The nutrition interview section of the assessment must be completed for each participant at each certification visit, and updated at mid-certification visits. The nutrition interview available in the MIS system will be appropriate to the participant category. Information from the nutrition interview will be used to assign nutrition risk criteria. (53)

Breastfeeding assessment (if needed)
Every pregnant participant is provided breastfeeding education/counseling which integrates breastfeeding promotion into the continuum of prenatal care; includes an assessment of participant's knowledge, concerns, and attitudes related to breastfeeding at the earliest opportunity in the prenatal period; and provides prenatal education based on this assessment. Every breastfeeding woman is provided breastfeeding support which includes assessment of participant's knowledge and experiences as soon as possible after delivery, counseling and education to promote exclusive breastfeeding until appropriate timing for addition of solid foods, and support for returning to work or school, including work environment and breast milk collection and storage. (53)
Determining risk(s)
Uses 4-digit codes for inappropriate nutrition practices. Includes the possibility of regression in the code list. The list of nutrition risks provided to WIC staff includes the definition for each risk code and examples of conditions that are included within each code. (55) CPAs much complete all sections of the assessment portion of the navigation tree in the MIS system, which includes: • Completing the Pregnancy Panel – women only. • Completing the Anthropometrics, Blood and Nutrition Interview – all participant categories. • Identifying the presence of each nutrition risk criteria based on the definition of the risk criteria as listed in the procedure manual. • Completing the Risk section of the assessment panel. When "Determine Risk" is selected, the system will auto-assign any risk codes based upon data and responses entered during the Assessment. • Reviewing risks assigned for accuracy. • Manually assign any additional risk codes that apply. The WIC computer system will automatically designate a participant as high risk if a code designated as high risk is assigned to the participant. CPA's may also identify any participant as high risk when professional judgment deems it necessary, based upon a combination of low risk factors or other special circumstances. (53)
Engaging the participant in dialogue about identified risk(s)
–
Developing an individual care plan
Assessment/care plan forms are organized to allow staff to obtain relevant information according to VENA guidance. (53)
Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
A nutrition education contact: • Is facilitated by qualified CPA staff. • Provides interaction that engages the participant. • Is provided in the language and cultural preferences of the participant. • Is relevant to the participant's category, nutrition risk, and client concerns. • Is comprised of accurate and current information. • Is appropriately documented on client care plan and in WIC computer system. As a conclusion to nutrition education, the CPA must guide the WIC participant to set a nutrition and/or health related goal. This goal may be related to participant's risk factors, dietary habits, health, participant dental care, or other health topics that are suggested by the participant. A WIC CPA should not set goals without the participant but they do act as a guide in the goal setting process. They assist the participant in setting the goal by explaining what a goal is, asking open ended questions, using affirmative statements during assessment and counseling, reflecting back on what was discussed during nutrition education, discussing any challenges or barriers to reaching goals. (53)

Nutrition education is offered to participants according to the following required frequency:

- A minimum of two nutrition education contacts is required in each six month certification period.
- For participants certified for longer than six months, a minimum of one nutrition education contact every two to three months is required.

The second nutrition education contact within a certification period provides an opportunity to follow-up on participant progress toward goals, to identify barriers that may be hindering the participant's progress, to address any questions or concerns, and to reassess and refine future nutrition education plans. (53)
WIC staff promote SNAP-Ed and EFNEP to all interested clients via the use of promotional materials and verbal referrals. This educational programming may be available at the WIC clinic site. Only low risk postpartum women and children age 1 to 4 are eligible to have SNAP-Ed/EFNEP education counted as a second nutrition education visit. (53)

Referrals

Staff must assess the client's need for health services and other resources that support the family. Staff must offer referrals based on needs identified or client's interests at each certification, mid-certification health assessment, recertification, and education visit. Written information on Medicaid, including income eligibility, must be given to all individuals applying for or reapplying for WIC for themselves or on behalf of others. Written information must be provided on at least one occasion to all individuals applying for WIC for themselves or on behalf of others regarding SNAP, AFDC, and The Child Support Enforcement Program. Such information is to be provided during the initial application to assure that ineligible applicants receive the materials. Referral to other food assistance programs is required if the applicant is not eligible to receive WIC benefits.
Referrals should be made in a positive and helpful way. WIC staff should:

- Stay up to date with community resources.
- Ask the client if she is interested to learn more about a program or service.
- If the client is interested, tell them about eligibility requirements, cost (if there is one), location, phone number, business hours, and the name of the contact person.
- Provide referral information to the community resource if it will help the client get services more easily.
- Offer handouts and application forms for services. (53)

Food package tailoring

For infants, an assessment of breastfeeding and supplemental formula intake must be completed by a WIC CPA to determine the appropriate quantity of formula needed to support the individual breastfeeding goals. Food packages for infants with the status of "mostly breastfeeding" and "some breastfeeding" offer the CPA the ability to nutritionally tailor the food packages for the infant and to select the appropriate food package based on the infant's age and individual nutritional needs. (53)
Milk tailoring: Whole milk is the standard milk for issuance to children who are one-year (12 – 23 months) of age. Lowfat-1% or Nonfat/Skim milks are the standard milk for issuance to children ≥2 years of age and for women. Nebraska WIC Policy allows WIC CPA staff to individually tailor food packages for one-year old children to include reduced-fat milk. The need for 2% milk for a one-year old child must be based on an individual nutritional assessment and in consultation with the child's health care provider if necessary. The reason for tailoring the food package to 2% milk must be documented in the MIS system on the Food Package Panel and as part of the Individual Care Plan. 2% milk may not be issued for participant preference. (53)

Issuing less than the maximum monthly allowances of supplemental foods to an individual WIC participant is only appropriate when medically or nutritionally warranted (e.g., to eliminate a food due to a food allergy or medical condition); a participant refuses or cannot use the maximum monthly allowances; and the quantities necessary to supplement another programs' contribution to fill a medical prescription would be less than the maximum monthly allowances. (53)

The following situations may warrant the issuance of a tailored food package:

- Lactose intolerance or milk allergy. Soy milk is available to women who have lactose intolerance, milk intolerance, who practice a Vegan diet or for cultural reasons. Children may receive soy milk for the same reasons as women, after a nutritional assessment is made by the CPA, in consultation with the participant's health care provider.
- Medical conditions such as exclusive tube feeding, vegan diets, inborn errors of metabolism or prematurity.
- One-year old children for whom overweight or obesity is a concern, may receive 2% milk.
- Baby food quantities may be tailored if the parent determines the baby is not consuming the full complement of baby food offered in the full infant package.
- Food Package III may call for tailoring foods depending on the foods authorized by the physician.
- Children whose special dietary needs require the use of pureed foods may receive a tailored food package which provides 128 ounces of baby food fruits and vegetables in place of the cash value benefit.
- Partially breastfed infants may receive a tailored food package, which provides the amount of formula that corresponds to the amount of breastfeeding the mother is providing.
- Homeless families may need tailored food packages depending on the family's individual situation, food needs, food storage, and preparation facilities. (53)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Nevada*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
Clinic staff will instruct applicants on which documents to bring to the certification appointment. At the clinic certification appointment, a qualified staff member must review provided proofs of the applicant's identity, residency, income and any other documentation requested. If the applicant passed the eligibility criteria for WIC, they are asked to fill out the WIC 'Developmental Milestone Checklist Program' (DMCP) Checklist(s). Checklist covers infants and children up to age 4 years old. A checklist will be given for each infant and child selecting the corresponding age. (70)
Assessment introduction
–
Taking anthropometric measurements
Current weight and height/length measurements must be taken for all applicants or this data can be provided by a health care provider no more than 60 days prior to certification, excluding infants' birth measurements. (70)
Taking biochemical measurements
Hemoglobin or hematocrit must be taken for all applicants age 9 months of age or older. (70)
Referring to medical information/referral information from health providers
A medical documentation form is required for all non-contract formula and special accommodation requests. (70)
Completing a health questionnaire/answering health questions
The NV WISH system has a series of screens that ask questions related to the participant's health and medical care. For children these screens include the following questions: • What concerns you about your child's health? • Does your child have any medical problems diagnosed by a doctor? • Is your child currently on any medication? • Can we look over your child's shot record today? • How do you take care of your child's teeth? • Has your child seen a dentist? • What types of activities does your child enjoy? • How many hours does your child spend TV watching/playing video games each day? • Does anyone living in your household smoke inside the house? (74) All children certified for longer than a 6-month period must be offered a Child Health Assessment (CHA). This Health Assessment is a health screening and nutrition education contact which occurs approximately in the middle of the child's certification period. All original risk codes are retained and assign new ones as determined. All infants certified for a period of 9 months or longer must be offered an Infant Health Assessment (IHA) performed prior to the end of their current certification. This Health Assessment is a health screening and nutrition education contact which occurs approximately in the middle of the infant's first year. Staff is required to provide relevant nutrition education, guidance on complementary feeding, and encourage ongoing healthcare. Retain all original risk codes (except for breastfeeding codes if no longer breastfed) and assign new ones as determined. (70)
Completing a nutrition questionnaire/answering diet questions
The NV WISH system has a series of screens that ask questions related to nutrition practices. For children these screens cover: • Breastfeeding information • How old was child when first fed formula? • Tell me about what the child likes to eat and drink.

- What is mealtime like?
- Is there anything you would like to see different about your child's eating?
- Are there foods you would like to see your child eat more or less of?
- Does your child take vitamins/minerals?
- Does your child take herbs/dietary supplements?
- Specific questions about each "inappropriate nutrition practice," e.g. Code 425a – routinely feeding inappropriate beverages as primary milk source." (74)

Breastfeeding assessment (if needed)

Breastfeeding counseling shall be performed by the CPA prenatally and in all postpartum visits in which breastfeeding is ongoing. Issues identified shall be resolved to the extent possible by the CPA and shall not automatically be delegated to the Breastfeeding Coordinator or Peer Counselor. (70)

A breastfeeding assessment must be completed whenever any breastfeeding mom is requesting formula, or asks for an increase in the amount of formula she already receives from WIC. When there is no medical indication for formula for infants, CPAs should use the following as a guideline for conducting a breastfeeding assessment:

- Establish rapport with the client by introducing yourself.
- Tell the client the reason for the discussion
- Show respect for the client and engage her in a discussion about how she is feeding her baby and what her plans are.
- Use open-ended questions and active listening skills to find out why the client is requesting formula.
- Affirm the client's feelings or concerns and engage the client in the discussion while offering support and encouraging continued breastfeeding.
- Allow the client to share thoughts and try to avoid dominating the conversation.
- Target education to the client's needs and avoid providing unneeded information.
- If it is determined that there is a reason for concern about breastfeeding and that formula is appropriate:
- Carefully assess the feeding situation; only issue the minimum amount of formula necessary per the Medical Food Breakdown.
- Discuss with mothers how adding a small amount of formula will change her food package.
- Issue the mother and infant's food packages according to the needs of the infant.
- Refer participant to a lactation specialist if necessary.
- Document that assessment was done in the infant's Progress Notes. (70)

Determining risk(s)

WIC CPA's and Nutritionists/RD's will perform a comprehensive nutrition assessment at each certification/ recertification appointment using Value Enhanced Nutrition Assessment (VENA) principles to provide quality nutrition services in a participant-centered framework. Nutrition assessment links collected health and diet information to risk assessment and the delivery of appropriate and personalized nutrition interventions that lead to improved health outcomes. Nutrition assessment must be completed prior to providing nutrition education. (70)

A nutritional assessment is considered complete when the following indicators of nutritional status have been completed and evaluated:

- Current weight and height/length or data provided by a health care provider no more than 60 days prior to certification, excluding infants birth measurements - All applicants;
- Hemoglobin or hematocrit - All applicants age 9 months of age or older; and,
- Nutrition Interview, Care Plan, and Risk code determination in NV WISH - All applicants. (70)

Every condition of nutritional risk will be identified and justified on the participant's NV WISH (WISH) MIS record. Any supporting documentation for risk code(s) should be noted in Nutrition Interview and/or Care

Plan. Nevada uses 4-digit risk codes for inappropriate nutrition practices. Nevada uses the "possibility of regression" risk code. The identification and referral of High-Risk codes to the Dietitian or Nutritionist are part of the CPAs duties. (70)

Engaging the participant in dialogue about identified risk(s)

–

Developing an individual care plan

The development and implementation of an individual care plan is required for all participants identified as high risk, per Nevada State Nutrition Risk Criteria. Nutritionists or Dietitians are allowed to provide high risk counseling.

The care plan should include what has been done concerning:

- Recommendations based on assessment,
- Specific written instruction, education plans (e.g. diet instruction or sample menus) or recommendations,
- Materials provided to the participant/sponsor (topics discussed and materials given should be written on the Nutrition Documentation Form and need not be written in the care plan),
- Goals to achieve behavioral objectives, including how goals will be accomplished and in what time frame,
- Additional data required, such as plans to redo anthropometric or biochemical measurements, and
- Follow-up plans for subsequent visits for evaluation, referral to other health professionals/agencies, phone contacts and consults with physicians. (70)

Benefit Tailoring – State Agency Policy and Procedures

Education and counseling

Nutrition education should be based upon the participant's highest priority needs and interests. Intervention and education are not required on all identified nutrition risk factors in one clinic visit.

All participants shall be offered the relevant, category- based nutrition education, with "how-to" actions to accomplish those goals. In addition to nutrition education being category-based, information gathered during the assessment process should be used to design appropriate nutrition education. Nutrition education offered may include a wide array of messages that are relevant to participant's nutritional risk factors and individual nutrition needs/concerns as well as emerging health issues. Assessment information, critical thinking skills, and professional judgment should be used to select the most relevant and effective tailored nutrition education message(s) for the participant.

When conducting nutrition education appointments WIC staff must be sure to use participant-centered service skills focusing on OARS (Open-ended questions, affirmations, reflections, summarize). They must incorporate goal setting into the nutrition education and document participant's goals on the nutrition education form and inquire and document at each successive contact how progress is occurring.

Federal Regulations require that women and children participating in the WIC Program be offered four nutrition education contacts during each twelve-month certification period. Pregnant participants must be offered a nutrition education contact in each trimester of the pregnancy, while infants and children must be offered nutrition education at a quarterly rate. Local programs are encouraged to provide nutrition education to participants on a more frequent basis when possible. The nutrition education contact will be available through individual or family sessions, group classes, or online lessons which are appropriate and relevant to the participant's nutrition needs.

Online lessons are an approved method for providing a second/fourth nutrition education contact to low-risk participants. Local Agencies (LAs) must ensure all online contacts are appropriately documented in NV WISH. (70)

Referrals
At each certification visit or nutrition education contact or upon request by the participant, the WIC staff member will use his/her assessment of the participant's needs and problems to determine whether or not the services of another program/agency would help meet those needs. WIC staff must fulfill referral requirements of the Federal Regulations by: • Providing information on Medicaid at each certification; • Making referrals of substance abusers to appropriate counseling/treatment facilities; • Assisting participant families that have immediate needs for food beyond what WIC provides or an agency at maximum caseload, with a waiting list referrals to food banks/pantries, food stamp, or other emergency meal or food distribution providers; and, • Asking the parent or caretaker of a child if the child has had a blood lead screening test. If the child has not had a test, they must be referred to programs where they can obtain such a test. All children under the age of two years will be screened at each certification period for immunization status and referred to immunization services if the child is under immunized. (70)
Food package tailoring
Food packages will be prescribed by a competent professional authority (CPA). A participant's food package must be tailored according to his/her individual nutritional needs. This entails making changes to food types (e.g. milk vs. cheese), to food forms (e.g. fluid milk vs. evaporated milk), and to quantities of WIC foods. Food package tailoring is to be done solely for the following reasons and on an individual basis, to better meet the needs of the participant. • To accommodate participant preferences (e.g. participant is given peanut butter instead of beans or quantities are reduced, participant does not eat eggs). • To accommodate household conditions (e.g. a homeless or migrant person). • To accommodate a participants food intolerance or restrictions (e.g. lactose reduced milk, more cheese) Maximum Monthly Allowances. The full maximum monthly allowances of all supplemental foods in all food packages must be made available to participants if medically or nutritionally necessary. Maximum monthly allowances may only be decreased if: • Medically or nutritionally warranted. For example, to eliminate a food due to allergy. • A participant refuses or cannot use the maximum monthly allowance • The quantities necessary to supplement another program's contribution to fill a medical prescription would be less than the maximum monthly allowances. (70)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: North Carolina*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
An application for WIC Program certification must be started whenever an individual/parent/guardian/caretaker contacts (by phone or in-person) the local agency and asks for WIC services. At each certification appointment, proof of identity, residency, and income must be provided. Applicants who are currently eligible for Medicaid, Food and Nutrition Services (FNS) (Food Stamps), and/or Temporary Assistance to Needy Families (TANF) (Work First) are also income eligible for WIC because their incomes have already been screened by these programs. Information obtained from the applicant/participant/parent/guardian /caretaker is done through an interview process. To facilitate this process, staff may choose to use a questionnaire the client completes prior to the nutrition assessment interview. Client-completed questionnaires are not required to be retained. (75)
Assessment introduction
–
Taking anthropometric measurements
Both weight and height/length must be collected at each certification for all participant categories. This information may be obtained through weighing and measuring at the time of certification, from documentation in the Crossroads system, or through written referral information from a health care provider. Anthropometric data used for certification must not be more than 60 days old at the time of certification. (75)
Taking biochemical measurements
WIC requires that a hemoglobin (hgb.) or hematocrit (hct.) be completed to screen for iron deficiency anemia. To meet this requirement, WIC Programs should align their efforts with the Centers for Disease Control and Prevention (CDC) guidelines for bloodwork testing of infants, children, and pregnant and postpartum women. The flexibility of these guidelines allows WIC to coordinate with other health programs serving WIC applicants/participants and to minimize repetitive, costly, and invasive blood testing procedures. Results of tests performed outside the agency may be used, or WIC agencies may perform the bloodwork test themselves at no charge to the applicant/participant. (75)
Referring to medical information/referral information from health providers
Information required for the nutrition assessment may be collected from a private health care practice, and/or other type of health care facility. Written information obtained from outside the local agency must be scanned and saved in the applicant's/participant's record in the Crossroads system. Examples of this type of information include a "WIC Program Exchange of Information", a WIC or physician's prescription form, and written correspondence (e.g. memo, letter, discharge summary). To facilitate the exchange of information necessary for WIC certification between a health care provider and the local WIC Program, the WIC program staff completes the appropriate parts of the WIC Program Exchange of Information Form and has the participant sign in to authorize the exchange of information. WIC staff then forward it to the participants health care provider for completion. (75)
Completing a health questionnaire/answering health questions
Clinical information that is assessed includes but is not limited to: • For pregnant and postpartum women: pregnancy-related conditions, history of pregnancies and birth outcomes, presence of medical conditions, use of substances (tobacco, alcohol, drugs), use of medications (e.g., prescription, over-the-counter, herbal supplements), oral health status, and depression. • For infants and children: presence of medical conditions, use of medications (e.g., prescription, over-the-counter, herbal supplements), immunization status, and oral health status. The immunization status of infants/children participating in the WIC Program must be determined at initial and subsequent WIC certification visits up to 24 months of age and at the infant mid-year nutrition

assessment visit. Infants and children not up-to-date on immunizations at any one of these visits must be referred for immunization services. (75)
Completing a nutrition questionnaire/answering diet questions
Behaviors that are assessed include but are not limited to usual eating or feeding pattern, fruit and vegetable consumption, type of milk/beverages consumed, frequency of physical activity, and amount of TV time. Eco-social information is also assessed and includes but is not limited to household composition, food security, working appliances for food preparation and source of drinking water, homelessness, and migrancy status. (75)
Breastfeeding assessment (if needed)
The default breastfeeding status for all postpartum women and infants is fully breastfeeding. During a full nutrition assessment by the CPA, the selections made on the MIS Health Information screen to reflect the actual feeding information drive the assigned breastfeeding status of the postpartum woman and infant. (75)
Determining risk(s)
North Carolina uses the 4-digit risk codes for inappropriate nutrition practice. They do not use the "Possibility of Regression" nutrition risk code, but use all of the other standard risk codes. Staff must identity all applicable WIC nutrition risk criteria for each participant at each certification/subsequent certification. The Assigned Risk Factors quick link in the MIS system lists the system-identified risk factors and allows the CPA to add additional risk codes based on the interview, observation, and assessment performed. (75) The MIS system documentation includes tables showing (for each participant category) whether a risk code can be assigned only by the system from entered information, codes that require manual assignment by the CPA, and codes that can be assigned by either the system or the CPA. (77)
Engaging the participant in dialogue about identified risk(s)
–
Developing an individual care plan
Based on the summary of nutrition problems and potential problems, staff must work with the participant to establish a nutrition plan of care. Consideration must be given to the participant/caretaker education, understanding of nutrition principles, beliefs, skills, cultural practices, family and social environment resources, access to food and health care services, and stage of readiness to make changes in behaviors for her/himself or her/his family. The required components of a nutrition plan of care are: goals, nutrition education, breastfeeding support, and referrals. (75)
Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
Local WIC agencies must offer nutrition education at a minimum frequency outlined in Federal regulations. Providing nutrition education in addition to the required number of contacts is optional and is based on a participant's interests and nutritional needs as determined by a complete nutrition assessment. Follow-up may be more frequent for a participant assessed to have a high level of nutritional risk. The content of and method used to provide nutrition education must be relevant to the participant's age, nutritional needs, interests, household situation, cultural preferences, language spoken and any special considerations the participant might have. When nutrition education is part of the nutrition assessment and certification process, the education must be provided directly to a participant/parent/ guardian/caretaker on an individual basis by a competent professional authority (CPA). Low-risk follow-up nutrition education may be conducted by CPAs or other trained staff through individual (face-to-face or by telephone/video), online, or group sessions. It may also be provided by individuals who work outside the local WIC agency. For example, staff who work in programs such as the Expanded Food and Nutrition Education Program (EFNEP) and the Head Start Program. High-risk follow-up nutrition education must be conducted by the CPA through individual (face-to-face or telephone/video) sessions. Nutrition education provided by health professionals outside of WIC may be fulfill education requirements for participants. To help ensure that the agency's approach to nutrition education is relevant and meeting the needs and interests of participants, staff are encouraged to obtain input from WIC participants. (75)

Referrals
Referrals to other health, welfare, and social services should be made to help meet additional needs and assist in improving health and achieving positive health outcomes. Referrals should also be related to the goals, identified nutrition problems/ potential problems and health needs, and documented in the participant's record. WIC staff must provide a Medicaid referral to all participants. Local agencies must also maintain a current list of local health and mental health resources for referral for diagnosis and treatment of maternal depression. Other required referrals are to immunization services when a child's shots are not up-to-date and to a child's health care provider if a blood lead test has not been performed. (75)
Food package tailoring
The food package prescribed should reflect the participant's nutritional needs and cultural practices. The CPA is expected to tailor the amount of formula prescribed based on the assessed needs of the breastfed infant. The MMA for the fully formula feeding food package should not be issued as the standard, rather the minimum amount of formula that meets but does not exceed the infant's nutritional needs. Milk Tailoring: • Reduced fat (2%) milk may be issued to children or women when a CPA determines there is a medical need based on an individual nutrition assessment. 2% milk may not be based on a personal preference. • To receive whole milk for children 24 months of age and older and for women, the prescribing individual must document a medical condition that indicates a need for whole milk in the treatment or management of the condition. Situations prompting food package adjustments include participants with specific food intolerance or a vegan diet, participants who are homeless, and participants with have limited or no access to refrigeration. Medical documentation is required for exempt formula or a WIC-eligible nutritional. Documentation should be written, but WIC staff can prescribe one month's issuance with verbal medical documentation. (75)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Ohio* (Available information was very limited)
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
–
Assessment introduction
–
Taking anthropometric measurements
Anthropometric measurements are taken for each certification visit. (89)
Taking biochemical measurements
Hematocrit or hemoglobin are taken for each certification visit for all participants except infants under 9 months. (89) Local WIC projects must inquire during WIC nutrition screening if a child has had a blood lead screening test. If the child has had a blood lead screening test, the test result should be recorded in the WIC computer system and/or the Health History form. If the child has not had a blood lead screening test, the child must be referred to programs where a blood lead screening test can be obtained. (89)
Referring to medical information/referral information from health providers
Health data used to certify a participant must be taken either at the WIC clinic or provided to the WIC clinic by a health care provider in writing or by telephone. It is not acceptable for a parent or guardian to verbally convey the health data to the WIC clinic. (89)
Completing a health questionnaire/answering health questions
There is a health history/assessment questionnaire for infants, children, and women that must be completed at each enrollment and certification visit. Health and environmental questions for children include: • Tell me about the physical activities your child enjoys. • How much screen time per day? • Does your child have any diagnosed medical conditions, or recent surgery, serious illness or injury? • What medications is your child taking? • Any problems with constipation, diarrhea, or vomiting? • Is your child up to date on shots? • What vitamins or herbs is your child taking? • How do you clean your child's teeth? • Do you or your dentist have any dental concerns? • Do you live in a shelter, hotel, or temporary place? • During the last six months, has your child been physically, verbally, or sexually abused or neglected? • During the last six months, has your child entered foster care or moved foster care homes? (92) Each infant/child's immunization record must be reviewed for immunizations received to date. Infants/children who are identified as deficient in immunizations must be referred to their appropriate immunization provider. (89) Also, Ohio WIC has an Alcohol Screening and Brief Intervention initiative that screens pregnant WIC participants for alcohol use, provides brief interventions to all who screen positive, follows those receiving brief interventions during pregnancy, and refers them to treatment services. WIC clinics providing brief intervention sessions to pregnant women using alcohol are helping them understand the dangers of drinking during pregnancy and set goals for reducing or ceasing their drinking. (93)
Completing a nutrition questionnaire/answering diet questions
Nutrition questions on the health history/assessment questionnaire include: • Have you run out of food or worried about running out of food? • Do you use local food banks/pantries?

- What do you know about eating unsafe foods during childhood?

  Targeted assessment may include diet information about the following:
  - Iron sources: enhancers, inhibitors
  - Dairy/calcium/vitamin D
  - Whole grains/fiber
  - Protein sources
  - Fruits and vegetables
  - Sugar sweetened drinks/foods
  - Foods limited/refused/avoided
  - Meals away from home/fast food
  - Working kitchen appliances
  - Progression and eating skills, developmentally appropriate foods, choking/gagging
  - Self-feeding
  - Family meals/meal times
  - Same foods as rest of the family
  - Continued breastfeeding
  - Bottle use/propped/sleeping with bottle/what's in the bottle?
  - Cup/sippy cup use
  - Halal/Kosher
- Where do you get your water?
- Is there anything you would like to change with your child's eating and drinking? (92)

Breastfeeding assessment (if needed)

The women's health history/assessment includes a section on Breastfeeding Knowledge, Support, and Potential Contraindications. Questions include:

- What do you know about breastfeeding or giving breast milk to your baby?
- What questions or concerns do you have about changes in your breasts?
- Who do you have for breastfeeding support?
- Tell me about your breastfeeding experience so far.
- What is your goal for breastfeeding or giving breastmilk to your baby?
- Do you have any questions or concerns? (92)

Determining risk(s)

–

Engaging the participant in dialogue about identified risk(s)

–

Developing an individual care plan

–

Benefit Tailoring – State Agency Policy and Procedures

Education and counseling

–

Referrals

–

Food package tailoring

–

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: Vermont*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
–
Pre-assessment activity
All applicants must provide proof of identity, proof of residency, and proof of income eligibility. Applicants are not required to provide proof of household gross income if they provide current proof they are participating in one of the following programs: Medicaid, TANF, and SNAP. (94)
Assessment introduction
–
Taking anthropometric measurements
To determine medical and nutritional eligibility, anthropometric (current weight, height or length) and hematological measures must be taken at certification or mid-certification by Vermont WIC Program staff or obtained through a health care provider. Measurements taken by a health care provider, within 60 days of the appointment, will be considered current and may be used to determine medical and nutrition eligibility unless otherwise indicated by a certifier. Documentation must be signed by the physician or healthcare professional and include the measurements and the date the measurements were completed. Anthropometric measurements include a measure of head circumference. (94)
Taking biochemical measurements
For pregnant, breastfeeding, and postpartum women, and child participants, the hematological screening 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. Children who are 2 – 5 years of age must have a hematological screening at least once every 12 months. All pregnant women must have their hematological test at their initial certification visit. For breastfeeding and postpartum women, the hematological test must be performed at their initial postpartum certification. (94)
Referring to medical information/referral information from health providers
The Vermont MEDICAL DOCUMENTATION FOR WIC FORMULA AND APPROVED WIC FOODS form for infants and children allows a medical professional to request a medical formula or medical food for an infant or child, indicate WIC food restrictions – WIC foods that are not allowed to a child or infant based on a medical diagnosis, and requests for higher formula amount and no infant foods for infant over age 6 months not ready for solids, low-fat/skim milk for child age 12 – 24 months, and jarred Infant Fruits and Vegetables and/or Infant Cereal for child over age 1. The form for women allows a medical professional to request formula or medical food for a WIC women participant based on a qualifying medical diagnosis. The form also allows the medical professional to indicate any contraindicated foods given the participants condition. (94)
Completing a health questionnaire/answering health questions
The VT Ceres system has a series of screens that ask questions related to the participant's health and medical care. For children these screens include the following questions: • What concerns you about your child's health? • Does your child have any medical problems diagnosed by a doctor? • Is your child currently on any medication? • Can we look over your child's shot record today? • How do you take care of your child's teeth? • Has your child seen a dentist? • What types of activities does your child enjoy? • How many hours does your child spend TV watching/playing video games each day? • Does anyone living in your household smoke inside the house? (94)

Completing a nutrition questionnaire/answering diet questions
The VT Ceres system has a series of screens that ask questions related to nutrition practices. For children these screens cover: • Breastfeeding information • How old was child when first fed formula? • Tell me about what the child likes to eat and drink. • What is mealtime like? • Is there anything you would like to see different about your child's eating? • Are there foods you would like to see your child eat more or less of? • Does your child take vitamins/minerals? • Does your child take herbs/dietary supplements? • Specific questions about each "inappropriate nutrition practice," e.g. Code 425a Routinely feeding inappropriate beverages as primary milk source." (94)
Breastfeeding assessment (if needed)
Breastfeeding assessment using the Breastfeeding Assessment Prediction Tool (BAPT) will be completed at the initial WIC prenatal certification visit for all women intending to breastfeed, or who are undecided. Women are given the hardcopy survey to complete after the nutrition interview. BAPT is scored in three areas: 1) Mom needs: The WIC staff enters into Ceres the BAPT domains where mom's scores indicated a higher need: None; Knowledge; Support; Confidence 2) Case Conference: The WIC staff enter either Required or Not required. 3) Targets: WIC staff briefly list any concerns identified by the BAPT they plan to address at the mid-pregnancy visit. (96) All WIC prenatal and postpartum participants will receive counseling/education which follows the Vermont WIC You Can Do It breastfeeding protocol and integrates breastfeeding promotion into the continuum of prenatal care and postpartum care; includes an assessment of participant's knowledge, social and professional supports, concerns and attitudes related to breastfeeding at the earliest opportunity in the prenatal period; and provides prenatal and postpartum education based on this assessment. (94)
Determining risk(s)
Vermont uses 4-digit inappropriate nutrition practice codes. Vermont includes the possibility of regression among possible risk codes available. (94) The process of a quality WIC nutrition assessment includes the comprehensive collection of relevant nutrition information that is necessary to deliver meaningful nutrition services to WIC participants. When conducting a nutrition assessment, WIC staff must identify and assign all Nutrition Risks (NR) for which an applicant qualifies. (94)
Engaging the participant in dialogue about identified risk(s)
Using VENA principles, the assessment process must identify solutions to identified risks, prioritizing the issues discovered, and developing a plan of care in partnership with the participant. WIC staff must apply communication skills to foster openness and rapport with the participant. At each WIC clinic visit, staff should review the participant's Nutrition Interview in Ceres to determine the risk for dental caries. Pregnant women, new mothers, and children identified "at risk" should be given appropriate anticipatory guidance and referred to their dental home. (94)
Developing an individual care plan
Ceres manual instructions note that a care plan is required for high risk participants. All participants require a minimum of 1 goal and a SMART plan. For low risk participants, WIC staff may use either the Participant Care Plan or the Family Care Plan screens within Ceres. The Family Care Plan is intended for two or more low risk participants in a family when the care plan is the same for all participants in that family. (96)

Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
Nutrition services should be based upon the participant's highest priority needs and their interests/requests. Intervention and education are not required on all identified nutrition risk factors in one clinic visit. The first and third nutrition education contact is the individual nutrition education given during the certification and mid-certification clinic visits. For all participants, at least two additional nutrition education contacts shall be made during each certification period, between clinic visits. The subsequent (second and fourth) nutrition education contacts may be either individual, online, or group nutrition education, depending on the participant's needs and risk status. Effective WIC nutrition intervention/education should incorporate the following six elements: • A review of the WIC nutrition assessment to identify the participant's nutrition risks, interest, needs and/or concerns; • Messages and interventions that engage and empower the participant in setting individual, simple and attainable goals and provide "how to" support to assist the participant in accomplishing their goals; • Counseling methods and teaching strategies that are relevant to the participant's nutritional risks and are easily understood by the participant; • A delivery medium that creates opportunities for participant interaction and feedback; • Continuous support through informational/environmental reinforcements; • Follow up to assess for behavior change and determine intervention effectiveness. (94)
Referrals
The following types of referrals must be provided: • Local Agencies shall maintain and make available for distribution to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children, a list of local resources for drug and other harmful substance abuse counseling and treatment. • State and Local Agencies shall provide WIC Program applicants and participants with information on other health-related and public assistance programs, and when appropriate, shall refer applicants and participants to such programs. • The Local Agency shall provide to adult individuals applying for or reapplying for the WIC Program for themselves or on behalf of others, information about the Medicaid Program. • At a minimum, during the initial certification visit, each participant shall be advised of the types of other health services available, where they are located, how they may be obtained, and why they may be useful. (94)

Food package tailoring
Food package prescriptions must be based on the WIC participant's categorical eligibility, age, culture/ethnicity, food preference, and dietary need. Only the CPA or Certifier is authorized to prescribe food packages. Vermont WIC will provide non-contract milk-based formula products that meet halal and kosher requirements, as a religious exception. (94) For "mostly/some breastfeeding" infants, WIC staff tailor the amount of formula to what the infant is currently consuming. WIC staff are instructed to not automatically provide the full amount. (94) The Ceres manual indicates that tailoring the food package may occasionally be necessary to: • Add additional tofu • Add a medical formula for which there is no model food package already made. • Remove an entire food category for which there are no acceptable substitutions (e.g. documented allergy to eggs) • Replace the cash-value fruit and veggie benefit with infant fruits and vegetables for children and women with medical need • Provide additional formula to older infants with medical need in lieu of infant foods. (96)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

State Agency: West Virginia*
Nutrition Assessment – State Agency Policy and Procedures
Appointment scheduling
When scheduling the appointment, the WIC applicant/participant will be questioned about the most convenient time of day and day of week to attend WIC clinic. Whenever possible, each member of the applicant/participant family will be scheduled to attend WIC clinic at the same appointment time. The WIC applicant/participant will be served promptly at their appointment time. Whenever possible, walk-ins will be served. WIC clinics which offer extended service hours will give priority for those hours to those who may otherwise not be able to participate in the WIC Program because they would be penalized by their absence from their job or because of their of lack of transportation. (101) The breastfeeding woman, infant, or child must complete a mid-certification follow-up appointment to assess their nutritional status. (101) Participants must be scheduled for a follow-up appointment six (6) months after the beginning of their certification period. (101)
Pre-assessment activity
Prior to the assessment, local agencies require participants to submit proof of residency, identity, and income eligibility. (101)
Assessment introduction
–
Taking anthropometric measurements
Each participant shall be weighed and measured as part of their nutrition assessment during each certification. (101) Anthropometric measurements taken by another medical provider may be used in lieu of WIC Clinic measurements if the measurements are less than 60 days old. Verbal anthropometric measurements for an infant, child, postpartum or breastfeeding participant may only be taken from a medical provider. (101)
Taking biochemical measurements
In order to complete the certification, each WIC applicant/participant is required to have their hemoglobin tested. The value must be collected in clinic or provided by a healthcare provider at the certification appointment. Hematological data from a medical provider must not be older than 90 days and must reflect the participant's current WIC category. (101) Hemoglobin testing is required to complete the certification. The value must be collected in the clinic or provided by a healthcare provider at the certification appointment. (101) The Competent Professional Authority (CPA) must make an immediate referral to the participant's health care provider when a hemoglobin value generates a high risk status. (101) To prevent the duplication of the hemoglobin test for children participating in both WIC and the Head Start or EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) program, the WIC program will obtain referrals from these programs using a specifically designed referral form called the Partners in Growing Healthy Kids Referral Form which includes the hemoglobin or hematocrit reading and the date it was performed.
Referring to medical information/referral information from health providers
Immunization records are requested as a part of the WIC certification and health screening process for infants and children under 2. (101) For Food Package III, medical documentation may be provided by telephone to a CPA who must promptly document the information on the Prescription Formula Form (WIC-53). The collection of the required information by telephone for medical documentation purposes may only be used until written confirmation is received from a healthcare professional licensed to write medical prescriptions and used only when absolutely necessary on an individual participant basis.
Completing a health questionnaire/answering health questions
The Crossroads MIS system has a health information screen. WIC staff document immunization status of children to age 2 on this screen. (104) The health information screen also documents proof of pregnancy. (101)
Completing a nutrition questionnaire/answering diet questions
The following are required questions for dietary assessment. Answers recorded in the MIS. For pregnant and postpartum woman: • How is your appetite? • Are you taking vitamins?

- If so, what vitamins are you taking?
- How many servings of vegetables do you eat per day?
- How many servings of fruit do you eat per day?
- How many serving of dairy do you eat per day?
- How do you plan on feeding your baby? (pregnant women only)
- Are you having any issues with feeding your baby? (postpartum women only)
- Do you have any questions regarding formula? (postpartum women only)

For infants:

- Do you have any concerns with your baby?
- How are you feeding your baby?
- If using formula, how do you prepare the formula?

For children:

- How many meals does your child eat per day?
- How many snacks does your child eat per day?
- How many servings of vegetables does your child eat per day?
- How many servings of fruit does your child eat per day?
- What types of beverages does your child usually drink? (103)

Breastfeeding assessment (if needed)

A minimum of one (1) pre-natal contact is made by a Breastfeeding Peer Counselor to discuss a woman's interest in breastfeeding, fears and anxieties, and barriers to breastfeeding. The Pacify App is introduced, which WIC staff encourage all participants to download. If the Breastfeeding Peer Counselor cannot meet with the participant, the WIC CPA will discuss the above with the participant during the nutrition education portion of the initial certification appointment. Initial postpartum contact will be made after delivery or initiation of breastfeeding between 3-5 days, but no later than 7 days postpartum. Using the VENA approach, during this initial postpartum contact, the Breastfeeding Peer Counselor will strive to reinforce positive aspects of breastfeeding and the woman's positive feelings about it and give her encouragement and support; discuss the infant's nursing patterns, including the frequency and duration of each feeding; explain problem prevention by reviewing basic breastfeeding techniques, such as, proper attachment, correct positioning, successful "let-down" reflex, nursing on both breasts during each feeding, frequent feedings; discuss normal engorgement as mature milk comes in; discuss possible solutions within the scope of the West Virginia Breastfeeding Peer Counselor Training Program to problems identified by the woman, for example, sore nipples, inadequate milk supply; stress the adequacy of breast milk as the sole source of nutrition and of the importance not to routinely supplement with formula; and stress the importance of seeking help early by calling her Breastfeeding Peer Counselor, WIC CPA, Pacify, or La Leche League volunteer, if available. (101)

Determining risk(s)

The Nutritionist/Nutrition Associate (CPA) will determine if the applicant/participant is at nutritional risk through a client-centered nutritional assessment. (101) A participant who has previously been certified eligible for the WIC Program may be considered to be at nutrition risk in next certification period if the CPA determines there is a possibility of regression in nutrition status without the supplemental foods. (101) The CPA should add nutrition risk codes to the Crossroads Assigned Risk Factors Screen following completion of a health/nutrition assessment during the mid-certification appointment. (101) West Virginia uses 4-digit codes for inappropriate nutrition practices for infants, children, and women. The risk code list spells out the criteria for assigning each risk and indicates whether a code can indicate high risk and under what circumstances. (102)

Engaging the participant in dialogue about identified risk(s)

WIC staff are instructed that the term "high risk" should be for office use only. Staff should try to avoid "labeling" participants as "high risk"; using wording, such as "follow-up", instead. (101)

Developing an individual care plan
An individual Nutrition Care Plan must be completed by the CPA for every participant. The Nutrition Care Plan will include the identification of participant concerns, assessment of anthropometric, hematological and nutrition data, concerns and risk, and participant goals. A Nutrition Care Plan must be completed by the CPA for initial and subsequent certifications; mid-certification and follow-up appointments, low-risk and high-risk; condition changes; and formula changes. Goal(s) should be jointly set with the participant. The Nutrition Care Plan information will be relevant to each category and based upon positive health outcomes and adherence to Value Enhanced Nutrition Assessment (VENA). (101) Individual care plans must include the following elements: • Individualized food package • Identification of nutrition-related problems • Nutrition education and breastfeeding support • A plan for follow-up • Referrals • Documentation of completing care plan and • A practical relationship to a participant's nutrition needs, household situation, and cultural preferences. The individual care plan may include timeframes for completing the care plan. (100) WIC will coordinate services with the Right From the Start (home visiting) Program to increase accessibility, integration, and continuity of care to pregnant women and infants. (101)
Benefit Tailoring – State Agency Policy and Procedures
Education and counseling
Nutrition education appointments may be completed online or by phone. Nutrition education is offered according to the participant's record, dietary history, health history and/or participant's questions and concerns. The CPA will discuss the participant's nutritional needs at the mid-certification appointment as well. Nutrition education contacts, including breastfeeding promotion and support, will be made available through individual or group sessions which are appropriate to the individual participant's nutritional needs. Nutrition and breastfeeding education will be provided by the Local Agency and/or by web-based nutrition education through the WICSmart website or mobile application. During each six-month certification period, at least two (2) nutrition education contacts must be made available to all adult participants and the parents, guardians and/or caretakers of infant and child participants, and when possible, the child participants themselves. (101)
Referrals
The local agency will provide immunization screening and referrals to all WIC infants and children under the age of two using a documented history. The West Virginia WIC Program can share participant's certification information with health, education, and social service programs that serve the WIC-eligible population. The information is used to determine eligibility for these programs, and for outreach and educational purposes. The WIC program will use the "WIC Program Referral Form" for referrals to Head Start and EPSDT providers. (101)
Food package tailoring
Only a Nutritionist (CPA) is authorized to prescribe supplemental foods in quantities that meet the maximum monthly allowance (MMA) and are appropriate for the participant, taking into consideration the participant's age and nutritional needs. Standard contract infant formula will be issued and will continue through the month of the infant's first birthday. The parent/guardian or caretaker can request a formula change to a different standard contract infant formula. Ready-to-feed (RTF) WIC formulas can be authorized when the Nutritionist (CPA) determines necessary. For instance, if the participant's household has an unsanitary or restricted water supply or poor refrigeration, or the caregiver would have difficulty in correctly diluting other forms of formula. When a breastfeeding parent requests a change to formula, the infant will receive a complete nutrition assessment. This assessment may be completed by a Breastfeeding Peer Counselor, Breastfeeding Coordinator, Breastfeeding Counselor, Nutrition Associate (CPA), or Nutritionist (CPA) based upon availability and staffing within the agency. When individuals require a special formula because of

religious beliefs, CPAs must contact the State WIC Office for specific guidance. Minor food package changes may be completed online or by phone. (101)

*Numbers in parentheses are the assigned document number. They identify the document from which the information was taken. See the Appendix B table, Documents Available for Synthesis and Review.

Appendix C-2

State Plan Information Tables

Table 1. Topics for which State agencies make available (or recommend) nutrition education materials*

Nutrition education topics	Choctaw Nation	Florida[1]	Indiana	Louisiana	Nebraska	Nevada	North Carolina	Ohio	Vermont	West Virginia
General nutrition	E	B	B	B	B	B	B	B	B	B
Specific nutrition-related disorders	E	B	B	E		B	B	E	E	B
Maternal nutrition	B	B	B	B	B	B	B	B	B	B
Infant nutrition	B	B	B	B	B	B	B	B	E	B
Child nutrition	B	B	B	B	B	B	B	B	E	B
Nutritional needs of homeless			B			B				E
Nutritional needs of migrant farmworkers & their families			E		S	B		B		S
Nutritional needs of Native Americans	E					B		E		
Nutritional needs of teenage prenatal women	E	B	B	B		B		E		B
Breastfeeding promotion and support	B	B	B	B	B	B	B	B	B	B
Danger of harmful substances/ secondhand smoke during pregnancy/breastfeeding	B	B	B	B	B	B	B	B	B	B
Food Safety	B	B	B	B	B	B	B	B	E	B
Physical activity	B	B	B	B	B	B	B	B	E	B
Other, Specify		B, lead poisoning		B, oral health, preparing infant formula	B, baby behavior	B, dangers of lead, Infant feeding guide, BF checklist, 1st weeks of pregnancy	B, lead poisoning, folic acid, obesity prevention			

Source: 2020 WIC State Plans, Section II (Nutrition Services), Q A 4.b. for all State agencies except Louisiana whose State Plan is dated 2019.

*E= Educational materials available in English, S = Educational materials available in Spanish, B = Education materials available in English and Spanish.

[1] All Florida materials are also available in Haitian Creole.

Table 2. State agency policies related to food package tailoring

State Plan Question	Choctaw Nation	Florida	Indiana	Louisiana	Nebraska	Nevada	North Carolina	Ohio	Vermont	West Virginia
2a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).										
Yes	X	X	X	X	X	X	X	X	X	X
No										
2b. The State agency provides a special individually tailored package for:										
Homeless individuals and those with limited cooking facilities	X	X	X	X	X	X	X			X
Residents of institutions	X				X	X				
Other (specify)		X, Not applicable[1]					X, specific medical conditions, food intolerances, preferences	X, Not applicable	X, Food packages tailored only after discussion with family	
2c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:										
Does not develop individual nutrition tailoring policies		X							X	
Develops based on (check all that apply):	X		X	X	X	X	X	X		X
Nutrition risk/nutrition and breastfeeding assessment	X		X	X	X	X	X	X		X
Participant preference	X		X	X	X	X	X	X		X
Household condition	X			X	X	X	X	X		X
Other (specify)	X, cultural preference		X, homeless							

State Plan Question	Choctaw Nation	Florida	Indiana	Louisiana	Nebraska	Nevada	North Carolina	Ohio	Vermont	West Virginia
2d. The State agency allows local agencies to develop specific individual tailoring guidelines.										
Yes								X		
No	X	X	X	X	X	X	X		X	X

Source: 2020 WIC State Plans, Section II (Nutrition Services), Q B 2a, 2b, 2c, and 2d.

[1] Florida specified "CPAs can tailor an individual client's food package to meet client's needs on a case-by-case basis, but we do not tailor the food package for groups."