
SECTION: CERTIFICATION

SUBJECT: Eligibility Requirement

ITEM: Determining Biochemical Nutrition Need for All Categories

Policy

Qualified staff shall assess whether a biochemical nutrition need exists using the required nutrition assessment tools.

Biochemical test results expire as follows:

- When there is a change of category for women, (from pregnant to either breastfeeding or non-breastfeeding)
- Every 12 months for normal blood tests results for children and
- Every 6 months for abnormal blood test results for children.

If a biochemical result is not provided at enrollment onto the program, or at expiration of the prior biochemical test result, the LA is required to obtain the biochemical results within 90 days.

Certification of the participant shall occur even in the absence of a current biochemical test result, only if the participant has another indicator(s) of nutrition need.

Required Procedures

- I. Staff shall request bloodwork a minimum of 2–3 months before the expiration of the biochemical test result to give the participation time to arrange appointments with their medical provider.
- II. Staff shall offer a referral to health care if the participant does not have a medical provider.
- III. The biochemical results for pregnant women must be dated during pregnancy, and for non-breastfeeding or breastfeeding women, it must be completed after the pregnancy ends.
- IV. Biochemical results for infants and children are as follows:
 - A. An infant nine months of age and older shall have a biochemical test for anemia. A blood test result from between 6 and 12 months of age shall be used to meet this requirement. Biochemical results performed anytime under 12 months of age may be used to certify a child at the first birthday certification, but cannot be used to certify that child thereafter.

- B. A child over 12 months of age with a normal biochemical result on record requires a repeat test every 12 months.
 - C. A child over 12 months of age with below normal biochemical result requires a repeat test every 6 months until normal biochemical result is documented.
- V. The LA shall obtain the biochemical results from a:
- A. Referral form,
 - B. Medical/clinical record, provided via computer access, fax,
 - C. Verbal result provided by a medical provider, or
 - D. Bloodwork screening measure taken accurately at the WIC site with either:
 - 1. Pronto Non-invasive Hemoglobin Screening, (no CLIA certificate needed) or,
 - 2. Hemacue device for acquiring a Hematocrit. (Local agency must have a current CLIA certificate on file for the use of this type of equipment).
- Note:** Verbal results provided by participants are not allowed.
- VI. The biochemical results shall be documented in the appropriate "Health Information" or "Lab Results" screen within the Integrated Statewide Information System (ISIS).
- VII. If a required biochemical result is missing at the first certification/enrollment, or a previous test result has expired, the LA staff shall place a "lab hold" in ISIS. LA staff shall continue to place lab holds, *and shall follow-up at each encounter*, until test results are received.
- VIII. Staff shall single issue food instruments until a biochemical test result is entered into the participant record. Food instruments shall not be double issued, triple issued, or mailed when there is missing or expired biochemical test results.
- IX. Staff shall inform the participant of the outcome and meaning of the biochemical result. Staff shall, as necessary and appropriate,
- A. Provide follow-up nutrition education;
 - B. Make adjustments in the food package; and
 - C. Provide referral services.

- X. Local agencies providing services at altitudes greater than or equal to 3,300 feet shall refer to the altitude adjustments table and make the appropriate modifications.

Exceptions

Any exceptions to providing the required biochemical result shall be documented in “Family Comments”. Exceptions should be rare, but could include cases where a medical condition would make a bloodwork result inaccurate.

Guidelines

The ISIS *Nutrition Education Contacts Plan* screen can be used to determine the date and value of the previous blood test result. It displays the month, year and first two digits of the blood test value directly below the child’s name. Staff can easily refer to it while appointments are scheduled for the family. The ISIS *Lab Results* Screen is also especially helpful to determine the date and value of the previous blood test result.

Definitions

Biochemical Result – includes either hemoglobin (hgb) or hematocrit (hct) values, also known as bloodwork.

Authority

7 CFR 246. 7 (e)

WRO Policy Memo 8/29/2011: Guidance for Providing Quality WIC Nutrition Services During Extended Certification Periods

USDA Policy Memorandum 98-9, Revision 1 and Revision 8, Nutrition Risk Criteria. Value Enhanced Nutrition Assessment (VENA) The First Step in Quality Nutrition Services Appendix A1 – A5, Appendix D

ALTITUDE ADJUSTMENTS

The following adjustments must be made to the biochemical values for persons who reside at elevations above sea level.

ALTITUDE IN FEET	ADJUSTMENT TO HEMOGLOBIN VALUE	ADJUSTMENT TO HEMATOCRIT VALUE
3,000 – 3,999	Subtract 0.2g/dl	Subtract .5%
4,000 – 4,999	Subtract 0.3 g/dl	Subtract 1%
5,000 – 5,999	Subtract 0.5 g/dl	Subtract 1.5%
6,000 – 6,999	Subtract 0.7 g/dl	Subtract 2%
7,000 – 7,999	Subtract 1.0 g/dl	Subtract 3%
8,000 – 8,999	Subtract 1.3 g/dl	Subtract 4%
9,000 – 9,999	Subtract 1.6 g/dl	Subtract 5%
≥ 10,000	Subtract 2.0 g/dl	Subtract 6%

SOURCE

Altitude Reference: Centers for Disease Control and Prevention. *Recommendations to Prevent and Control Iron Deficiency in the United States*. MMWR 1998;47 (Number RR-3): [pages 11-14]

BIOCHEMICAL RISK CRITERIA

WIC 210-11

The table below includes the dietary risk criteria to assess nutritional needs of all categories of WIC participants. The priority levels are indicated for each risk and category. The ISIS code number (in bold) and corresponding USDA risk code (in parenthesis) is provided in the far left column for reference.

ISIS CODE (USDA CODE):	Indicator of Nutritional Need	Priority for Pregnant Women	Priority for Breast- feeding Women	Priority for Non- Breast- feeding Women	Priority for Infants	Priority for Children
B12 (201)	Low Hemoglobin/Hematocrit In 1st/3rd Trimesters: <ul style="list-style-type: none"> • Hgb 10.0 – 10.9 • Hct 30 – 32.9 	I				
B12 (201)	Low Hemoglobin/Hematocrit In 2nd Trimester: <ul style="list-style-type: none"> • Hgb 10.0 – 10.4 • Hct 30.0 – 31.9 	I				

BIOCHEMICAL RISK CRITERIA

WIC 210-11

ISIS CODE (USDA CODE)	Indicator of Nutritional Need	Priority for Pregnant Women	Priority for Breast- feeding Women	Priority for Non- Breast- feeding Women	Priority for Infants	Priority for Children
B13 (201)	Very Low Hemoglobin/Hematocrit Any trimester or postpartum: <ul style="list-style-type: none"> • Hgb < 10.0 • Hct < 30.0 	I	I	III	I	III
B12 (201)	Low Hemoglobin/Hematocrit in Early postpartum: <ul style="list-style-type: none"> • Hgb 10.0 – 11.9 • Hct 30.0 – 35.6 		I	III IV V VI		
B12 (201)	Low Hemoglobin/Hematocrit: For Infants or Children <ul style="list-style-type: none"> • Hgb 10 – 10.9 • Hct 30 – 32.9 				I	III

BIOCHEMICAL RISK CRITERIA

WIC 210-11

ISIS CODE (USDA CODE)	Indicator of Nutritional Need	Priority for Pregnant Women	Priority for Breast- feeding Women	Priority for Non- Breast- feeding Women	Priority for Infants	Priority for Children
B90* (349)	<p>Other Congenital Blood Disorders: Hereditary condition at birth that causes physical or metabolic abnormality; the condition must alter nutritional status metabolically and/or mechanically. (e.g., sickle cell anemia, thalassemia major.)</p>	I	I	III	I	III
B92 (211)	<p>Elevated Blood Lead Levels: blood Lead \geq 5 μg/dl within past 12 months.</p>	I	I	III	I	III