

Mid-Certification Health Assessments

I. Midcertification (midcert) health assessments are required for infants and children whose certification period is a full year. Midcert health assessments cannot be waived. Physical presence is not required at midcert health assessments. In clinic and remote appointments should be available to complete these.

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a. A participant shall not be denied food benefits for failing to attend a scheduled midcert health assessment. However, one month of benefits can be issued until the required midcert health assessment is completed.

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II. VENA (Value Enhanced Nutrition Assessment)

a. The process of a quality WIC health assessment includes the comprehensive collection of relevant and accurate nutrition information. This information is necessary to deliver meaningful nutrition services to WIC participants.

b. The VENA process should be followed when conducting all health assessments. This process includes the following steps:

- i. Collect relevant information
 - ii. Clarify and synthesize collected information
 - iii. Identify the pertinent and appropriate risks and other related issues.
 - iv. Identify solutions and set goals.
 - v. Document the assessment.
 - vi. Follow-up on previous assessments, as appropriate.
- c. See the VENA Training Module for more details regarding the VENA process.

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III. Infants

a. Infants certified when < 6 months of age will have a certification period that ends the last day of the calendar month in which they reach their first birthday. Infants > 7 months of age will have a certification period that ends six months after the date of their certification.

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b. Infants ~~certified~~enrolled in WIC when < 5 months of age will have a ~~midcert certification (midcert)~~ health assessment between 5-8 months of age. The health assessment will consist of:

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~~a-i.~~ Height, weight and OFC recorded and assessed- (see 'Anthro and Lab Procedures' P&P document)

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~~b-ii.~~ Explanation of growth pattern-

~~c.~~ Nutrition recommendations-

~~i.~~ Information on dental health and fluoride-

~~iii.~~ Assessment of nutrition intake

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~~ii.~~ Assessment of developmental readiness for various solid foods-

~~iv.~~ Nutrition education regarding the prevention of food allergies; other nutrition education as appropriate

- v. Referrals as appropriate
Nutrition education and referrals as appropriate
- vi. Follow-up on goals set at the previous health assessment appointment
- d-vii. Information on dental health and fluoride
- e-viii. Support and continued encouragement of breastfeeding when applicable.

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II.c. The infant schedule for the first year is as follows:

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Age at Certification	Age at Midcert Health Assessment
Birth – 2 months	5-6 months
3-4 months	6-8 months
5-6 months	None
7-8 months	None
9-11 months	None

III. Infants at 6 months of age or less are certified for the duration of their first year up to the end of the calendar month in which they reach their first birthday. Infants 7 months of age and older will be certified for six months.

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d. Infants who transfer to the Utah WIC Program from out of state qualify for the certification period that is designated on their VOC document. The need for a midcert health assessment should be determined using the infant schedule above.

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IV.e. Parents/caregivers of infants enrolled in the WIC Program must receive nutrition education at each clinic visit appropriate for their infant's age and nutrition risk factor(s) at each nutrition education visit.

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V.f. Conditions of high-risk high-risk occurring at the midcert health assessment should be indicated in the computer system VISION and managed according to the high-risk policy (see 'High-Risk (HR) Protocols' P&P document).

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~~VI.IV. Midcertification Health Assessment – Child VOC Transfer/Regular Children~~

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~~a. This procedure is applicable to children transferring in from another state and regular in-state certifications.~~

~~b. Midcertification health assessments are required for one year child certifications. Midcert appointments cannot be waived. Physical presence is not required at these midcertification health assessments, and cannot be waived. In clinic and remote appointments should be available. For medical exceptions to this policy refer to the document entitled Presence at Certification, under Certification Procedures, Section VIII.~~

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~~a. A midcert health assessment is required at the midpoint (5 – 7 months) of each certification period lasting >8 months for the child.~~

~~b. The midcert health assessment, at a minimum, will consist of the following:~~

~~i. Height and weight recorded and assessed (see 'Anthro and Lab Procedures' P&P document)~~

~~ii. Explanation of growth pattern~~

~~iii. Hemoglobin determination, if applicable or previously low~~

~~1. Hemoglobin determination is required at the 18-month of age health assessment.~~

~~2. If the child is initially certified to the WIC Program after 12 months of age, then a hemoglobin determination is required between 15 – 18 months of age.~~

~~iv. Assessment of nutritional habits and dietary behavior~~

~~v. Follow-up on goals set at the previous health assessment appointment~~

~~vi. Participant centered education~~

~~vii. Referrals, as needed~~

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~~c. Children who transfer to the Utah WIC Program from out of state qualify for the certification period that is designated on their VOC document. A midcert health assessment is needed if the certification expiration date is > 8 months from the date they are certified on the Utah WIC Program. One year child certifications are allowed for out of state transfers if the VOC contains all required elements and are for regular certifications. The need for this assessment for a complete VOC transfer is determined by the clinic CPA/RD.~~

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~~d. For regular certifications, this assessment is required at the midpoint (5–7 months) of each one-year certification for the child. If the appointment is missed, it must be completed the next time the participant is in the clinic.~~

~~e. The health assessment, at a minimum, will consist of the following:~~

- ~~i. Height, weight.~~
- ~~ii. Assessment and explanation of growth.~~
- ~~iii. Hemoglobin determination, if applicable or previously low.
 - ~~1. Hemoglobin determination is required at the 18-month health assessment.~~
 - ~~2. If the child is initially certified after 12 months of age, then a hemoglobin determination is required between 15–18 months of age.~~~~
- ~~iv. Assessment of nutritional habits and dietary behavior.~~
- ~~v. Participant-centered nutrition recommendations.~~
- ~~vi. Referrals, as needed.~~

~~Anthropometric days and bloodwork measurements can be deferred up to 90 days for any midcertification health assessment. The local agency must make an effort to obtain referral data in advance of or at the time of the appointment if participant is not physical present. For in-person appointments obtaining anthropometric and bloodwork is encouraged at the clinic. Although the participant also has the choice to defer, up to 60 days.~~

~~a. If deferral is chosen, documentation must be completed in VISION with the plan to obtain anthropometric data within 60 days and bloodwork within 90 days. After the 60 days, local agencies should only issue benefits one month at a time until anthropometric and/or bloodwork data is collected if past deferral period. If no anthropometric and/or bloodwork data has been received by the next mid-certification or recertification appointment, the agency should require the mid-certification or recertification appointment to be in-completed in person.~~

~~b. If deferral is chosen and anthropometric and/or bloodwork data are provided later than the date of certification, then a CPA must reassess nutrition risk. If new nutrition risks are identified, the CPA must create a new "Risk" record along with new "Education and Care" records (Referrals, Nutrition Education, Care Plan – Participant).~~

~~1. If any new nutrition risk factors are designated as high-risk, a complete SOAP note, including an Assessment and Plan, is required. (see "Nutrition~~

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Education' policy, 'XVI. High Risk Contacts' section for minimum requirement and best practice)

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f.V. Collecting Data at Midcertification Health Assessments

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a. Anthropometric measurements can be deferred up to 60 days and bloodwork measurements can be deferred up to 90 days for any midcert health assessment. The local agency must make an effort to obtain referral data in advance of or at the time of the appointment if participant is not physically present. For in person appointments, obtaining anthropometric and bloodwork is encouraged at the clinic; the participant also has the choice to defer.

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i. If deferral is chosen, documentation must be completed in VISION with the plan to obtain anthropometric data within 60 days and bloodwork within 90 days. Local agencies should only issue one-month food benefits until anthropometric and/or bloodwork data is collected if past the deferral period. If no anthropometric and/or bloodwork data has been received by the next midcert or recertification appointment, the agency should require the midcert or recertification appointment to be completed in person.

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ii. If deferral is chosen and anthropometric and/or bloodwork data are provided later than the date of certification, then a CPA must reassess nutrition risk when data is received. If new nutrition risks are identified, the CPA must create a new "Risk" record along with new "Education and Care" records (Referrals, Nutrition Education, Care Plan – Participant).

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1. If any new nutrition risk factor(s) are designated as high-risk, a complete SOAP note, including an Assessment and Plan, is required. (see 'High-Risk (HR) Protocol' P&P document)

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b. A new Care Plan is required at the midcert health assessment for all participants. A Nutrition Interview can be completed but is not required. If a Nutrition Interview is not completed, new information collected from the health assessment needs to be added in the subjective text box of the Care Plan.

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c. Any newly identified nutrition issues and/or risks need to be addressed by creating a new "Risk" record along with new "Education and Care" records (Referrals, Nutrition Education, Care Plan – Participant).

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i. If the CPA chooses to enter new information after the initial certification, then a new "Nutrition Interview" needs to be created.

- ~~i.d. all For high-risk participants, a new Care Plan is required at the midcert. A Nutrition Interview can be completed but is not required. If a Nutrition Interview is not completed, new information collected from the Health Assessment needs to be added in the subjective text box of the Care Plan. a complete SOAP note, including an Assessment and Plan, is required. (see 'High-Risk (HR) Protocols' P&P documentXVI)~~
- ~~ii.i. Any newly identified nutrition issues and/or risks need to be addressed by creating a new "Risk" record along with a new "Education and Care" record and/or a new "Care Plan".~~

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