

## Midcertification 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.
  - 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.
- 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.
- III. Infants
  - a. Infants certified when  $\leq 6$  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  $\geq 7$  months of age will have a certification period that ends six months after the date of their certification.
  - b. Infants certified when  $< 5$  months of age will have a midcert health assessment between 5-8 months of age. The health assessment will consist of:
    - i. Height, weight and OFC recorded and assessed (see 'Anthro and Lab Procedures' P&P document)
    - ii. Explanation of growth pattern
    - iii. Assessment of nutrition intake
    - iv. Assessment of developmental readiness for various solid foods

- v. Nutrition education regarding the prevention of food allergies; other nutrition education as appropriate
- vi. Referrals as appropriate
- vii. Follow-up on goals set at the previous health assessment appointment
- viii. Information on dental health and fluoride
- ix. Support and continued encouragement of breastfeeding when applicable

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

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

- 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.
- e. Parents/caregivers of infants enrolled in the WIC Program must receive nutrition education appropriate for their infant’s age and nutrition risk factor(s) at each nutrition education visit.
- f. Conditions of high-risk occurring at the midcert health assessment should be indicated in VISION and managed according to the high-risk policy (see ‘High-Risk (HR) Protocols’ P&P document).

IV. Children

- 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
- 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.

#### V. Collecting Data at Midcertification Health Assessments

- 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.
  - 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.

- 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).
  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)
- 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.
- 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).
- d. For high-risk participants, a complete SOAP note, including an Assessment and Plan, is required. (see 'High-Risk (HR) Protocols' P&P document).