



Memorandum

#15- 104

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Amanda Hovis, Director
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: October 1, 2015

SUBJECT: Revised Policies: *AC: 34.0, BF: 01.0, BF: 02.0, BF: 03.0, BF: 04.0, CS: 14.0, CS: 15.0, CS: 18.0, CS: 20.0, CS: 21.0, QA: 01.0, TR:03.0*. New Policies: *AUT: 08.0 Computer Usage Agreement Policy; CS: 33.0 High Risk Referrals*

This memo announces revisions to the subject policies as follows. This memo also announces new policies AUT: 08.0 Computer Usage Agreement and CS: 33.0 High Risk Referrals. The policies are effective October 1, 2015. At that time they will be posted and you may update your *Policy and Procedures Manual* by accessing the *WIC Website* at:

http://www.dshs.state.tx.us/wichd/policy/table_of_contents.shtm

Summary of Revisions

Texas WIC Policy AC: 34.0 Breastfeeding Promotion Expenditures

- Changed “incentive item” to “promotion or educational reinforcement items” throughout policy.
- Added *Costs to groom staff to become International Board Certified Lactation Consultants* as an allowable expense with guidance.
- Added tanks and cover-ups to *allowable breastfeeding aids that directly support the initiation and continuation of breastfeeding*.
- Clarified that the following costs are non-allowable:
 - **Breastfeeding certifications other than IBCLC, such as Certified Lactation Counselor (CLC).**
 - Lanolin and hydrogels

Texas WIC Policy BF: 01.0 Breastfeeding Promotion Standards

- Reorganized into three sections, promotion, education and support, with an almost entirely new support section.
- Clarified procedure on prenatal bag issuance.
- Added section - *Breastfeeding education and recommendations shall be in alignment with medical recommendations.*

Texas WIC Policy BF: 02.0 Local Agency Breastfeeding Coordinator

- Removed out-of-state/alternative trainings as allowable BF Coordinator trainings.
- Added requirement for completion of PC Train the Trainer.
- Moved and expanded on evaluation of BF education and support activities.

Texas WIC Policy BF: 03.0 Breastfeeding Peer Counselor

- Added definition of paraprofessionals to help define PC scope of practice.

- Minor changes to language to be more consistent PC grant funding requirements.
- Added Peer Dads to the policy including recruitment criteria and duties.

Texas WIC Policy BF: 04.0 Breastfeeding Training

- Added required BF Coordinator training.
- Deleted “recommended” trainings and “prerequisite” references.

Texas WIC Policy CS: 14.0 Completion of the WIC Income Questionnaire and the Family Certification/WIC Program Income Screening Form

- A section was added in Policy CS: 14.0, Procedure IV, letters A through F. This section was added to reflect policy when using the new Online Tools system.
 - WIC Program Income Screening when using Online Tools. LA staff may use the online tools income calculator to determine if an applicant is income eligible or ineligible.
 - Added to letter A of Procedure IV- Enter the household “Family Size”.
 - Added to letter B of Procedure IV - Enter the name(s) of each individual with income and click “Calculate”. The results page will indicate if the household is income eligible or ineligible.
 - Added to letter C of Procedure IV- Print the results page and attach it to the WIC-35. This page takes the place of the staffs’ manual income calculations. The WIC-35 with the attached income calculator results page shall be filed in the appropriate chart.
 - Added to letter D of Procedure IV- For the household members listed on the income calculator results page, document their date of birth, social security number, name of employer, address (physical or city) of employer and/or WIC form number (if applicable and not listed on result page) on the documentation provided as proof of income (i.e. checkstub, etc.), on the income calculator results page or on the WIC-35.
 - Added to letter E of Procedure IV- For household members whose income is not included, document their name, date of birth, social security number on the WIC-35.
 - Added to letter F of Procedure IV- Different pay frequency/Annual, Same pay frequency, Annual Total or Total (#1), Meets income guidelines (#1a), and Monthly Income (#2) from side 2 and Family (Household) Size and Monthly Income from side 1 on the WIC-35 are optional to complete since this information is documented on the income calculator results page.

Texas WIC Policy CS: 15.0 Certifying Authority

- Revised to include the change from American Dietetic Association to Academy of Nutrition and Dietetics and also to clarify the other health related degree professionals and minimum requirements for the Certifying Authority.
- Purpose:
 - Added – To define the qualifications accepted in the Texas WIC Program for a Certifying Authority.
- Policy:
 - Added - It is the intent of the Texas WIC Program that nutrition professionals are available to address Nutritional Risk.
 - Changed Instruments to benefits.
 - Changed the American Dietetic Association to Academy of Nutrition and Dietetics.
 - Clarified that the RN can either have a Bachelor of Science in Nursing or an associate degree in nursing.

- Changed to home economics or other degreed professionals and added 6 semester hours of science requirement.
- Procedure:
 - Added reference to Policy TR:03.0 Required Local Agency Training Summary for the modules requirement.
 - Added a reference to Policy GA:20.0 Staff Fraud and Abuse and GA 14.0 Staffing Standards for developing the written contingency plan for CA coverage
 - Added explanation for grandfathered staff.
- Guidelines:
 - Added examples of nutrition and science classes.
 - Added that questions should be address with the CS liaison.
 - Added nutritionist to list of professionals for which a transcript needs to be approved for degrees or licenses not received in the US.

Texas WIC Policy CS: 18.0 Criteria For Identifying Nutrition Risk Conditions

- Revised Risk Code 381 – changed Dental Problems to Oral Health Conditions

Texas WIC Policy CS: 20.0 Certification Forms

- Added the word “record” to the end of the Policy statement due to incomplete sentence structure.
- Procedure I:
 - A.1. Deleted form stock number WIC-35.
 - A.2. Deleted form stock number WIC-35-1; deleted Form NVRA WIC, Opportunity to Register to Vote from the Supplemental Information Form title.
 - A.3. Deleted form stock number WIC-35-3; added WIC in front of Income Questionnaire and deleted Form from the end of the Income Questionnaire title.
 - A.4. Deleted form stock number 13-06-12805.
 - B. Added For more information regarding (to the beginning of the sentence) and also added .0 after each policy listed.
 - C.2. Deleted all form stock numbers.
 - C.3. Deleted all form stock numbers.
 - C.4. Deleted all form stock numbers and deleted the word “Diet” in front of Health History ...
 - D. Deleted all form stock numbers and revised incorrect numbering (numbering is now 1 – 5).
 - E. Deleted all form stock numbers and changed titles of forms to reflect correct titles. Also corrected numbering sequence since one form was added to the list.
 - F. Removed statement regarding physical presence waiver form.
- Procedure II:
 - Deleted all form stock numbers.

Texas WIC Policy CS: 21.0 Referral to Health Services

- Purpose
 - Changed to “provided information about and referred to health services”.
- Definitions
 - Health Services:
 - Changed “ongoing” to “any”.
 - Replaced “immunizations” with “ Specialty care and dentistry”.
 - Added “Medical Home”.
- Policy

- Replaced previous statement with “LAs shall refer participants to health services when appropriate. A list of local resources shall be made available for distribution to all applicants and/or participants and their parents or caregivers.”
- Procedure
 - I. – Changed to “II” with “health care provider” replaced with “medical home”.
 - II. – Changed to “III” with “health care provider” replaced with “medical home”.
 - III. - Deleted and addressed in new policy CS:33 High Risk Referrals.
 - IV. – Deleted and addressed in new policy CS:33 High Risk Referrals.
 - V. – Changed to “I” with:
 - Deletion of “local health services”.
 - Deletion of “This includes resources for drug and alcohol abuse as well as resources for smoking cessation.”
 - Deletion of section A and B.
 - Added new IV with “Applicants and/or participants who are identified as needing drug and other harmful substance abuse services shall be given an up-to-date, written list of drug and harmful substance abuse counseling and treatment.”
- Guidelines
 - Deleted all contents previously contained in this section.

Texas WIC Policy QA: 01.0 Local Agency Self Audit

- Revision made to coincide with *DSHS Standards for Public Health Clinic Services* and Quality Management Branch Policy.
- Clinical self-audits (certification process, nutrition education, administrative policies and procedures, and facility) shall be conducted *twice* each fiscal year at all clinic sites.

Texas WIC Policy TR:03.0 Required Local Agency Training/Summary and Training Requirements Charts.

- Peer Dads were added to the policy to ensure they receive training prior to performing duties.

Training Chart Changes:

- Changed in Core Skills for all charts - Security Awareness and Computer Usage time to complete was changed to **Within 30 days of employment and annually.**
- On the Peer Counselor Sheet Next to the Nipple Shield and Supplemental Nurses Training, Time to complete was adjusted to add “**restrictions apply**”.
- A **New Training Chart/Sheet was added for Peer Dads** – This was an exact copy of the Peer Counselor Sheet. The only adjustment made was the topic labeled Peer Counselor Initial Training was changed to read “**Peer Dad Initial Training**”.
- Added to Core:

Core Skills		
Topic	Time to complete	Policy Reference
Human Trafficking and IPV	Within 3 months of employment and Annually	Trafficking Victims Protection Act of 2000 and CDC

Texas WIC Policy AUT: 08.0 Computer Usage Agreement Policy

- The purpose of the Computer User Agreement (CUA) is to assure that staff understand and adhere to all requirements concerning the use of WIC information resources.

- All Local Agency staff shall sign the Computer Usage Agreement documenting their acceptance of computer usage requirements.

Texas WIC Policy CS: 33.0 High Risk Referrals.

- Addresses requirements and procedures for high risk referrals at local agencies.
- Minimum criteria for internal as well as external referrals that all local agencies must incorporate into their local agency high risk policy are provided.
- Provides red flag criteria that warrants immediate referral to urgent medical care and indicates that all local agencies must have a written procedure in place to address these criteria.

Texas WIC Policy AC: 34.0 Breastfeeding Promotion Expenditures; Texas WIC Policy BF: 01.0 Breastfeeding Promotion Standards; Texas WIC Policy BF: 02.0 Local Agency Breastfeeding Coordinator; Texas WIC Policy BF: 03.0 Breastfeeding Peer Counselor; Texas WIC Policy BF: 04.0 Breastfeeding Training – Tracy Erickson at tracy.erickson@dshs.state.tx.us or (512) 341-4521.

Texas WIC Policy CS: 14.0 Completion of the WIC Income Questionnaire and the Family Certification/WIC Program Income Screening Form – Marissa Acosta at marissa.acosta@dshs.state.tx.us or (512) 341-4649.

Texas WIC Policy CS: 15.0 Certifying Authority; and Texas WIC Policy QA: 01.0 Local Agency Self Audit – Lisa Rankine at lisa.rankine@dshs.state.tx.us or (512) 341-4582.

Texas WIC Policy CS: 18.0 Criteria For Identifying Nutrition Risk Conditions; and Texas WIC Policy CS: 20.0 Certification Forms – Tiffany Brown at tiffany.brown@dshs.state.tx.us or (512) 341-4587.

Texas WIC Policy CS: 21.0 Referral to Health Services; Texas WIC Policy CS: 33.0 High Risk Referrals – Leona Duong at leona.duong@dshs.state.tx.us or (512) 341-4520.

Texas WIC Policy TR:03.0 Required Local Agency Training/Summary and Training Requirements Charts. – Mandy Seay at mandy.seay@dshs.state.tx.us or 512-341-4516.

Texas WIC Policy AUT: 08.0 Computer Usage Agreement Policy- Jim Wieland at jim.wieland@dshs.state.tx.us or (512) 341-4408.

Attachments

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Effective October 1, 2015

Policy No. AC: 34.0

Breastfeeding Promotion Expenditures

Purpose

To ensure compliance with federal regulations and to account for monies spent on breastfeeding promotion and support.

Authority

7 CFR Part 3016; OMB Circular A-87

Policy

The local agency (LA) shall account for funds spent to promote breastfeeding. Breastfeeding promotion and support expenditures shall be allowable WIC expenses as defined in this policy.

Procedures

- I. Breastfeeding promotion and educational reinforcement items must contain a breastfeeding message and be reasonable and necessary for the promotion and support of breastfeeding in accordance with **Policy AC: 01.0**.
- II. The state agency (SA) shall allocate annually, to each LA, an amount of funds to be spent for breastfeeding promotion. The allocation shall be based on the LA's proportional share of the statewide combined total of pregnant and breastfeeding participants served during the fourth quarter of the previous fiscal year as reported to the SA.
- III. To be considered an allowable cost for breastfeeding promotion, the expenditure shall meet the following criteria:
 - A. The cost shall be clearly attributable to breastfeeding promotion.
Generalized nutrition education, which happens to mention

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breastfeeding, but does not specifically promote breastfeeding, shall not be allowable.

B. The costs shall be an allowable expense under 7 CFR 3016.

C. The cost shall be in excess of the 19% nutrition education requirement.

D. The cost shall be reasonable and necessary.

IV. The following are allowable breastfeeding costs:

A. Salaries and benefits of:

1. WIC staff who deliver educational and direct client services related to breastfeeding;
2. WIC staff who deliver/attend training on breastfeeding promotion and support;
3. WIC staff who participate in State and local planning committees dedicated to breastfeeding promotion;
4. WIC staff who organize volunteers and community groups to support breastfeeding WIC participants; and
5. Peer counselors hired to promote and assist women to continue with an initial decision to breastfeed. Peer counselors may be reimbursed for attending breastfeeding training, attending peer counselor meetings, and performing duties described in [Policy BF:03.0](#). (Also refer to [Policy AC:17.0](#).)

B. Costs to groom staff to become International Board Certified Lactation Consultants (IBCLC). Because college course credits are required, LAs should choose their most qualified health-care staff to become IBCLC, such as RDs or RNs, whenever possible.

1. Allowable costs include:
 - a) College course prerequisites
 - b) Attending educational opportunities to accrue required continuing education
 - c) Exam prep courses
 - d) Reference/study materials

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- e) Related travel
 - f) International Board of Lactation Consultant Examiners exam fee
 - 2. Local agencies may choose to create a contract or agreement that requires staff who are being reimbursed to become IBCLCs to pay back the local agency in time (e.g. 12 months of WIC LA employment) or cost if they leave LA employment before their time-requirement has been fulfilled.
- C. Honorariums and travel expenses (within boundaries of Texas Department of State Health Services travel policies) of non-WIC professionals to deliver training on breastfeeding promotion and support;
- D. Costs to develop/procure educational materials, teaching aids, instructional curricula, etc., related to breastfeeding promotion and support;
- E. Prorated costs of clinic space devoted to educational and training activities related to breastfeeding, including space and furniture set aside for nursing during clinic hours, which would help provide an environment conducive to breastfeeding;
- F. Salary and benefits expenses and costs of materials, etc., utilized in the evaluation of breastfeeding initiatives (or contractual agreements entered into for this purpose);
- G. Travel and other expenses incurred by WIC staff related to any of the above items;
- H. With prior SA approval, costs of service agreements with other organizations, public or private, to undertake training and direct service delivery to WIC participants, concerning breastfeeding promotion and support; and

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- I. Breastfeeding aids such as large/extra-large breast pump flanges, nipple shields, breast shells, nursing supplementers, nursing bras, nursing pads, and cover-ups that directly support the initiation and continuation of breastfeeding.

- J. Breastfeeding promotion or educational reinforcement items that include a breastfeeding promotion or education message such as:
 - 1. Pencils, pens
 - 2. Magnets
 - 3. Balloons
 - 4. Stickers, buttons
 - 5. Crayons, coloring books
 - 6. Infant t-shirts/bibs
 - 7. Water bottles, stadium cups, plastic cups
 - 8. Small children's books with a breastfeeding message.
 - 9. T-shirts displaying a breastfeeding message for WIC staff to wear in the clinic or at community-based education efforts such as health fairs
 - 10. Plastic picture frames for framing BF posters for WIC clinics or health care provider/hospital outreach.

- V. The following costs are not allowable breastfeeding costs:
 - A. Breastfeeding certifications other than IBCLC, such as Certified Lactation Counselor (CLC).

 - B. Breastfeeding aids that do not directly support the initiation and continuation of breastfeeding and are not within the scope of the WIC Program such as topical creams/ointments (e.g.lanolin), hydrogel, Vitamin E, other medicinals, and breastfeeding-specific foot stools and infant pillows.

 - C. Costs of promotional campaigns/items (print, radio, television) aimed at a general audience concerning breastfeeding unless materials may also be legitimately used with WIC participants or trainees in an educational context.

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- D. Items of nominal value, which have no breastfeeding message.
- E. Breastfeeding promotion and educational reinforcement items should not be purchased when limited funds means other more pressing needs go unaddressed (e.g., contact with lactation consultant for high risk counseling).
- F. Special equipment for general use in WIC clinics such as baby weight scales marketed for use with high-risk breastfed infants.
 - 1. Exceptions: The rental of the scale shall be considered an allowable program cost in the situation where a high-risk breastfed infant needs frequent weight monitoring and Medicaid will not cover the cost of the rental.
 - a. A physician's prescription for the scale shall be kept on file in the participant's medical record. The prescription shall document the need for the scale, the length of time the scale shall be needed, the assurance that the infant shall be monitored by a medical professional and assurance that the medical professional will give the mother instructions on proper use of the scale.
 - b. To avoid potential liability regarding the use of the scale, it shall not be WIC's responsibility to provide monitoring or instruction on the use of the scale.
 - 2. Exception: the cost to purchase a baby weight scale shall be considered an allowable expense if the local agency maintains a lactation center staffed by an IBCLC whose primary function is to help WIC Participants with breastfeeding.
- G. The purchase or lease of breast pumps. Breast pumps are a food expenditure and shall be ordered through the SA.
- VI. Contact the state agency Breastfeeding Coordinator for approval of any breastfeeding promotion or educational reinforcement items not listed in section I.

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Policy No. AUT:08.0

Computer Usage Agreement Policy

Purpose:

WIC information and information resources are valuable assets that must be protected from unauthorized disclosure, modification, use, or destruction. The purpose of the Computer User Agreement (CUA) is to assure that staff understand and adhere to all requirements concerning the use of WIC information resources.

Authority:

State Policy

Policy:

Local Agencies (LA) must ensure that information and resources maintain their integrity, confidentiality, and that their availability is not compromised. All LA Staff shall sign the Computer Usage Agreement (as defined below) documenting their acceptance of computer usage requirements.

Definitions:

Information resources - the procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve, display, and transmit information by LA staff to and from State Office.

Computer Usage Agreement (CUA) – a required form for staff to sign agreeing to adhere to state agency policies and procedures for the use of state resources. The link to the form is: http://hhscx.hhsc.state.tx.us/hr/HRM/HR_Forms/HR0314.pdf

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Policy No. AUT:08.0

Procedures:

- I. All persons who access WIC systems through an assigned WIC issued User ID shall sign the Computer Usage Agreement located at the link below: http://hscx.hpsc.state.tx.us/hr/HRM/HR_Forms/HR0314.pdf Forms shall be signed prior to staff being granted new user accounts. Required fields include:
 - Name on all three pages
 - Agency on all three pages
 - Work Email Address, only if applicable, on all three pages
 - Work Phone Number on all three pages
 - Employee Initials on the bottom of the first and second pages
 - Date on the bottom of the first and second pages
 - Employee's Signature on the third page and
 - Date Agreement Signed on the third page
- II. The LA shall retain all signed Computer Usage Agreement forms to be available for audit/review. Refer to Records Retention **Policy GA:03.0**.
- III. LA Directors shall apply for new user accounts through the Automation Service Desk at 1-800-650-1328.
- IV. All LA Staff shall complete the state developed Security Awareness and Computer Usage training within 30 days of hire and annually thereafter. (Refer to **Policy TR:03.0**)

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Policy No. BF:01.0

Breastfeeding Promotion and Support Standards

Purpose

To establish breastfeeding (BF) as the natural and optimal way to feed infants. To encourage WIC participants to breastfeed their infants. To provide optimal support to breastfeeding participants to help each participant reach their personal breastfeeding goal.

Authority

7 CFR Part 246.11

Policy

The WIC staff and the clinic environment shall promote and support breastfeeding.

Definition

Breastfeeding – the practice of feeding a mother’s breastmilk to her infant(s) on the average of at least once a day.

DBE – Designated Breastfeeding Expert (See Policy GA:14.0)

TBE – DSHS Trained Breastfeeding Educator (See Policy BF:2.0)

Procedures

- I. The local agency (LA) shall provide a supportive clinic environment.
 - A. All staff shall promote breastfeeding as the normal way to feed all infants.
 1. Breastfeeding shall be visibly represented as the normal way to feed all infants through use of posters and/or other visuals in the clinic.

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2. Formula, bottles and pacifiers shall be stored where applicants and participants cannot see it except while being used as a teaching aid.
 3. Breastfeeding shall be referred to positively by all WIC staff and promoted as the norm for infants up to age one year and beyond.
 4. All materials distributed or visible to participants shall:
 - a) Be free of formula product names and/or logos with the exception of the WIC Approved Foods materials. This also includes office supplies such as cups, pens, and notepads.
 - b) Be free of language that undermines the mother's confidence in her ability to breastfeed.
 - c) Show breastfeeding in a positive light.
 - d) Be at an appropriate reading level for WIC participants.
 - e) Be culturally appropriate.
 - f) Be accurate and up-to-date.
 - g) Be state agency developed or pre-approved according to **Policy NE: 03.0**.
 5. The clinic should be set up to help participants feel comfortable breastfeeding their infants anywhere in the clinic and discussing breastfeeding with any staff.—Private areas should be offered to participants who request privacy while breastfeeding.
- II. The local agency shall provide breastfeeding education to all pregnant participants
- A. Every pregnant participant shall receive breastfeeding education and be encouraged to consider breastfeeding, unless breastfeeding is contraindicated for medical reasons.
 1. If the opportunity to provide breastfeeding education does not present itself during the VENA counseling session, (e.g. if the participant chooses to talk about something other than infant-feeding) breastfeeding education should occur in addition to VENA counseling.
 2. Breastfeeding counseling shall incorporate issuance of:
 - a. Prenatal Breastfeeding Education Bag. Prenatal bags shall be issued to every participant at their first prenatal visit,

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regardless of the mother's infant-feeding intent. Counseling should focus on addressing barriers to breastfeeding, encouraging moms to learn all they can about BF, and encouraging moms to share education resources with family or friends who will be helping her when she gets home. Each item in the bag should be briefly addressed in the counseling session. Suggested talking points are included on *the Time to Feed the Baby* tip sheet provided in each prenatal bag shipping box. When preassembled bags are not available, each pregnant participant should be given a breastfeeding DVD (stock no. DV0057), a Dad/Partner brochure, and a Grandparent brochure at minimum, in the appropriate language in lieu of a preassembled bag.

- b. WIC Food Packages for Moms and Infants brochure (stock no. 13-06-13124 and 13-06-13124a), with counseling focusing on the importance of exclusive breastfeeding for establishing milk supply and for optimal health. Participants who express the desire to combine breastfeeding with formula feeding should be told that WIC can accommodate their need to combination feed after the first month postpartum.
- c. Client referral handout described in Procedure III. B., 2..
- d. Other materials as needed or requested by participant.

- B. Breastfeeding education and recommendations shall be in alignment with current medical recommendations, which are
 - 1. Exclusive breastfeeding for about the first six months with continued breastfeeding for at least a year.
 - 2. Gradual introduction of complementary foods should begin around 6 months of age.
 - 3. Breastfeeding beyond a year should be encouraged and supported for as long as the mother and baby desire.

III. The local agency shall provide breastfeeding support.

- A. Every breastfeeding WIC participant shall be offered breastfeeding support.

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1. Peer Counselors (PCs) should be utilized first, when possible, for BF counseling that falls within their scope of practice (See BF:03.0).
 2. International Board Certified Lactation Consultants (IBCLCs), DBEs, TBEs, and CAs should be utilized when PC's are not available and for situations that fall outside the scope of practice of other staff.
 3. Other staff can be used as a last resort.
- B. Every WIC clinic shall maintain and have available the following breastfeeding referral documents.
1. Staff Referral Protocol -a list of contacts for staff to use when they have a breastfeeding situation or question that is beyond their own scope of practice or level of expertise. All staff shall have a copy of the document or the document shall be posted in at least one place, easily visible, and all staff shall be made aware of the location. This document can be in flow chart form or a list that may include IBCLCs, WIC lactation support centers, DBEs, PCs, LA BF Coordinator, and LA TBEs. (See **Policy BF: 02.0**)
 2. Client Referral Handout –provides a list of qualified individuals able to answer their breastfeeding questions. The handout can contain local WIC staff such as PCs, TBEs, and IBCLCs, local La Leche League leaders, local hospital lactation support program/personnel, online resources (i.e. websites, forums, local agency run social media sites), and local and national help lines and must also include the non-discrimination statement. The referral handout should be kept up to date and offered to every pregnant and breastfeeding participant. Breastfeeding participants who were enrolled during pregnancy shall be offered the referral list again at their breastfeeding certification appointment.
- C. Hands-off/hands-on breastfeeding assistance
1. Hands-off approach - WIC staff shall first try to assist a breastfeeding mother/baby dyads in a hands-off type approach

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by either showing the mother how to latch her baby through demonstration on a breast model or the WIC staff's own clothed breast or by placing their hand(s) over the mother's hand(s) to assist.

2. Hands-on approach - When there is a need to assist a mother through touch, WIC staff shall always wash their hands or use hand sanitizer prior to assisting.
 - a. WIC staff shall ask permission to touch prior to touching.
 - b. When a mother expresses a dislike of being touched, WIC staff should offer to wear gloves to put a barrier between them and the mom/baby in order to make the mom feel more comfortable. If the mother still does not want to be touched, WIC staff should return to using a hands-off approach.
 - c. Gloves shall be worn with hands-on approach when WIC staff have any lesions or wounds on their hands and when a mother has any lesions or wounds on her breasts.

- D. If a breastfeeding participant asks for formula or an increase in amount of formula, she shall receive individual counseling to identify concerns or barriers and to provide assistance with breastfeeding.
 1. Participants shall be made aware that use of formula will decrease their breastmilk supply and be provided counseling for any breastfeeding concerns.
 2. PCs, IBCLCs, DBEs, and TBEs can help determine appropriate food packages and formula quantities for breastfeeding participants; however, only a CA or a WCS can authorize the change of a food package.
 3. Food package and formula quantities shall not be changed until after the individual counseling.
 4. If formula is issued, the amount issued should reflect the minimum amount of formula needed while supporting maximum breastfeeding, or the amount that supports the mother's breastfeeding needs.

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Policy No. BF:01.0

- IV. All local WIC staff shall receive BF training according to **Policy BF: 04.0**.
- V. For allowable BF expenditures, see **Policy AC: 34.0**.

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Policy No. BF:02.0

Local Agency Breastfeeding Coordinator

Purpose

To ensure that a qualified, designated staff administers (plans, implements and evaluates) breastfeeding (BF) education and support activities. To assure that breastfeeding education and support is planned, scheduled and provided to address the needs of breastfeeding participants.

Authority

7 CFR Part 246.11

Policy

Each local agency (LA) shall appoint a BF Coordinator who ensures that breastfeeding lessons, materials, and other information presented to WIC participants contain accurate, current, culturally appropriate, and evidenced-based information.

Definition

Department of State Health Services (DSHS) Trained BF Educator - a person who has successfully completed both *Principles of Lactation Management* and *Lactation Counseling and Problem Solving* courses in the last five years.

Procedures

- I. Each LA shall appoint a BF Coordinator to oversee breastfeeding promotion and support activities.
- II. The LA BF coordinator shall be qualified and trained to promote and support breastfeeding. The LA BF Coordinator shall:

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- A. Be an International Board Certified Lactation Consultant (IBCLC) or a DSHS Trained BF Educator or shall successfully complete the certification or training within one year of employment.
 - B. Be trained according to **Policy BF: 4.0**. Documentation of the BF coordinator's initial and on-going training shall be maintained at the LA for review.
 - C. Complete the Peer Counselor Train the Trainer Course within one year of employment.
 - D. Attend the annual WIC Program's Nutrition and Breastfeeding conference every fiscal year. Other conferences or trainings may be attended in lieu of this conference with the approval of the SA BF coordinator.
- III. LAs shall have a designated BF coordinator at all times. If the designated BF coordinator will be out for extended leave (i.e. maternity leave, workman's comp), an interim BF coordinator shall be appointed.
- A. If this person is in the interim position for 3 months or less, they do not need to satisfy the certification or training requirements in this policy.
 - B. If this person is in the interim position for more than 3 months, certification or training requirements shall be met within a year of assuming the position of BF coordinator.
- IV. The BF Coordinator shall oversee/coordinate all aspects of breastfeeding training, education and documentation at the Local Agency. They may work in conjunction with the Training Coordinator, Nutrition Education coordinator and clinic supervisory staff. The BF Coordinator is responsible for overseeing:
- A. The BF portion of the annual NE/BF Plan (see **Policy NE:02.0**);
 - B. BF activities including but not limited to:

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Effective October 1, 2015

Policy No. BF:02.0

1. Ensuring the clinic environment promotes and supports BF according to **Policy BF:01.0**;
 2. Providing the opportunity for all pregnant and BF WIC participants to receive individual counseling and nutrition education classes that promote and support BF;
 3. Ensuring all individual counseling and nutrition education classes that address infant feeding promote BF as the preferred way to feed an infant;
 4. Ensuring BF promotion/support activities are evaluated and necessary changes are implemented to ensure that BF rates increase at the LA;
- C. Managing the LA BF Peer Counselor (PC) Program and mentoring the PCs if there is not a LA PC coordinator;
- D. Networking with and outreach to other health professionals, community organizations and stakeholders to inform them of WIC breastfeeding resources and promote and support BF in the community.
- E. Keeping the Staff Referral Protocol and Client Referral Handout up to date(See **Policy BF:01.0**, Procedure I, A, 5.)
- F. Monitoring local agency breastfeeding rates. (See **Policy BF:07.0**)
- G. Evaluating BF Education and Support. Quality management activities related to BF shall be conducted annually (at minimum) by the LA and:
1. Shall include evaluating breastfeeding educational activities for accuracy and positive presentation of breastfeeding
 2. Shall include observation of group and individual breastfeeding education and support sessions to ensure accurate and appropriate delivery of information in a client-centered way.
 3. Results should be used to determine and plan staff training.

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Policy No. BF:02.0

4. Participant feedback related to BF, to include but not limited to the WIC Infant Feeding Practices Survey, should be used to plan future breastfeeding education and support activities.

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Effective October 1, 2015

Policy No. BF:03.0

Breastfeeding Peer Counselor and Peer Dad

Purpose

To ensure that Breastfeeding Peer Counselors and Peer Dads are qualified, trained, and perform appropriate duties.

Authority

USDA Loving Support grant; State Policy

Policy

Local agencies (LAs) shall employ Breastfeeding Peer Counselors as paraprofessionals to increase breastfeeding rates by use of peer influence and to assist in breastfeeding counseling in normal breastfeeding situations. Local agencies (LAs) may also employ Breastfeeding Peer Dads as paraprofessionals to increase breastfeeding rates by use of peer influence and to assist in promoting and educating fathers about breastfeeding.

Definitions

Paraprofessional – Those without extended professional training in health, nutrition or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice.

Procedures

- I. Breastfeeding (BF) Peer Counselors (PCs) and Peer Dads (PDs) shall be trained and work under the supervision of the LA Breastfeeding Coordinator. BF PCs shall be available to work outside regular clinic hours and outside the WIC clinic.

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- II. When recruiting BF PCs LAs shall choose mothers who:
 - A. are receiving WIC or have received WIC;
 - B. have successfully breastfed or expressed breastmilk for at least one baby;
 - C. have the ability to work outside of regular clinic hours and outside of the WIC clinic.
- III. When recruiting BF PDs LAs shall choose fathers:
 - A. Whose child or children are receiving WIC or have received WIC;
 - B. Who have supported their spouse/partners to successfully breastfeed or to receive expressed breastmilk;
- IV. BF PCs and PDs shall be trained in accordance with SA-designated initial PC training prior to working with participants and shall complete other training requirements according to policy TR: 3.0.
 - A. Peer counselors and peer dads shall have monthly meetings and receive monthly in-services on breastfeeding topics. If it is difficult to bring your staff together, monthly in-services can be conducted by conference call.
 - B. Documentation of PC and PD training shall be kept on file at the LA for review.
- V. Breastfeeding Peer Counselors shall perform any or all of the following duties:
 - A. Teach classes (or assist in teaching classes) on the advantages of breastfeeding and the management of normal breastfeeding experiences.
 - B. Distribute breastfeeding information and promote breastfeeding in the clinic waiting area.
 - C. Provide information and promote breastfeeding to WIC participants.

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- D. Develop a rapport with moms and assist them in developing breastfeeding goals and strategies.
 - E. Address specific concerns of expectant mothers. Correct misinformation which may prevent a pregnant woman from breastfeeding.
 - F. Share motivational materials with pregnant participants.
 - G. Counsel pregnant and breastfeeding mothers on a one-to-one basis to help new mothers avoid common breastfeeding problems.
 - H. Support women during a normal breastfeeding experience. Identify breastfeeding experiences that are not the norm and make an immediate, appropriate referral.
 - I. Counsel new mothers in the hospital.
 - J. Counsel over the telephone. Follow-up if necessary.
 - K. Document counseling encounters.
 - L. Provide support and information to breastfeeding mothers who may need help transitioning into being away from their baby for work, school, or other reasons so that they can continue breastfeeding.
 - M. Prepare breastfeeding motivational or informational bulletin boards in the clinic.
 - N. Teach use, cleaning, and assembly of breast pumps and expression and storage of human milk.
- VI. Breastfeeding Peer Dads shall perform any or all of the following duties:

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- A. Teach classes (or assist in teaching classes) on the advantages of breastfeeding and the management of normal breastfeeding experiences.
 - B. Distribute breastfeeding information and promote breastfeeding in the clinic waiting area.
 - C. Provide information and promote breastfeeding to WIC participants.
 - D. Develop a rapport with dads and assist them in developing skills and strategies to support partner breastfeeding goals.
 - E. Address specific concerns of expectant fathers. Correct misinformation which may prevent the mother from breastfeeding.
 - F. Share motivational materials with dads.
 - G. Counsel fathers on a one-to-one basis to help new fathers support breastfeeding mothers and avoid common breastfeeding problems.
 - H. Counsel over the telephone. Follow-up if necessary.
 - I. Document counseling encounters.
 - J. Prepare breastfeeding motivational or informational bulletin boards in the clinic.
- VII. Breastfeeding Peer Counselors and Peer Dads shall make immediate referrals according to the LA's established referral system when they encounter:
- A. Breastfeeding problems outside of their scope of practice;
 - B. Breastfeeding problems that are not resolved within 24 hours of the Peer Counselor's intervention; or
 - C. Problems in an area other than breastfeeding.

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Effective October 1, 2015

Policy No. BF:04.0

Breastfeeding Training

Purpose

To ensure that breastfeeding (BF) is promoted and supported on a local agency (LA) level.

Authority

7 CFR Part 246.11

Policy

All WIC staff who provide direct clinic services to WIC participants shall receive initial and ongoing training on BF promotion and support.

Definition

Department of State Health Services (DSH) Trained BF Educator - a person who has successfully completed both *Principles of Lactation Management* (POLM) and *Lactation Counseling and Problem Solving* (LCPS) courses in the last five years. LCPS must be completed within 3 years of completing POLM.

Procedures

- I. All WIC staff who provide direct clinic services to WIC participants shall receive training on LA protocol regarding whom to contact to answer participant's questions on BF if beyond the staff person's expertise. This training shall utilize the Staff Referral Protocol document referenced in **Policy BF:01.0** and occur within one month of employment.
- II. All WIC staff who provide direct clinic services to WIC participants shall complete the Breastfeeding Promotion and Support Module within 6 months of employment with the exception of International Board

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Certified Lactation Consultants (See policy TR: 3.0.0). The module can be accessed in the WIC catalog.

- III. All WIC staff who provide direct clinic services shall receive ongoing annual updates in BF, at least once every fiscal year. Examples include, local agency in-services, state agency BF trainings, and/or BF conferences.
- IV. The BF Coordinator and all WIC CAs shall receive training on breast pump issuance, inventory control, retrieval, basic troubleshooting, assembly, use, and cleaning within 6 months of employment and prior to issuing breast pumps to WIC participants. Any other WIC staff designated by the WIC Director or BF Coordinator to issue breast pumps shall receive the same training. WIC staff shall receive the training listed in Procedures I, II, and V prior to issuing breast pumps to WIC participants.
- V. Breast pump training shall be satisfied by successful completion of state agency-developed Texas WIC Breast Pump training. For more information on this training, contact the Texas WIC Breast Pump Coordinator.
- VI. The BF coordinator shall be an International Board Certified Lactation Consultant (IBCLC) or a DSHS Trained BF Educator (see definition).
 - A. If the BF coordinator does not meet the above training requirements prior to assuming the position, the individual has one calendar year from assuming the position to become trained.
 - B. The required training in procedure I, A must be repeated, or the certification renewed in the case of IBCLCs, every five years.
- VII. All CAs and WCSs (with the exception of IBCLCs) shall complete one of the following DSHS BF trainings within 12 months of employment and repeat this training no less than every five years:
 - A. Principles of Lactation Management (POLM)

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B. Breastfeeding Management

To find the current BF training schedule and registration instructions go to <http://www.dshs.state.tx.us/wichd/lactate/courses.shtm>.

- IX. Any staff issuing or counseling moms on nipple shields and/or supplemental nursers must first complete training on issuance of nipple shields and supplemental nursers. For more information on the training, contact the Texas WIC Breastfeeding Training Coordinator.
- A. International Board Certified Lactation Consultants (IBCLCs) and Designated Breastfeeding Experts (DBEs), defined by **Policy GA: 14.0**, can issue nipple shields and supplemental nursers. IBCLCs are the most appropriate staff to issue nipple shields and supplemental nursers and should be utilized first, and when available, to counsel and issue these supplies to mothers who need them.
- B. A PC or TBE who is not an IBCLC or DBE can issue a nipple shield or supplemental nurser and provide follow up only if both actions are performed under the direction of an IBCLC. IBCLC direction should be provided in person through web-cam service. Phone direction can be used as a last resort.
- C. When an IBCLC or DBE is not available to counsel a mom who is using a nipple shield that was not issued by WIC, a PC or TBE can assist by assessing latch and milk transfer with the nipple shield then assisting the mom to breastfeed without the nipple shield, assessing latch and milk transfer.
1. If the baby will latch without the nipple shield and successfully transfers milk, the mother should be followed up within 24 hours by a PC, TBE, IBCLC, Breastfeeding Coordinator or DBE.
 2. If the baby will not latch without the nipple shield but milk is successfully being transferred, the mom should be offered a consultation appointment with an IBCLC or a DBE if she would like assistance breastfeeding without the shield. If the mom calls back to report trouble with latch or that she has gone back to

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using the nipple shield, she should be offered a consultation appointment with an IBCLC or a DBE.

- X. PCs shall be trained in accordance with SA designated PC training materials prior to working with WIC participants and receive monthly in-services according to **Policy BF:03.0**.

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Policy No. CS:14.0

**Completion of the WIC Income Questionnaire and the
Family Certification/WIC Program Income Screening Form**

Purpose

To provide instructions on completing the WIC Income Questionnaire (WIC-35-3) and the Family Certification/WIC Program Income Screening Form (WIC-35).

Authority

State Policy

Policy

The WIC Income Questionnaire (WIC-35-3) shall be utilized to document the applicant's sources of income. The Family Certification/WIC Program Income Screening Form (WIC-35) shall be utilized to record applicant and household information. These forms shall be maintained on file in the participant's or family's record, as determined by the Local Agency (LA).

Procedures

- I. The WIC Income Questionnaire (WIC-35-3) shall be used to document all sources of income or adjunctive income eligibility and shall be completed by the applicant or parent/guardian.
 - A. The WIC Income Questionnaire shall be completed prior to determining income eligibility.
 - B. All questions within the applicable section shall be answered by marking either the "Yes" or "No" box.
 - C. The question, "All the information provided reflects my usual gross household income (before deductions)," shall be marked "Yes" in

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order to use the information provided as verification of household income.

- D. The applicant's or parent's/guardian's printed name, signature and the date are required each time income is screened, at certifications and income reassessments.
 - E. If an applicant's or parent/guardian's income is screened within 30 calendar days of their last income screening date, the participant or parent/guardian may use the same WIC Income Questionnaire form in lieu of completing a new one. If the same form is used, he/she shall sign and date near the previous signature and date.
 - F. When the applicant or parent/guardian makes changes/corrections, they should initial near change/correction.
- II. The LA shall use the Family Certification/WIC Program Income Screening Form (WIC-35) to record all required applicant information.

Side 1 - Family Certification Form:

- A. Primary Account Number (PAN): Primary Account Number (PAN) may be recorded.
- B. Name of Applicant or Parent/Guardian #1 and #2: Record the last, first, and middle name(s) if available. This person(s) shall be the food instrument recipient. When the applicant or parent/guardian provides written authorization for another adult to attend the certification appointment, the individual should be listed as Parent/Guardian #2.
- C. Social Security Number: Record the social security number for the applicant or each parent/guardian, if available. Written proof is not required. Refer to **Policy CS: 13.0** for further information.
- D. Date of Birth: Record the date of birth of the Applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable. If the

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- applicant completes this section, confirm that the month and date were recorded in the correct order (e.g., 06-12-1980 is June 12, 1980, not the 6th of December, 1980). Make sure the year of birth is four digits, such as "06-12-1980."
- E. Sex: Indicate if the Applicant or Parent/Guardian #1 and Parent/Guardian #2, if applicable, is Male (M) or Female (F) by placing a check in the appropriate box.
- F. Identification Method:
1. Record the two digit number corresponding to the type of identification presented by the applicant or parent/guardian in the "P/G #1" box and "P/G #2" box, if applicable. For example, the "P/G #1" presented a driver's license as proof of identification. Enter "05" in the box marked "P/G #1".
 2. If "Other" is selected, document the type of identification method.
- G. Language: Check or circle the two-letter code for the language preferred/spoken by the applicant or parent/guardian. If the individual is bilingual, the LA may document this by checking or circling both languages. However, the Texas WIC Information Network (TWIN) will accept only ONE code.
- H. Out-of-State Transfer: If the family is transferring from out of state, check Yes (Y) otherwise, check No (N).
- I. Mailing Address: Enter family's mailing address (street, apartment #, if applicable, city, zip code).
- J. Residence Address: Complete this field in the following cases:
1. residence address differs from the mailing address; or
 2. mailing address is a P.O. Box.
- K. Residency Method: Check or circle the two digit number corresponding to the type of residency proof presented in the box.
-

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For example, "P/G #1" presented a rent receipt as proof of residency. Check or circle "02" for "Rent Receipt/Rental Agreement." If a gateway program is used for documentation, check "03" for business letter. (See [Policy CS:06.0](#).)

- L. Census Tract: Optional field.
- M. Telephone number: Record the family's daytime phone number including the area code and telephone extension, if applicable.
- N. Contact: Record the name of the person who shall be contacted at the indicated telephone number if different from the applicant or parent/guardian (e.g., neighbor or relative).
- O. Gateway
 - 1. Check or circle one appropriate initial corresponding to the type of gateway participation presented by the family, if applicable. For example, Medicaid is presented. Check or circle "M" for Medicaid.
 - 2. Participation in the Women's Health Program is documented under the Medicaid option.
- P. Gateway Income Method: (If this field is completed, "Non-Gateway Income Method" shall not be completed.)
 - 1. Check or circle the appropriate number for the type of form presented, if applicable, for proof of gateway participation. For example, Your Texas Benefits Card (YTBC) is presented. Check or circle "16" for YTBC. When YTBC is presented, staff shall verify current Medicaid eligibility (see [Policy CS:08.0](#) Procedures I.B.2.) and complete the Gateway Verification section of the WIC-35.
 - 2. If "Other" is appropriate, enter "phone," "on-line," "automated" or any other form name/number not listed on the WIC-35 in the blank and check or circle "27" for "Other." If phone or automated verification is indicated, the name of the person contacted for phone verification or the phone number used to

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verify eligibility of gateway participation shall be recorded on side 2 under Gateway Verification (see III.A.3. in this policy).

- Q. Non-Gateway Income Method: (If this field is completed, the "Gateway Income Method" shall not be completed.) Check or circle the appropriate number that reflects the highest amount of income, if applicable, as income documentation. For example, a client presents paycheck stubs showing a monthly income of \$1,215 and a copy of her monthly child support check for \$150, check or circle code "01" for paycheck stubs since the income received from employment is her highest amount of income.
- R. Income Clerk User I.D.: Enter the TWIN system user ID.
- S. Date: Enter the date income eligibility was determined only if different from the date applicant was found to be eligible/ineligible to receive program benefits. The year shall be a four-digit number such as "02-28-2007."
- T. Family (Household) Size: Record the two digit number for the family size, such as "01" or "02."
- U. Monthly Income:
1. Record the household's total gross monthly income from Side 2. Record the dollar amount excluding the cents (do not round up or down).
 2. For those applying as adjunctively income eligible ask for a verbal declaration of the household's total gross monthly income and record the amount.
- V. Indicators Y/N: Place a check in the appropriate reply box, Yes (Y) or No (N), for Foster child which includes all DFPS placements, Migrant, Military family, and Homeless family.
- W. Comment: This area is provided for any additional comments.

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- III. Side 2 **WIC Program Income Screening**. LA staff may complete side 2 before completing side 1. If an applicant is found income ineligible, completion of side 1 is not required.
- A. For applicants applying as adjunctively income eligible, only the following is required:
1. applicant's, parent's/guardian's, or authorized adult's signature and date;
 2. staff signature, title and date; and
 3. applicant's gateway client identification (ID) or case number; and
 4. phone, automated or online gateway verification for adjunctive eligibility, if applicable. Select "By Phone", "Automated" or "Online" if one of these methods is used to verify gateway eligibility. Enter the name of the contact person verifying adjunctive income eligibility. If an automated system is used, record the phone number used to obtain verification.
- B. For applicants not using adjunctive eligibility, the following shall be completed.
1. Household Members:
 - a. Applicant or Parent/Guardian (P/G)#1: Record the Applicant or Parent/Guardian applying for benefits for themselves or on behalf of a child
 - b. P/G #2: If another parent/guardian is a member of the household (for example, a spouse), record that person's name as "P/G #2."
 2. Participant #1, Participant #2, Participant/Other:
 - a. Record all other applicants/participants starting with Participant #1 and Participant #2, and utilizing the spaces for Participant/Other as needed. Record the names of all other non-applicant members of the household in the Participant/Other spaces. All household members shall be listed even if separate economic unit (SEU) is identified.
 - b. Date of Birth (D.O.B.): Record the date of birth for each individual listed under Household Members. Written proof is not required.

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- c. Social Security #: Record the social security number for each applicant and household member, if available. Written proof is not required. See **Policy CS:13.0**, for further information.
- d. Employer's Name and Address and/or WIC Form Number: Record the employer's name and physical address or city where located for each employed household member. If a WIC form was used, document the WIC form number. Written proof is not required for employer's name/address.
- e. Different pay frequency/Annual: Calculate the annual income for the household members when the sources of income are on different pay frequencies. Refer to **Policy CS:07.0** for additional information on income.
- f. Same pay frequency: Record the income for the household members when the sources of income are on the same pay frequency. Refer to **Policy CS:07** for additional information on income.
- g. SEU : Refer to **Policy CS: 10.0** for the criteria for separate economic unit (SEU). If the applicant is identified as a SEU, place a check mark in the SEU column for those individuals who are members of the SEU. Add the gross income entries together for these individuals and record the total.
- h. Annual Total or Total (#1): Add the income entries from the appropriate column and record the total. Visually compare the total from the different pay frequency or same pay frequency column to the WIC Income Guidelines.
- i. Meets income guidelines (#1a): After visually comparing and confirming the applicant meets the WIC Income Guidelines, place a check in the appropriate reply box, Yes or No.
- j. Monthly Income (#2): Divide the total by 12 months and record the monthly income. The monthly income shall only be entered in TWIN when the applicant is eligible.
- k. For WIC Staff Use Only: Check the SEU box if the applicant qualifies as a SEU.
- l. Income Checked by/Staff Signature, Title and Date: The LA staff completing the screening shall sign (not initial), write

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his/her title and date the form using his/her standard/official signature and own handwriting.

- m. Applicant's or Parent's/Guardian's or Authorized Adult's Signature and Date: The applicant, parent/guardian, or authorized adult shall sign (not initial) and date the form in his/her own handwriting. Per **Policy CR:07.0**, families with special health care needs may authorize another adult to attend the initial certification or sub-certification; therefore, the authorized adult shall sign and date the form. Authorized adults for other participants can only attend sub-certifications and shall sign and date the form at that time.

- IV. **WIC Program Income Screening** when using **Online Tools**. LA staff may use the online tools income calculator to determine if an applicant is income eligible or ineligible.
- A. Enter the household "Family Size".
 - B. Enter the name(s) of each individual with income and click "Calculate". The results page will indicate if the household is income eligible or ineligible.
 - C. Print the results page and attach it to the WIC-35. This page takes the place of the staffs' manual income calculations. The WIC-35 with the attached income calculator results page shall be filed in the appropriate chart.
 - D. For the household members listed on the income calculator results page, document their date of birth, social security number, name of employer, address (physical or city) of employer and/or WIC form number (if applicable and not listed on result page) on the documentation provided as proof of income (i.e. checkstub, etc.), on the income calculator results page or on the WIC-35.
 - E. For household members whose income is not included, document their name, date of birth, social security number on the WIC-35.

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- F. Different pay frequency/Annual, Same pay frequency, Annual Total or Total (#1), Meets income guidelines (#1a), and Monthly Income (#2) from side 2 and Family (Household) Size and Monthly Income from side 1 on the WIC-35 are optional to complete since this information is documented on the income calculator results page.

- V. A WIC-35 and WIC-35-3 form shall be used to document income. The forms shall be easily accessible for audit/review.
 - A. When certification records are not kept in family folders, a notation shall be made in each individual's folder (without WIC-35s and 35-3s) indicating in which family member's folder the forms are filed. For example: "See Mary Smith's (mother's) folder for WIC-35."

 - B. Income shall be documented each time a household member is certified (except for instream migrants). If income has been documented for one household member within the last 30 calendar days, it may be used for other household members being certified within that 30-day period. WIC staff and the applicant or parent/guardian shall sign and date near the original signature on the forms. The dates should be within 30 calendar days of each other. The 30-day period does not apply to applicants who were adjunctively income eligible (refer to **Policy CS: 08.0**)

- VI. The client shall be offered the opportunity to read or have read to them the section on side 2 of the WIC-35 regarding the provision of information to the WIC Program, the verification of such information, and dual participation. If the client does not understand, the information shall be explained to the client.

- VII. LAs shall retain copies of applicants'/participants' WIC-35 and WIC-35-3, and the document(s) provided as proof of income in order to assist in the prevention of Program fraud and abuse. Copies of income document(s) are only required for applicants not adjunctively income eligible. These document(s) may be attached to the WIC-35 and shall be kept in the client's file. LA staff shall not make copies of identification and residency documents for the participant's file.

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VIII. Refer to **Policy CS: 23.0** for the documents and forms required to maintain on file when an applicant is found ineligible.

Guidelines

For more information on completing the WIC Income Questionnaire (WIC-35-3), refer to the "WIC Income Questionnaire Questions and Answers" and the "WIC Income Guide" on the web at <http://www.dshs.state.tx.us/wichd/tng/resources.shtm>.

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Policy No. CS:15.0

Certifying Authority

Purpose

To define the qualifications accepted in the Texas WIC Program for a Certifying Authority. To ensure that qualified professionals are making decisions about eligibility and benefits.

Authority

7 CFR Part 246.2, 246.7

Policy

It is the intent of the Texas WIC Program that nutrition professionals are available to address Nutritional Risk. Each local agency (LA) shall have at least one certifying authority (CA) responsible for certifying nutritional risk conditions at the time of certification and prescribing supplemental foods. Certifications require a CA signature prior to food benefit issuance. Refer to **Policy CS: 16.0** WIC Certification Specialist for other certifying officials.

Definition

A CA shall be one of the following:

- I. registered dietitian (RD) Registered Dietitian Nutritionist (RDN) (Academy of Nutrition and Dietetics Commission on Dietetic Registration);
- II. licensed dietitian (LD) (Licensed by the Texas State Board of Examiners of Dietitians);
- III. nutritionist with a Bachelor's or Master's degree in any of the following:

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- A. Nutrition Sciences;
 - B. Human Nutrition or Dietetics;
 - C. Community Nutrition;
 - D. Public Health Nutrition;
 - E. Clinical Nutrition;
 - F. Home Economics with Food and Nutrition major with 24-semester hours credit in food & nutrition.
- IV. dietetic technician registered (DTR) (Academy of Nutrition and Dietetics Commission on Dietetic Registration);
- V. registered nurse (RN) with Bachelor of Science in Nursing (BSN) or an associate degree;
- VI. licensed vocational nurse (LVN);
- VII. physician (MD or DO);
- VIII. physician's assistant (PA) (certified by the National Committee on Certification of Physician's Assistants or by the state medical certifying authority);
- IX. home economics or other degreed professionals with 12 or more semester hours credit in food & nutrition and 6 semester hours of science from an accredited university (see guidelines). Transcript shall be submitted to the state agency (SA).

Procedure

- I. All CAs shall successfully complete the SA nutrition modules according to **Policy TR: 03.0** Required Local Agency Training Summary

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- II. LAs with only one CA per agency shall develop a written contingency plan for CA coverage during vacations, illness or other extended leave. See **Policy GA: 20.0** Staff Fraud and Abuse and **GA: 14.0** Staffing Standards.
- III. LA staff employed prior to the date of this policy shall be grandfathered in. Documentation shall be kept at agency for monitoring purposes.

Guidelines

Nutrition classes from an accredited university include but are not limited to:

- Basic Nutrition
- Introduction to Nutrition
- Nutrition
- Nutrition in the Life Cycle
- Community Nutrition
- Nutrition and Chronic Disease
- Diabetes Management
- Weight Management and Exercise

Science classes from an accredited university include but are not limited to:

- Biology
- Microbiology
- Chemistry
- Organic Chemistry
- Anatomy
- Physiology

Any questions regarding qualifying classes should be addressed with the Clinic Services Liaison at the SA.

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The LA should submit transcripts to the SA for review and approval prior to hiring a CA that did not receive their degree or specialty licensed in the United States (e.g., Nutritionist, RN, RD, MD and DO).

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Criteria For Identifying Nutrition Risk Conditions

Purpose

To provide benefits to meet the special health and nutrition needs of low-income pregnant, breastfeeding and postpartum women, infants, and children. WIC provides supplemental foods and nutrition education to participants at nutrition risk during the critical growth and development periods of pregnancy, infancy, and early childhood.

Authority

7 CFR Part 246.7

Policy

To be eligible for program benefits, all WIC Program applicants shall have a nutrition risk condition identified through the documentation of a complete nutrition assessment.

Procedures

- I. When determining eligibility, compare all data from the applicant's health history, dietary, biomedical, and anthropometric assessment to the risk conditions listed in the Texas Nutrition Risk Manual. The criteria listed in this policy reflect allowable risk conditions. The Texas Nutrition Risk Manual provides the definition, justification, clarifications/guidelines and references about each of the risk conditions.

- II. Every condition of nutrition risk identified shall be marked on the back of the category specific state agency (SA) Participant Form (titled WIC Nutrition Risk Codes). Every risk code marked on the Participant Form shall have supporting documentation, e.g., growth charts, diet and health history forms.

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Guidelines

List of Allowable Nutrition Risk Conditions

The allowable nutrition risk conditions are subsequently listed by category. These risk conditions are in accordance with the national risk conditions identified and required by the United States Department of Agriculture (USDA). See the Texas Nutrition Risk Manual for complete definitions, clarification and justification of each risk criteria.

Pregnant Women

Anthropometric - Priority I

- 101 Underweight
- 111 Overweight
- 131 Low Maternal Weight Gain
- 132 Maternal Weight Loss During Pregnancy
- 133 High Maternal Weight Gain

Biochemical - Priority I

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Priority I

Pregnancy-Induced Conditions

- 301 Hyperemesis Gravidarum
- 302 Gestational Diabetes
- 303 History of Gestational Diabetes
- 304 History of Preeclampsia

Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery
 - 312 History of Low Birth Weight
-

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Prior Stillbirth Fetal or Neonatal Death

- 321 History of Spontaneous Abortion (two or more terminations of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life)

General Obstetrical Risk

- 331 Pregnancy at a Young Age
- 332 Closely Spaced Pregnancies
- 333 High Parity and Young Age
- 334 Lack of or Inadequate Prenatal Care
- 335 Multifetal Gestation
- 336 Fetal Growth Restriction (FGR)
- 337 History of Birth of a Large for Gestational Age Infant
- 338 Pregnant Woman Currently Breastfeeding
- 339 History of Birth with Nutrition Related Congenital or Birth Defect

Nutrition-Related Risk Conditions (Chronic disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
 - 342 Gastro-Intestinal Disorders
 - 343 Diabetes Mellitus
 - 344 Thyroid Disorders
 - 345 Hypertension and Prehypertension
 - 346 Renal Disease
 - 347 Cancer
 - 348 Central Nervous System Disorders
 - 349 Genetic and Congenital Disorders
 - 351 Inborn Errors of Metabolism
 - 352 Infectious Diseases (within the past 6 months)
 - 353 Food Allergies
 - 354 Celiac Disease
 - 355 Lactose Intolerance
 - 356 Hypoglycemia
 - 357 Drug Nutrient Interactions
 - 358 Eating Disorders
-

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- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Substance Use (Drugs, Alcohol, Tobacco)

- 371 Maternal Smoking
- 372 Any Alcohol Use in Current Pregnancy
- 373 Any Illegal Drug Use in Current Pregnancy

Other Health Risks

- 381 Oral Health Conditions

Dietary - Priority IV

- 401 Failure to Meet *Dietary Guidelines for Americans*
- 480 Inappropriate Nutrition Practices for Women

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 502 Transfer of Certification - No priority

Homelessness/Migrancy

- 801 Homelessness – Priority IV
- 802 Migrancy – Priority IV

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months) – Priority IV
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food – Priority IV
- 903 Foster Care – Priority IV
- 904 Environmental Tobacco Smoke Exposure – Priority I

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Breastfeeding Women - A woman is considered a breastfeeding woman if she nurses the infant at least once a day.

Anthropometric - Priority I

- 101 Underweight
- 111 Overweight
- 133 High Maternal Weight Gain in Most Recent Pregnancy

Biochemical- Priority I

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Priority I

Pregnancy-Induced Conditions

- 303 History of Gestational Diabetes
- 304 History of Preeclampsia

Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery
- 312 History of Low Birth Weight

Prior Stillbirth, Fetal or Neonatal Death

- 321 History of Spontaneous Abortion (termination of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life)

General Obstetrical Risks

- 331 Pregnancy at a Young Age
 - 332 Closely Spaced Pregnancies
 - 333 High Parity and Young Age
 - 335 Multifetal Gestation
 - 337 History of Birth of a Large for Gestational Age Infant
 - 339 History of Birth with Nutrition Related Congenital or Birth Defect
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Nutrition-Related Risk Conditions (E.g. Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
- 342 Gastro-Intestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic and Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352 Infectious Diseases (within the past 6 months)
- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance
- 356 Hypoglycemia
- 357 Drug Nutrient Interactions
- 358 Eating Disorders
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat
- 363 Pre-Diabetes

Substance Use (Drugs, Alcohol, Tobacco)

- 371 Maternal Smoking
- 372 Alcohol Use
- 373 Any Current Illegal Drug Use

Other Health Risks

- 381 Oral Health Conditions

Dietary - Priority IV

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- 401 Failure to Meet *Dietary Guidelines for Americans*
- 480 Inappropriate Nutrition Practices for Women

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority IV
- 502 Transfer of Certification - No priority

Breastfeeding Mother/Infant Dyad

- 601 Breastfeeding Mother of Infant at Nutritional Risk - Priority I, II or IV depending on infant's priority. Use only if no other risk condition is identified.
- 602 Breastfeeding Complications or Potential Complications - Priority I

Homelessness/Migrancy

- 801 Homelessness - Priority IV
- 802 Migrancy - Priority IV

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months) - Priority IV
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority IV
- 903 Foster Care - Priority IV
- 904 Environmental Tobacco Smoke Exposure – Priority I

Postpartum Women

Anthropometric - Refer to each risk condition for priority level

- 101 Underweight - Priority III
- 111 Overweight - Priority VI
- 133 High Maternal Weight Gain in Most Recent Pregnancy - Priority VI

Biochemical - Priority III

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- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Refer to each risk condition for priority level

Pregnancy-Induced Conditions

- 303 History of Gestational Diabetes – Priority V
- 304 History of Preeclampsia – Priority V

Delivery of Low-Birth weight/Premature Infant

- 311 History of Preterm Delivery – Priority III
- 312 History of Low Birth Weight – Priority III

Prior Stillbirth, Fetal or Neonatal Death

- 321 History of Spontaneous Abortion (termination of less than 20 weeks gestation or less than 500 grams), Fetal (20 weeks or greater gestation) or Neonatal Loss (28 days or less of life) – Priority III

General Obstetrical Risks

- 331 Pregnancy at a Young Age- Priority III
- 332 Closely Spaced Pregnancies – Priority III
- 333 High Parity and Young Age – Priority III
- 335 Multifetal Gestation – Priority III
- 337 History of Birth of a Large for Gestational Age Infant – Priority V
- 339 History of Birth with Nutrition Related Congenital Birth Defect – Priority V

Nutrition-Related Risk Conditions (E.g. Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases – Priority III
 - 342 Gastro-Intestinal Disorders – Priority III
 - 343 Diabetes Mellitus – Priority III
 - 344 Thyroid Disorders – Priority III
 - 345 Hypertension and Prehypertension – Priority III
 - 346 Renal Disease – Priority III
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- 347 Cancer – Priority III
- 348 Central Nervous System Disorders- Priority III
- 349 Genetic and Congenital Disorders – Priority III
- 351 Inborn Errors of Metabolism – Priority III
- 352 Infectious Diseases (within the past 6 months) – Priority III
- 353 Food Allergies- Priority III
- 354 Celiac Disease – Priority III
- 355 Lactose Intolerance – Priority III
- 356 Hypoglycemia – Priority III
- 357 Drug Nutrient Interactions – Priority III
- 358 Eating Disorders – Priority III
- 359 Recent Major Surgery, Trauma, Burns – Priority III
- 360 Other Medical Conditions – Priority III
- 361 Depression – Priority III
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat – Priority III
- 363 Pre-Diabetes – Priority IV

Substance Use (Drugs, Alcohol)

- 371 Maternal Smoking – Priority VII
- 372 Alcohol Use – Priority III
- 373 Any Current Illegal Drug Use – Priority III

Other Health Risks

- 381 Oral Health Conditions – Priority III

Dietary - Priority VI

- 401 Failure to Meet *Dietary Guidelines for Americans*
- 480 Inappropriate Nutrition Practices for Women

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority VII
 - 502 Transfer of Certification- No priority
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Homelessness/Migrancy

- 801 Homelessness - Priority VI
- 802 Migrancy - Priority VI

Other Nutrition Risks

- 901 Recipient of Abuse (within past six months). - Priority VI
- 902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority VI
- 903 Foster Care - Priority VI
- 904 Environmental Tobacco Smoke Exposure – Priority V

Infants

Anthropometric - Priority I

- 103 Infant Underweight
- 104 Infant At Risk of Underweight
- 112 Infant At Risk of Overweight

- 115 High Weight-for-Length
- 121 Short Stature
- 122 Infant At Risk of Short Stature
- 134 Failure to Thrive (FTT)
- 135 Inadequate Growth
- 141 Low Birth Weight
- 142 Prematurity
- 143 Very Low Birth Weight
- 151 Small for Gestational Age
- 152 Low Head Circumference
- 153 Large for Gestational Age

Biochemical - Priority I

- 201 Low Hematocrit/Low Hemoglobin
 - 211 Elevated Blood Lead Levels Within the Past 12 Months
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Clinical/Health/Medical - Priority I

Nutrition-Related Risk Conditions (E.g., Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
- 342 Gastro-Intestinal Disorders
- 343 Diabetes Mellitus
- 344 Thyroid Disorders
- 345 Hypertension and Prehypertension
- 346 Renal Disease
- 347 Cancer
- 348 Central Nervous System Disorders
- 349 Genetic and Congenital Disorders
- 351 Inborn Errors of Metabolism
- 352 Infectious Diseases (within the past 6 months)
- 353 Food Allergies
- 354 Celiac Disease
- 355 Lactose Intolerance
- 356 Hypoglycemia
- 357 Drug Nutrient Interactions
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Other Health Risks

- 381 Oral Health Conditions
- 382 Fetal Alcohol Syndrome (FAS)

Dietary - Priority IV

- 428 Dietary risk Associated with Complementary Feeding Practices (4 to 12 months)
- 460 Inappropriate Nutrition Practices for Infants

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Other Risks - Refer to each risk condition for priority level

Regression/Transfer

502 Transfer of Certification - No priority

Breastfeeding Mother/Infant Dyad

603 Breastfeeding Complications or Potential Complications - Priority I

Infant of a WIC-Eligible Mother or Mother at Risk During Pregnancy

701 Infant Up to 6 Months Old of WIC Mother - Priority II

702 Breastfeeding Infant of Woman at Nutrition Risk - Priority I, II, or IV depending on woman's priority level. Use only if no other risk condition is identified.

703 Infant Born of Woman with Mental Retardation or Alcohol or Drug Abuse (most recent pregnancy) - Priority I

704 Infant Up to 6 Months of a Woman Who Would Have Been Eligible During Pregnancy – Priority II

Homelessness/Migrancy

801 Homelessness - Priority IV

802 Migrancy - Priority IV

Other Nutrition Risks

901 Recipient of Abuse (within past six months) – Priority IV

902 Infant of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority IV

903 Foster Care - Priority IV

904 Environmental Tobacco Smoke Exposure – Priority I

Children

Anthropometric - Priority III

103 Child Underweight

104 Child At Risk of Underweight

112 Child At Risk of Overweight

113 Child Obese (2-5 Years of Age)

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- 114 Child Overweight (2 – 5 Years of Age)
- 115 High Weight-for-Length (12 – 23 Months of Age)
- 121 Short Stature
- 122 Child At Risk of Short Stature
- 134 Failure to Thrive (FTT)
- 135 Inadequate Growth
- 141 Low Birth Weight
- 142 Prematurity
- 143 Very Low Birthweight
- 151 Small for Gestational Age
- 152 Low Head Circumference (12 – 23 Months of Age)

Biochemical - Priority III

- 201 Low Hematocrit/Low Hemoglobin
- 211 Elevated Blood Lead Levels Within the Past 12 Months

Clinical/Health/Medical - Priority III

Nutrition-Related Risk Conditions (E.g., Chronic Disease, Genetic Disorder, Infection)

- 341 Nutrient Deficiency Diseases
 - 342 Gastro-Intestinal Disorders
 - 343 Diabetes Mellitus
 - 344 Thyroid Disorders
 - 345 Hypertension and Prehypertension
 - 346 Renal Disease
 - 347 Cancer
 - 348 Central Nervous System Disorders
 - 349 Genetic and Congenital Disorders
 - 351 Inborn Errors of Metabolism
 - 352 Infectious Diseases (within the past 6 months)
 - 353 Food Allergies
 - 354 Celiac Disease
 - 355 Lactose Intolerance
 - 356 Hypoglycemia
-

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- 357 Drug Nutrient Interactions
- 359 Recent Major Surgery, Trauma, Burns
- 360 Other Medical Conditions
- 361 Depression
- 362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Other Health Risks

- 381 Oral Health Conditions
- 382 Fetal Alcohol Syndrome (FAS)

Dietary - Priority V

- 401 Failure to Meet Dietary Guidelines (2 – 5 Years of Age)
- 428 Dietary Risk Associated with Complementary Feeding Practices (12 – 23 Months of Age)
- 470 Inappropriate Nutrition Practices for Children

Other Risks - Refer to each risk condition for priority level

Regression/Transfer

- 501 Possibility of Regression - Priority VII
- 502 Transfer of Certification - No priority

Homelessness/Migrancy

- 801 Homelessness - Priority V
- 802 Migrancy - Priority V

Other Nutrition Risks

- 901 Recipient of Child Abuse (within past six months) – Priority V.
- 902 Child of Woman or Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority V
- 903 Foster Care – Priority V
- 904 Environmental Tobacco Smoke Exposure – Priority III

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Policy No. CS:20.0

Certification Forms

Purpose

To document the eligibility of each participant.

Authority

7 CFR Part 246.7(h)

Policy

All eligibility data for each person certified for WIC shall be recorded on the appropriate forms. The forms shall be maintained on file in each participant's or family's record.

Procedures

- I. The following forms shall be on file in the participant's or family's record:
 - A. One of each of the following forms. The Local Agency (LA) shall determine where the forms shall be maintained in the record.
 1. Family Certification Form;
 2. Supplemental Information Form;
 3. WIC Income Questionnaire; and
 4. VENA Family Documentation Tool.
 - B. For information regarding WIC Forms or signed written statements used to determine residency and income eligibility or identification, refer to [Policy CS:05.0](#), [Policy CS:06.0](#), and [Policy CS:07.0](#).
 - C. The appropriate Health History form from the following:
 1. Diet Health History for Infants;
 2. Health History for Children; or
 3. Health History for Pregnant/ Breastfeeding/Postpartum Women.

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- D. The appropriate nutrition risk assessment form from the following:
 - 1. Infant Participant Form/WIC Infant Nutritional Risk Codes;
 - 2. Child Participant Form/WIC Child Nutritional Risk Codes;
 - 3. Pregnant Participant Form/WIC Pregnant Nutritional Risk Codes;
 - 4. Breastfeeding Participant Form/WIC Breastfeeding Nutritional Risk Codes; or
 - 5. Postpartum Participant Form/WIC Postpartum Nutritional Risk Codes.

- E. The appropriate growth chart from the following:
 - 1. Prenatal Weight Gain-Singleton;
 - 2. Prenatal Weight Gain Grid-Multifetal;
 - 3. Girls: Birth to 24 Months;
 - 4. Boys: Birth to 24 Months;
 - 5. Girls: 2-5 Years; or
 - 6. Boys: 2-5 Years.

- II. Enter participants' certification data into the Texas WIC Information Network (WIN) system using the Family Certification Form and the appropriate Participant Form(s).

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Policy No. CS:21.0

Referral to Health Services

Purpose

To ensure participants are provided information about and referred to health services when appropriate.

Authority

7 CFR Part 246.7

Definitions

Health services: means any routine pediatric and obstetric care (such as well-child checkups, prenatal or postpartum examinations, specialty care, dentistry, and family planning).

Medical home: A healthcare professional or healthcare clinic that provides comprehensive medical care. Comprehensive care includes care of patients with illnesses and injuries, well-child exams, immunizations, and referrals for specialty care.

Follow-up: efforts the local agency (LA) makes to contact the participant and determine the outcome (disposition) of the referral.

Policy

LAs shall refer participants to health services when appropriate. A list of local resources shall be made available for distribution to all applicants and/or participants and their parents or caregivers.

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Policy No. CS:21.0

Procedure

- I. LAs shall maintain an up-to-date list of local health services including resources for drug and other harmful substance abuse counseling and treatment.
- II. At each certification, LAs shall determine whether or not an applicant has a medical home. The medical home shall be documented on both the WIC Health History form (WIC-42, WIC-44, and WIC-45) and on the Participant form (WIC-36, WIC-38, WIC-39, WIC-40, WIC-41).
- III. Applicants and/or participants who do not have a medical home shall be:
 - A. given an up-to-date, written list of health services within the community; and
 - B. counseled about the importance of regular health care.
- IV. Applicants and/or participants who are identified as needing drug and other harmful substance abuse services shall be given an up-to-date, written list of drug and harmful substance abuse counseling and treatment services.

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High Risk Referrals

Purpose

To ensure that high risk participants are identified and referred appropriately to a health care provider (HCP), Registered Dietitian (RD), or International Board Certified Lactation Consultant (IBCLC).

Authority

7 CFR Part 246.7

Definitions

Health care provider (HCP): Also referred to as “prescriptive authority”; a medical professional who may legally diagnose medical conditions and write prescriptions. In Texas, prescriptive authorities include but are not limited to: medical doctors (M.D.), doctors of osteopathy (D.O.), physician’s assistants (P.A.), and nurse practitioners (N.P.).

Registered dietitian (RD): A credentialed nutrition professional authorized to provide management of health and diet concerns.

International Board Certified Lactation Consultant (IBCLC): A credentialed lactation professional authorized to provide clinical management of breastfeeding concerns.

Follow-up: Efforts the local agency (LA) makes to contact the participant and determine the outcome (disposition) of the referral.

Internal referrals: Referrals made to a professional within WIC (i.e., local agency RD or IBCLC).

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External referrals: Referrals made to a professional outside of WIC (e.g., health care provider or emergency room).

Policy

LAs shall develop a local High Risk policy that identifies the high-risk conditions requiring referral and the procedures for follow-up.

Procedures

- I. LAs shall develop a local High Risk policy with the following components:
 - A. High risk conditions and corresponding categorical groups requiring referral to internal and external sources.
 1. The policy must contain the following minimum risk criteria for internal referrals:
 - a. RD
 - i. Formula fed infants: FTT (RC 134), Inadequate Growth – not back to birth weight by 14 days (RC 135)
 - ii. Children: Child Underweight (RC 103)
 - iii. Pregnant women: Low Maternal Weight Gain (RC 131)
 - b. IBCLC
 - i. Breastfeeding women: Breastfeeding complications or potential complications (RC 602)
 - ii. Breastfed Infants: FTT (RC 134), Inadequate Growth – not back to birth weight by 14 days (RC 135)
 2. The policy must contain the following minimum risk criteria for external referrals:
 - a. HCP
 - i. All Infants: Inadequate Growth – not back to birth weight by 14 days (RC 135)

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- B. The policy shall include procedures detailing the referral process, including:
 - 1. Staff responsible for making the referral
 - 2. Documentation of the referral process (e.g., logs, forms).
Documentation of the referrals shall include:
 - a. Name of participant who was referred
 - b. Reason for referral
 - c. Professional to which a participant was referred
 - d. Name of person making the referral
 - e. Date of referral

- C. Procedures for follow-up, including:
 - 1. Method of follow-up to be used with participant (e.g., phone, appointment)
 - 2. Length of time between referral and follow-up
 - 3. Documentation of follow-up

- II. For external referrals, the LA shall not contact the health care provider to which a participant was referred to determine disposition of referral without the participant's consent.

- III. Per **policy GA:14.0** Staffing Standards, LAs that do not have an RD shall request a waiver and have a written contingency plan for providing referrals and high risk individual counseling while position is vacant.

- IV. LAs that do not have an IBCLC on staff should access an IBCLC via webcam tele-consult offered by the WIC Lactation Support Centers in Houston and Dallas. If a webcam tele-consult is not available, refer externally to an appropriate healthcare provider.

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- V. LAs shall have a written procedure in place for participants who are identified to have Red Flag criteria. Participants who have been identified as having a Red Flag shall be immediately referred to receive urgent medical care.

A. Red Flags:

1. Infant

- a. Skin color is blue or grey
- b. Skin color above waist is yellow
- c. Poor hydration as indicated by a combination of the following:
 - i. soft spot(s) on top of head sunken in
 - ii. skin on the back of infant's hand, forearm or belly lightly pinched between the thumb and forefinger for a few seconds does not return to normal contour within three seconds
 - iii. sunken eyes
 - iv. no tears or few tears when crying
 - v. extremely dry lips, mouth or tongue
 - vi. lethargy
- d. Signs of trauma or bruising
- e. Difficult or shallow breathing, wheezing

2. Child

- a. Signs of trauma or bruising
- b. Difficult or shallow breathing, wheezing
- c. Poor hydration as indicated by a combination of the following:
 - i. skin on the back of child's hand, forearm or belly lightly pinched between the thumb and forefinger for a few seconds does not return to normal contour within three seconds
 - ii. sunken eyes
 - iii. no tears or few tears when crying
 - iv. extremely dry lips, mouth or tongue
 - v. scant, dark, or foul-smelling urine

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- vi. lethargy
- 3. Pregnant
 - a. Signs of labor initiation – regular contractions, leaking/gushing fluid from vagina
 - b. Heavy bleeding from vagina at any time of pregnancy
 - c. Injury - accident/fall/blow to the belly
 - d. Observed at clinic under the influence of alcohol or drugs/narcotics with risk of potential harm to self or others
- 4. Breastfeeding, Postpartum
 - a. Hearing voices or seeing things that are not real or having false beliefs (delusions)
 - b. Observed at clinic under the influence of alcohol or drugs/narcotics with risk of potential harm to self or others
 - c. Postpartum Mood Disorder Signs:
 - i. Thoughts of harming self or baby
 - ii. High level of anxiety
 - iii. Flat affect
 - iv. Not making eye contact with baby/not responding to infant cries/ not enjoying baby
 - v. No appetite/ inability to sleep
- 5. WIC staff should not diagnose or provide medical advice to participants.

Guidelines

- A. The criteria in this policy are minimum criteria, and LAs are encouraged to include additional criteria relevant to their local population and concerns. Participants who desire a consultation for any reason outside of these criteria shall be referred to the appropriate professional.
- B. There are examples of conditions in the High Risk Referral Guidelines tab located in the Clinic Assessment Manual to assist LAs in developing their local policy. If desired, LAs can select from

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these criteria based on the needs of their local agency and clientele. The guidelines are a resource that represents best practices for high risk referrals. However, local agencies are not required to nor limited to use all of the criteria on the list.

Guidelines for High Risk Referrals

(CS: 33.0 High Risk Referrals)

Guidelines for High Risk Referrals

All local agencies must develop a High Risk policy (in accordance with Policy CS: 33.0 High Risk Referrals) that identifies which high-risk conditions require a referral and outline the procedures for documenting and following-up these conditions. These guidelines may be used in developing local agency specific parameters for high risk referrals.

What are the referral guidelines?

The guidelines are a resource to help Local Agencies identify when a participant may be at high risk and need more skilled intervention from an expert. Use the referral guidelines to help identify high risk criteria and make referrals to the appropriate professional. These guidelines focus on best practices for making a referral to a Registered Dietitian (RD), International Board Certified Lactation Consultant (IBCLC), or Health Care Provider (HCP).

Why are these guidelines important?

The guidelines ensure that participants receive care based on their medical, physical, or emotional conditions. Referrals do not always transfer participant care away from the first WIC professional the participant sees. To refer simply means to *add* an appropriate professional to a participant's circle of care. As best practice, the original professional should remain a part of the participant's circle of care and continue to provide follow-up care as needed.

How are the guidelines used?

Use the guidelines are a tool to help Local Agencies in developing their local high risk policy. The guidelines are not part of the Local Agency policy but provide suggestions on conditions to consider for high risk referrals. Staff must provide formal referrals and documentation for the minimum criteria outlined in their Local Agency policy. WIC agencies are not limited to the examples provided in the guidelines.

Each categorical group has its own guidelines with examples of high risk criteria for that group. Some criteria might be risk code specific while others are based on physical observations or conversations with participants. There are instances where a referral is warranted in accordance with the risk code definition. Other times, a risk code is used as a reference but a referral may be necessary only for a specific portion of the risk code definition or more stringent guidelines may be placed on the parameters (i.e. Risk code #201 is referred only with a hemoglobin value lower than or equal to 8.0 g/dL). The word "N/A" will appear in the "Risk Code" column if a particular criterion is not associated with a listed risk code (i.e. A mother may indicate during a counseling session that her infant has unusual looking stools).

The guidelines indicate which professional to refer a participant to for each condition (i.e. RD, IBCLC, or HCP). There will be instances where it is appropriate to refer a participant to several or all professionals. There may be notations indicating special instructions that are relevant to certain categorical groups. If a participant is already being followed by a health care professional for the high risk condition or refuses a referral, a referral is not needed. In the case that a referral is not made, WIC staff should document the reason in the participant's chart.

It may not always be reasonable to expect formal documentation and follow-up on certain conditions. For some guidelines, a verbal referral may be sufficient and formal documentation may not be appropriate. For example – if a participant appears to have a mild rash on observation, WIC staff may verbally refer the participant to contact their health care provider for further examination. Local Agencies should train staff on how and when to offer the verbal referrals vs. when to make and note formal referrals.

Staff are encouraged to use their professional judgment on each referral on a case-by-case basis. All staff should feel empowered to refer, regardless of their position or involvement in the certification process, if they identify a client to be high risk based on observation. WIC staff should not try to diagnose or provide medical advice to participants.

What are “Red Flags”?

In some instances, participants may present with life-threatening conditions that require immediate medical attention. The “Red Flags” document contains minimum criteria outlining when a participant would need to be referred immediately to urgent/emergency care. All staff should be familiar with these criteria and follow their Local Agency's procedures for addressing these conditions. Staff should be aware of the urgent/emergency care facilities in their area.

If a WIC staff member feels threatened by a participant when making a referral for a “Red Flag,” condition, they should contact security or a local law enforcement official.

Infant Referral Guidelines

Risk Code	Infant Conditions	Refer to RD *	Refer to IBCLC *	Refer to HCP
Health/Medical				
142	Prematurity	✓	✓	
143	Very Low Birth Weight	✓	✓	
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Weight				
N/A	Is not back to birth weight by 10 days	✓	✓	
N/A	Has lost 10% or more of birth weight	✓	✓	✓
135	Is not back to birth weight by 2 weeks of age	✓	✓	✓
135	Inadequate rate of weight gain from birth to 3 months of age	✓	✓	✓
134	Failure to thrive as diagnosed by physician	✓	✓	
Physical Appearance				
N/A	Signs of jaundice (i.e. skin color below waist or white of eyes are yellow)	✓	✓	✓
N/A	Infant appears wasted (i.e. ribs or spine easily visible, loss of buttocks or cheeks, extremely thin extremities)	✓	✓	✓
N/A	Skin with rash, splotches, or scales			✓
	Has white patches in mouth or severe diaper rash			✓
N/A	Signs of fever (i.e. skin hot to the touch or flushed)			✓
Gastrointestinal / Urinary				
N/A	Inadequate stooling (i.e. No stools for 24 hours after leaving hospital , <2 stool a day on days 1-3, black, tarry stools after day 4, or < 3 poopy diapers with poop the size of a quarter or larger by day 4 and through 6 weeks)	✓	✓	✓
N/A	Unusual appearance of stools (i.e. green, frothy or explosive stools; mucous or blood in stool)	✓	✓	✓
N/A	Excessive diarrhea or loose watery stools			✓
N/A	Excessively spitting up	✓	✓	✓
N/A	Severe vomiting			✓
N/A	Severe constipation	✓	✓	✓
N/A	Urine is dark instead of clear or pale yellow; Reddish/orange urine after day 3	✓	✓	✓
N/A	Inadequate urination: < 2 urine-soaked diapers on day 2, < 3 on day 3, < 4 on day 4, or < 5 on or after day 5	✓	✓	✓
Other Conditions				
N/A	HCP recommendation to supplement for any reason		✓	
N/A	Experienced birth trauma (forceps or vacuum assist delivery) and is not feeding well	✓	✓	

N/A	Is currently in or was discharged from special care nursery/NICU	✓	✓	
N/A	Significant change in “normal” newborn behavior – sleep, wake, consoling, feeding - Breastfed - Formula Fed		✓	✓
		✓		✓
Feeding				
N/A	Falls asleep right after starting to feed, is not showing signs of hunger, or is going too long between feedings and is not gaining adequate weight	✓	✓	
N/A	Weak suck or difficulty coordinating suck/swallow/breathe	✓	✓	
Breastfeeding				
603	Latch difficulties after WIC staff assist		✓	
603	Coming off breast often		✓	
N/A	Is having less than 8 feedings in 24 hours, feedings are lasting longer than 30 minutes, or never seems satisfied or shows signs of fullness		✓	
N/A	Can't extend tongue past gum line or has limited ability to lift the tongue		✓	
Formula Feeding				
N/A	Physician request formula mixing instructions for concentration higher than 20 kcal/ounce	✓		

* Refer to appropriate professional in instances where both RD and IBCLC are checked (i.e. breastfed infants should be referred to IBCLC).

Child Referral Guidelines/ 2 -5 years

Risk Code	Child Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
N/A	Hyper-metabolism or need for increased caloric intake as recommended by healthcare professional	✓		
Weight				
103	Child underweight	✓		
113	Child obese	✓		
134	Failure to thrive as diagnosed by physician	✓		
N/A	Downward crossing of 2 major percentiles on growth chart	✓		✓
Physical Appearance				
N/A	Signs of fever (i.e. skin hot to the touch or flushed)			✓
N/A	Skin with rash, splotches, or scales (not assessed or under treatment of HCP)			✓
N/A	Not meeting developmental milestones			✓
N/A	Signs of malnutrition: extremely thin extremities	✓		✓
N/A	Ribs or spine easily visible, loss of buttocks, sagging skin	✓		✓

Breastfeeding Woman Referral Guidelines

Risk Code	Breastfeeding Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
N/A	Bright red (not yet tapering to brown) heavy vaginal bleeding with clots the size of a tennis ball after day 4 postpartum			✓
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-363)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Breastfeeding Concerns				
N/A	Problems with milk supply possibly related to medical condition or procedure (i.e. history of caesarian delivery, breast surgery or trauma, polycystic ovary syndrome, thyroid disorders, infertility, diabetes, or obesity)		✓	
N/A	History of low milk supply with previous child AND having problems with milk supply or infant weight gain or diaper output		✓	
N/A	Has multiples AND is having breastfeeding concerns or difficulties		✓	
N/A	Can't latch baby with Peer Counselor (PC)/ Designated Breastfeeding Expert (DBE) assist due to edema (swelling) of the areola, severe engorgement, flat or inverted nipples, or infant not sustaining latch without using a SNS or nipple shield or sore nipples or engorgement with no improvement 24 hours after PC/TBE assist		✓	
N/A	Reports her milk has not "come in" by 72 hours		✓	
602	Cracked or damaged nipples or sudden onset of sore nipples after the first few weeks		✓	
602	Has fever, body aches or red streaking in breast, an abscess, new lump, or lumpy area in breast, or has bright red, shiny, painful, or itchy areola/nipple		✓	✓
N/A	Forceful letdown, pain with letdown, or excessive leaking		✓	
N/A	Concerned about milk supply, breastfeeding, and considering use of formula after PC/DBE consult		✓	
N/A	Wants to breastfeed but has been advised not to by her HCP or has been told she needs to supplement		✓	
N/A	Needs assistance transitioning from bottle feeding to direct breastfeeding		✓	
Other Conditions				
N/A	Taking medication other than prescribed medications or abusing any medication		✓	✓
211	Lead poisoning		✓	✓

Pregnant Woman Referral Guidelines

Risk Code		Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-362)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
Weight				
131	Low maternal weight gain	✓		✓
132	Maternal weight loss during pregnancy	✓		✓
133	Rapid weight gain of greater than 6.5 pounds/month for singleton pregnancy	✓		✓
Other				
N/A	Taking medication other than prescribed medications or abusing any medication			✓
N/A	Signs of fetus demise – decrease in/no movement by fetus; sudden, violent movements			✓ Immediately +
N/A	Signs of preterm labor/miscarriage/ectopic pregnancy – severe and persistent back pain, severe abdominal pain/ cramping, significant bleeding or spotting > 1 day, severe vomiting/diarrhea and vaginal pressure			✓ Immediately +
N/A	Signs of blood clots – leg or calf pain, swelling on one side, severe headaches			✓ Immediately +
N/A	Signs of pre-eclampsia, eclampsia - high blood pressure, sudden swelling in hands and face, constant and severe headaches, severe dizziness, blurred vision, muscular convulsions			✓ Immediately +

+ Pregnant women identified with these conditions should contact their HCP immediately by phone or in-person. If unable to do so, refer participant to the nearest labor & delivery triage at a hospital.

POSTPARTUM – Referral Guidelines

Risk Code	Postpartum Conditions	Refer to RD	Refer to IBCLC	Refer to HCP
Health/Medical				
201	Low Hgb or Hct: for values ≤ 8.0 g/dL (hgb) or $\leq 30.0\%$ (hct)	✓		✓
300's (341-363)	300's Risk Codes – refer to appropriate professional on an as-needed basis per CA discretion			
N/A	Bright red (not yet tapering to brown) heavy vaginal bleeding with clots the size of a tennis ball after day 4 postpartum			✓
Other Conditions				
N/A	Woman who initially breastfed, has stopped, and expresses desire to re-initiate breastfeeding		✓	
N/A	Taking medication other than prescribed medications or abusing any medication			✓

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Local Agency Self Audit

Purpose

To ensure the delivery of high quality services that meet the needs of participants and that are in compliance with state policies and federal regulations.

Authority

7 CFR Part 246.19

Policy

As part of a written quality assurance plan, each local agency (LA) shall conduct a self-audit that encompasses an evaluation of its certification process, nutrition education, financial management, administrative policies and procedures, facility, and food delivery systems to ensure that WIC services are provided in accordance with State Agency (SA) WIC policies and federal regulations.

Procedures

- I. Food delivery audits shall be conducted once every six months using state agency (SA) worksheets FDA-1 and FDA-2.
- II. Financial management audits shall be conducted annually using SA worksheet FA-1.
- III. Clinical self-audits (certification process, nutrition education, administrative policies and procedures, and facility) shall be conducted twice each fiscal year at all clinic sites using the SA Quality Assurance Core Tool, WIC Tool and all record review worksheets.
 - A. The quality assurance tools are available on the web at <http://www.dshs.state.tx.us/qmb/>.

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- B. If LAs use different forms/tools for the clinical self-audit, then the forms/tools shall include all of the review criteria, which pertain to WIC services, listed on the quality assurance tools.

- IV. Traveling team staff is only required to be observed and have records reviewed at one of the travel team sites each fiscal year. The food delivery and facility audits need to be done at ALL clinic sites each fiscal year.

- V. The written quality assurance plan shall be developed and implemented in coordination with the parent agency for the internal review and evaluation of services provided. Deviation from the quality assurance plan is acceptable, if justified and documented.

- VI. The quality assurance plan shall identify the number of observations that shall be conducted and the number of records that shall be reviewed.
 - A. Once a self-audit has been conducted, a corrective action plan shall be developed to correct the findings/deficiencies. The corrective action plan may include staff training and/or technical assistance from the SA.

 - B. The corrective action plan shall be appropriate for the findings. For example: (1) If only one staff member is having problems plotting, it is appropriate to make a corrective action plan to work individually with that one staff member.; (2) If several Certifying Authorities (CAs) are having difficulty with counseling, it is appropriate to plan a staff training on counseling.

- VII. Self-audits, the corrective action plan and implementation of the corrective action plan shall be clearly documented and kept on file at the LA for a minimum of three years following the date of the self audits. All documentation shall be made available to an outside auditor and quality assurance monitoring review team.

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Guidelines

- I. Self-audits are an opportunity to develop or improve systems for the delivery of WIC services. Training provides one way to disseminate information to staff; however, additional ongoing methods of ensuring improved service delivery should be considered.

- II. The corrective action plan should include staff training and technical assistance, timelines for correction of problems, follow up activities, and coordination with the host agency on systemic issues.

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Required Local Agency Training/Summary

Purpose

To ensure systematic training that addresses local agency (LA) staff performance issues, provide updates and broadens staff's knowledge of various topics related to public health, nutrition, and WIC, and encourages continuing education and the optimum utilization of all resources in order to serve clients in the most effective, efficient and courteous manner.

Authority

State Policy

Policy

The LA shall designate a training coordinator and all LAs shall provide and document specific trainings for appropriate staff within required timeframes.

Procedures

- I. The LA shall submit the training coordinator's name to the state agency (SA) at the time of selection. No further notification is necessary unless the coordinator changes.
- II. The training coordinator shall ensure that:
 - A. appropriate and timely staff training is conducted for LA staff; and
 - B. staff training and education be documented and maintained for review during monitoring visits.
- III. The required LA trainings shall:
 - A. Ensure that all staff involved in program operations has abilities and skills required to completely perform their assigned duties.

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- B. Include topics which address performance problems identified in Quality Assurance (QA) observations and or record reviews.
- IV. Method of storage and format of the documentation for required staff trainings are at the discretion of the LA director. Training documentation shall include:
 - A. name of employee;
 - B. job title;
 - C. training topic; and
 - D. date training was completed.
- V. Required trainings must be completed within specific timeframes, as listed in the Training Requirement chart. All staff responsible for the procedure and/ or technique listed in the Training Requirement chart shall be trained on the procedure before performing it independently. Link to Training Requirement charts: <http://www.dshs.state.tx.us/wichd/tng/tng1.shtm>
 - A. CA, WCS, clerical staff, Peer Counselors, and Peer Dads shall receive training monthly.
 - B. New staff, including contract staff, must complete all required trainings in the following sections listed in the Training Requirement chart prior to performing duties independently:
 - 1. Core Skills;
 - 2. Clinic Services;
 - 3. Nutrition Knowledge, Education and Counseling; and
 - 4. Breastfeeding.
 - C. All staff are required to complete annual trainings such as:
 - 1. civil rights: staff such as administrators, janitors, etc. who do not come in contact with WIC applicants/participants are not required to receive civil rights and customer service training. All other existing staff shall receive civil rights training (see [Policy CR: 08.0](#)).
 - 2. customer service; and

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3. security awareness training: LA or parent agency developed training must include:
 - a. ongoing security of the system, staff, and data; and
 - b. disaster recovery and program business continuity.
 4. SA developed civil rights, customer service, and security awareness self-paced training modules are also available.
- D. Upon completion of the Basic Nutrition module the remaining modules may be completed in any order within the required timeframes as listed in the Training Requirement chart.
- E. SA developed training modules and/or locally developed training programs may be used to train staff.
- F. Self-paced training and hands-on skills training may be completed simultaneously or at the discretion of the LA Director.