Department of State Health Services

Special Supplemental Nutrition Program
for Women, Infants and Children (WIC)
State Plan of Operations
Federal Fiscal Year 2008

This is a proposed Plan and subject to approval by the
United States Department of Agriculture
Food and Nutrition Service.

The public is provided the opportunity to comment on the State Plan
through the Department's web site: www.dshs.state.tx.us/wichd.

Value Enhanced Nutrition Assessment
(VENA)
Implementation Plan

August 1, 2007

VENA IMPLEMENATION PLAN
FOR TEXAS
Submitted August 2007

Activity	Self-Evaluation Results	Implementation Plan	Estimated Completion Date
WIC Policies	Revise and incorporate VENA philosophy into certification/assessment, referrals, nutrition education, breastfeeding and training policies.	❖ Revise high risk referrals to include the VENA philosophy of assessment and counseling. ❖ Update policies • CS: 17.0 • CS: 18.0 • CS: 21.0 • NE: 01.0 • NE: 02.0 • NE: 03.0 • NE: 04.0 • QA: 01.0 • TR: 03.0	June 2008 March 2008
WIC Nutrition Assessment Processes and Practices	Develop and implement new assessment forms; develop trainings to support VENA philosophy – assessment, rapport building, critical thinking, counseling and referrals. Revise/update and develop new training materials, and IDL classes to support VENA.	❖ With the help of local agency input, the State agency has revised the participant and health history forms and developed new documentation forms which will help facilitate the use of VENA techniques and philosophy during nutrition assessment and counseling. ❖ Statewide VENA	Completed July 2007 Training of all local agency staff will be completed by August 31,

		introductory training is being provided. ❖ IDL classes on form changes, the VENA process and risk criteria changes are being provided. ❖ The newly developed documentation form provides a section for documenting the client's goal as well as an area designated for following up on previous counseling sessions. ❖ We are currently training local agency staff on critical thinking techniques and rapport building skills. The training includes "real-life" scenarios that	2007. Introduction to VENA classes will be presented via IDL in September 2007. All LA staff has had hands on training on the new forms that include follow-up documentation by 9/1/07. In addition, IDL session to reinforce this training, and to provide the information to new staff will be provided monthly. Goal setting IDL training for staff will be completed by 10/07 and will available for LA staff on the IDL network on a monthly basis during FY 08. Training of all local agency staff will be completed by August 31, 2007.

		illustrate the pre to post VENA changes. ❖ The use of the 24 hour diet recall will be eliminated ❖ Local agency staff will evaluate the newly developed and revised forms and further revisions will be made based on their input. ❖ The State agency will work with the local agency do determine and develop effective tools to assist local agency staff with the implementation of VENA.	Effective October 1, 2007 May 2008 May 2008
Staff Competencies/ Training	Need to develop a more formal process to test competencies for all aspects of WIC nutrition services. Currently rely on self-paced training modules, overseen by the local agencies and audited by Quality Assurance and Monitoring Program.	❖ Revision of IDL training classes • Health history and nutrition assessment • Diet recall for infants • Diet recall for woman and children • More about risk codes ❖ Revision of Modules • Health history and nutrition	October 1, 2007 May 2008

		assessment • Diet recall and assessment • More about risk codes	October 2008
		VENA staff competencies will be developed based on VENA guidance. LAs will be required to assure staff is competent in all identified areas.	By October 2008, all nutrition modules will be available to be completed via IDL.
		The current nutrition modules are continually revised to reflect updated nutrition information. These modules are required of staff that provide nutrition information to clients, and are available by reading and completing post-tests or by IDL.	By January 2008
		A LA VENA group will be formed and will provide continuous feed back to the SA on VENA training needs.	Training of all local agency staff completed by August 31, 2007.
		Almost 2500 staff has been trained on basic VENA skills, such as rapport building, critical thinking, cultural competency, customer service and	During FY 2008

		health outcomes. These principles will be reinforced during FY 08 will multiple IDL sessions CA staff training will be focused on improving staff counseling skills, using motivational interviewing as the core tool. Critical thinking is an important component of motivational interviewing. Incorporation of Staff VENA competency program will be in place by 10/08.	October 2008
• **Management Information Systems (MIS)**	Plan/Develop/Implement Windows-based paperless automated system.	The edits to the systems for capturing the new diet risk codes changes as well changes to the certification screens have been completed by IT. Local agency staff is being training via Regional VENA trainings on the risk criteria changes that will affect the information entered into the computer system. These changes will also be presented via IDL and will be	Effective October 1, 2007. Regional training of all local agency staff completed by August 31, 2007. On a monthly basis beginning August 2007.

		incorporated into the TexasWIN training.	
• **Quality Assurance/ Monitoring**	Revise current policies and trainings to support VENA.	The effectiveness of the training will be monitored via local agency self-audits and State agency monitoring review conducted every two years. Local agency attendees are evaluating each of the Regional VENA trainings. Follow –up evaluation of the VENA process and new participant and documentation forms will be evaluated.	On-going. On-going. May 2008

Local Agency input	Please summarize how local agency input was incorporated into the VENA Self-Evaluation. Describe how local agency input will be solicited for the VENA Implementation Plan. ▪ Members of the Client Services and Nutrition Services committees of TALWD reviewed the VENA Self-evaluation form and provided valuable input that was incorporated into the document. The State agency will continue to solicit local agency input by the formation of a combined State agency/local agency committee who will be responsible for the review and approval of the forms and procedures related to VENA implementation.	A LA VENA group will be formed and will provide continuous feed back to the SA on VENA training needs. The State agency will be conducting an evaluation of the revised and newly developed forms as well as effectiveness of the VENA techniques.	By January 2008 May 2008

Nutrition Risk Policies
to implement
FNS Policy Memorandum 98-9 Revision 8

CS:17.0, Documentation of a Complete Nutrition Assessment

CS:18.0, Criteria for Identifying Nutrition Risk Conditions

CS:17.0 Proposed
Documentation of a Complete Nutrition Assessment

Purpose

To ensure accurate and thorough determination of eligibility for WIC benefits, and identification of all nutrition risk conditions.

Authority

7 CFR Part 246.7

Policy

Local agency (LA) staff shall perform a complete nutrition assessment on every WIC applicant who is categorically eligible and whose income and residence meet program guidelines. Supporting documentation of the complete nutrition assessment shall be available for audit/review.

Procedures

I. A nutrition assessment shall be performed by a certifying authority (CA) or a WIC Certification Specialist (WCS). Other trained WIC staff may obtain measurements, blood tests and diet/health histories.

   A. **Nutrition risk** factors shall be evaluated by a CA or WCS.
   B. Every health/medical condition of nutrition risk for which a person can qualify shall be documented, with the exception of ~~risk code 422, Inadequate Diet (refer to Guidelines for Nutrition Assessment – Diet History - Scoring of the dietary recall/record),~~ risk code 135, Inadequate Growth (refer to Clarifications/Guidelines, risk code 135 in the Texas Nutrition Risk Manual), or risk code 201, Low Hemoglobin/Low Hematocrit (see II.C.4.a. in this policy), or risk code 114, At Risk of Becoming Overweight for Infants and Children (refer to clarification/guidelines for risk code 114 in the Texas Nutrition Risk Manual)

II. A nutrition assessment is considered complete when the following indicators of nutritional status have been evaluated:
   A. **Current weight and height/length** – all applicants.

1. The weight and height/length shall be measured and plotted according to the instructions in the Guidelines for Nutrition Assessment.
2. The code "999" for weight and "99 0/8" for length/height shall be entered in the Texas WIC system to indicate that measurements cannot be obtained using standard clinical equipment or from a healthcare provider.
3. Documentation of why measurements were not obtained shall be included in the participant's chart. Refer to Guidelines for Nutrition Assessment – Weighing and Measuring – Special Considerations.

B. ~~**Diet History (Dietary Recall and Assessment)** – all applicants.~~

1. ~~A dietary recall (24-hour or typical day) shall be taken and assessed according to the instructions in the Guidelines for Nutrition Assessment.~~
    a. ~~Scoring of the diet is not required if the applicant is determined to have a risk condition other than "inadequate diet."~~
    b. ~~If "inadequate diet" is not utilized as a condition and/or there are less than three deficiencies, "00", "01", or "02" shall be recorded on the form.~~
    c. ~~When the scoring of the dietary recall/record is required (no other risk condition exists), the LA has the option to stop scoring after three deficiencies are identified, but up to 17 deficiencies can be recorded.~~
2. ~~Responses to "Food Habit Questions" (women and children) and "Assessment Questions for Infants" shall be assessed to identify other possible dietary risks.~~

B. **Dietary Assessment** – all applicants.

1. Dietary habits and practices shall be assessed through VENA interviewing techniques for women and children.
2. Infant diet assessment shall include obtaining specific information concerning breastfeeding and formula feeding practices to reinforce positive practices and identify potentially harmful practices that may need information to correct (e.g., incorrect formula dilution procedures).

C. **Hemoglobin or hematocrit**--all applicants age six months of age or older.

1. All infants and children being certified at ages 9 months to 24 months shall have a blood test to screen for iron deficiency:

a. Infants shall have a blood test between 9 – 12 months of age and again between 15 – 18 months of age.

b. Bloodwork may be performed on infants initially certified between 6 and 9 months of age if any of the following conditions apply. The reason for performing a blood test before the 9-12 month period shall be documented in the client's chart.

i. The certifying authority (CA) determines blood work is required because the infant may be at nutritional risk, or

ii. The requirement to return to the clinic for blood work between 9 and 12 months presents a barrier for program participation.

c. Premature infants shall not have a blood test before 9 months corrected/ adjusted age.

d. All children shall have a blood test performed at least once every 12 months.

2. Pregnant women shall have a blood test during their pregnancy. Postpartum and breastfeeding women shall have a blood test after the termination of their pregnancy.

3. Analysis of iron status shall be performed according to the instructions in the Guidelines for Nutrition Assessment.

4. Waiving the requirement for hemoglobin/Hematocrit. The reason for waiving the blood test shall be documented in the client's chart.

a. The following five exceptions are the only circumstances that would preclude a blood test to screen for iron deficiency.

i. Children ages 2 to 5 years of age who, at the previous certification, only qualified for risk code 401, Failure to Meet Dietary Guidelines, and 470, Inappropriate Nutrition Practices ~~419, Inappropriate use of nursing bottles – resulting in inadequate diet, risk condition 422, Inadequate Diet, risk condition 424, Inadequate Vitamin/Mineral Supplementation, and/or risk code 425, Inappropriate Feeding Practices,~~ and had a hemoglobin or hematocrit test within the normal range (hemoglobin – 11.1 g/dL or greater, hematocrit – 33.0% or greater). LAs are responsible for ensuring that a blood test is performed on these children at least once every 12 months.

ii. Applicants who bring a written result of a hemoglobin/ hematocrit test that was obtained from another agency/program or a private physician's office: Hematological data must not be collected more than 30 days prior to the certification appointment for infants, and more than 60 days for all other applicants.

iii. Applicants whose religious beliefs shall not allow them to have blood drawn. A statement of refusal to have blood drawn shall be included in the applicant's certification file. Acceptable documentation includes a written, signed statement by the parent/ caretaker or applicant, or written documentation by the WIC staff that is signed by the parent/ caretaker or applicant.

iv. Applicants with "life long" medical conditions such as hemophilia, fragile bones, or osteogenesis imperfecta. May be self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders.

v. Applicants with a treatable skin disease or with a serious skin condition, where the blood collection may cause harm to the applicant. May be self-reported by applicant/participant/caregiver, or as reported or documented by a physician, or someone working under a physician's orders.

b. When a blood test is not performed, or waived, a true value for hemoglobin or hematocrit cannot be entered into the computer.

i. For infants certified at 7 or 8 months of age (exception C.1.b.i through ii), enter the following values in the Texas WIN automated system: 78.0 for hemoglobin or 78 for hematocrit,

ii. Exceptions i, iii through v, enter the following values in the Texas WIN automated system: 99.9 for hemoglobin or 99 for hematocrit.

iii. Do not use low hemoglobin/hematocrit as a condition of nutrition risk.

D. **Health History (Medical/Maternal history)** - all applicants.

1. Nutrition risk conditions related to medical/maternal history shall be assessed according to the instructions in the Guidelines for Nutrition Assessment. A health history shall be completed for each certification.
2. For applicants certified as pregnant women, a medical/maternal history shall be completed during the pregnancy, and for applicants certified as postpartum and breastfeeding women, a medical/maternal history shall be collected after the termination of the pregnancy.

III. **Medical/nutrition data** previously obtained in the WIC clinic or from a health care source or a referral may be used to evaluate the applicant's nutritional status.

A. Medical data for women and children (i.e., weight, height/length measurement, hemoglobin/hematocrit values and diet recall) may be used for determining nutrition risk for a full certification period, if it is not more than 60 days when eligibility is determined. Medical data for applicants certified as pregnant women shall have been collected during their pregnancy, and data for applicants certified as postpartum and breastfeeding women shall have been collected after the termination of their pregnancies.

B. Medical data for infants (i.e., weight, height/length measurement, hemoglobin/hematocrit values and ~~diet recall~~ <u>dietary/nutrition practices</u>) may be used for determining nutrition risk for a full certification period if it is not more than 30 days when eligibility is determined, with the exception of birth data.

1. The birth weight and length of an infant shall not be accepted for certification purposes after the infant is two weeks of age.
2. When an infant is older than two weeks of age, a current weight and length must be obtained. The birth weight and length shall be plotted in addition to current weight and length.
3. To certify an infant that is not physically present, obtain and plot the birth weight and length, or more current data, whichever is appropriate based on the age of the infant. To prevent termination of WIC services, the infant shall be presented by six weeks of age to be weighed and measured, and the current weight and length shall be plotted. For infants with special health care needs, see section IV. below.

C. Medical data submitted from a source other than the local WIC agency:

1. Shall be in writing, and include the signature and title of the health professional submitting the data and date measurements were obtained; or
2. If information is obtained via telephone by LA, staff shall document the name of the health care professional, title and date data was obtained.

IV. When an applicant has **special health care needs**, special accommodations may be made in obtaining medical/nutrition data to evaluate the applicant's nutritional status. Refer to Policy CR:07.0 for the definition of special health care needs and procedures to follow in these circumstances. Refer to Policy CS:04.0 for appropriate waivers, if necessary.

V. Documentation of a complete nutrition assessment shall be maintained in each income-eligible applicant's record and shall be available for audit/review.

CS:18.0 Proposed
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, diet history, 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 (marked 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.

Guidelines

List of Allowable Nutrition Risk Conditions

The allowable nutrition risk conditions are subsequently listed. 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 Lead Poisoning

Clinical/Health/Medical - Priority I

Pregnancy-Induced Conditions
301 Hyperemesis Gravidarum
302 Gestational Diabetes

303 History of Gestational Diabetes

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 (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
342 Gastro-Intestinal Disorders
343 Diabetes Mellitus
344 Thyroid Disorders
345 Hypertension
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352 Infectious Diseases
353 Food Allergy
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
357 Drug Nutrient Interactions
358 Eating Disorders
359 Recent Major Surgery, Trauma, or 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 Dental Problems

Dietary - Priority IV

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

~~*Inadequate/Inappropriate Nutrient Intake*~~
~~402 Vegan Diets~~
~~403 Highly Restrictive Diets~~

~~*Other Dietary Risk*~~
~~421 Pica~~
~~422 Inadequate Diet~~
~~423 Inappropriate or Excessive Intake of Dietary Supplements~~
~~424 Inadequate Vitamin/Mineral Supplementation~~

Other Risks - Priority IV

Regression/Transfer
502 Transfer of Certification - No priority

Homelessness/Migrancy
801 Homelessness
802 Migrancy

Other Nutrition Risks
901 Recipient of Abuse (within past six months)
902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food
903 Foster Care

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

Anthropometric - Priority I

101 Underweight – less than 6 months postpartum
102 Underweight – greater than or equal to 6 months postpartum
111 Overweight – less than 6 months postpartum
112 Overweight – greater than or equal to 6 months postpartum
133 High Gestational Weight Gain in Most Recent Pregnancy

Biochemical- Priority I

201 Low Hematocrit/Low Hemoglobin
211 Lead Poisoning

Clinical/Health/Medical - Priority I

Pregnancy-Induced Conditions

303 Gestational Diabetes

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

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
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352 Infectious Diseases
353 Food Allergy
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
357 Drug Nutrient Interactions
358 Eating Disorders
359 Recent Major Surgery, Trauma, or 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 Alcohol
373 Any Current Illegal Drug Use

Other Health Risks
381 Dental Problems

Dietary - Priority IV

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

~~*Inadequate/Inappropriate Nutrient Intake*~~
~~402 Vegan Diets~~
~~403 Highly Restrictive Diets~~

~~*Other Dietary Risks*~~
~~420 Excessive Caffeine Intake~~
~~421 Pica~~
~~422 Inadequate Diet~~
~~423 Inappropriate or Excessive Intake of Dietary Supplements~~
~~426 Inadequate Folic Acid Intake to Prevent Neural Tube Defects (NTD's), Spina Bifida and Anencephaly~~

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 Nutrition 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

Postpartum Women

Anthropometric - Refer to each risk condition for priority level

101 Underweight - Priority III
111 Overweight - Priority VI
133 High Gestational Weight Gain in Most Recent Pregnancy (singleton only) - Priority VI

Biochemical - Priority III

201 Low Hematocrit/Low Hemoglobin
211 Lead Poisoning

Clinical/Health/Medical - Priority III

Pregnancy-Induced Conditions
303 Gestational Diabetes in most recent pregnancy

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 Birth Defect

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
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352 Infectious Diseases
353 Food Allergy
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
357 Drug Nutrient Interactions
358 Eating Disorders
359 Recent Major Surgery, Trauma, or Burns
360 Other Medical Conditions
361 Depression
362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Substance Use (Drugs, Alcohol)
372 Alcohol
373 Any Current Illegal Drug Use

Other Health Risks
381 Dental Problems

Dietary - Priority VI

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

~~*Inadequate/Inappropriate Nutrient Intake*~~
~~402 Vegan Diets~~
~~403 Highly Restrictive Diets~~

~~*Other Dietary Risk*~~
~~421 Pica~~
~~422 Inadequate Diet~~

~~423 Inappropriate or Excessive Intake of Dietary Supplements~~
~~426 Inadequate Folic Acid Intake to Prevent Neural Tube Defects (NTD's), Spina Bifida and Anencephaly~~

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 VI
802 Migrancy - Priority VI

Other Nutrition Risks

901 Recipient of Abuse - Priority VI.
902 Woman with Limited Ability to Make Feeding Decisions and/or Prepare Food - Priority VI
903 Foster Care - Priority VI

Infants

Anthropometric - Priority I

103 Infant Underweight
104 Infant at Risk of Becoming Underweight
114 Infant At Risk of Becoming Overweight
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 Lead Poisoning

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
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
350 Pyloric Stenosis
351 Inborn Errors of Metabolism
352 Infectious Diseases
353 Food Allergy
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
357 Drug Nutrient Interactions
359 Recent Major Surgery, Trauma, or Burns
360 Other Medical Conditions
362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Other Health Risks

381 Dental Problems
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

~~*Inadequate/Inappropriate Nutrient Intake*~~

~~402 Vegan Diets~~
~~403 Highly Restrictive Diets~~

~~*Other Dietary Risk*~~

~~411 Inappropriate Infant Feeding Practices~~

~~412 Early Introduction of Solid Foods~~
~~413 Feeding Cow's Milk During First 12 Months~~
~~414 No Dependable Source of Iron at 6 Months of Age or Later~~
~~415 Improper Dilution of Formula~~
~~416 Feeding Other Foods Low in Essential Nutrients~~
~~417 Lack of Sanitation in Preparation, Handling and Storage of Formula or Expressed Breastmilk~~
~~418 Infrequent Breastfeeding as Sole Source of Nutrients~~
~~419 Inappropriate Use of Nursing Bottles~~
~~423 Inappropriate or Excessive Intake of Dietary Supplements~~
~~424 Inadequate Vitamin/Mineral Supplementation Highly Restrictive Diets~~

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. Abuse in infants refers to abuse and neglect.
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

Children

Anthropometric - Priority III

103 Child Underweight
104 Child At Risk of Becoming Underweight
113 Child Overweight (2-5 Years of Age)
114 Child At Risk of Becoming Overweight
121 Short Stature
122 Child At Risk of Short Stature
134 Failure to Thrive (FTT)
135 Inadequate Growth
141 Low Birth Weight
143 Very Low Birthweight
151 Small for Gestational Age

Biochemical - Priority III

201 Low Hematocrit/Low Hemoglobin
211 Lead Poisoning

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
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352 Infectious Diseases Within Past Six Months
353 Food Allergy
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
357 Drug Nutrient Interactions
359 Recent Major Surgery, Trauma, or Burns
360 Other Medical Conditions
361 Depression

362 Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat

Other Health Risks

381 Dental Problems

382 Fetal Alcohol Syndrome (FAS)

Dietary - Priority V

428 Dietary Risk Associated with Complementary Feeding Practices (12 through 23 months)

470 Inappropriate Nutrition Practices for Children

~~*Inadequate/Inappropriate Nutrient Intake*~~

~~402 Vegan Diets~~

~~403 Highly Restrictive Diets~~

~~*Other Dietary Risk*~~

~~419 Inappropriate Use of Nursing Bottles~~

~~421 Pica~~

~~422 Inadequate Diet~~

~~423 Inappropriate or Excessive Intake of Dietary Supplements~~

~~424 Inadequate Vitamin/Mineral Supplementation~~

~~425 Inappropriate Feeding 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. Abuse in children refers to abuse and neglect.

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

Breastfeeding Peer Counseling Information that Must Be Included or Addressed in the FY 2008 State Plan:

Include an updated line item budget demonstrating how peer counseling funds are being used for the peer counseling activities described in the State's Breastfeeding Peer Counseling Implementation Plan.

Texas WIC Response:

Approximately $4,000,000 will be allocated to the local agencies as pass through grants.

It is anticipated the funding will be spent in the following categories:

- Peer Counselor Salaries – approximately $3,750,000
- Training and continuing education expenses – $150,000
- Mileage – $50,000
- Telephone type equipment – $50,000

Provisions in the WIC Miscellaneous Final Rule that Must Be Addressed in the FY 2008 WIC State Plan:

Instructions: This is a handy voluntary tool for the State agency (SA) to check-off the policy changes to carry out the Miscellaneous Rule. While it is NOT mandatory to send this checklist in, it may be helpful to the SA and the Southwest regional office to have a chart filled in by the SA citing the location of the policy changes resulting from this regulation. Please be reminded that this summary chart relies on the user's reading of the complete final rulemaking for an understanding of the new regulatory requirements.

Required for ALL State agencies:

Misc. Final Rule Provision (this is a summary of	**REQUIRED regulatory changes—please consult full regulation text)**	**Please cite your draft revised policy page (&/or form) below:**
246.4(a)(24)	Provide a list of organizations with whom the State/local agencies will share confidential information	**1. By designation of the DSHS Commissioner and MOU – DSHS Texas Center for Birth Defects Research and Prevention** 2. By designation of the DSHS Commissioner and MOU – Texas Health Steps Program (the EPSDT program at DSHS)
(a)(25)	Describe policies/procedures for preventing conflicts of interest at the local agency/clinic level	Policy GA:20.0, Staff Fraud and Abuse
(a)(26)	Describe the SA's plan for collecting and maintaining information regarding cases of participant and employee fraud and abuse	The Health and Human Services Commission (HHSC) Office of Inspector General (OIG) collects and maintains all information regarding cases of participant and employee fraud/abuse. See separate document, "Miscellaneous Final Rule - HHSC OIG Fraud & Abuse Procedure." Because the procedure is comprehensive, it also addresses vendor fraud and abuse.
246.7	Describe policies/procedures for:	
(d)(2)(iv)(C)	Excluding loans as income	Policy CS:09.0, Definition of Income, Procedure II. F.
(e)(1)(vi)	Limiting use of possibility of regression for immediately consecutive certifications. Nutrition risk criterion of the participant must be appropriate to the category of the participant as of the time of the subsequent certification. The SA should consider assigning a lower priority level for participants certified based on regression, but may place in the same priority as the previous certification or may use Priority VII.	Policy CS:18.0, Criteria for Identifying Nutrition Risk Conditions. In the clarifying information for Risk Code 501, which is a part of the Texas Nutrition Risk Manual adopted by reference in this policy, the State prohibits use of 501 for immediately consecutive certifications.
(h)(1)(i)	Reassessing income eligibility if information comes to the local agency's attention regarding income or adjunct. The Verification ofCertification (VOC or transfer) process does *not prevent* a reassessment of	Policy CS:07.0, Income Screening as a Certification Requirement. Procedure XIV Policy CS:08.0, Adjunctive Income Eligibility. Procedure VI.

Misc. Final Rule Provision (this is a summary of REQUIRED regulatory changes—please consult full regulation text)	Please cite your draft revised policy page (&/or form) below:
income if new information is made known to the new local agency after the transfer.	

Misc. Final Rule Provision (continuation of summary of REQUIRED regulatory changes—please consult full regulation text)		Please cite your draft revised policy page (&/or form) below:
(h)(1)(ii)	Disqualifying a participant or any other household member, based on mid-cert determination of income ineligibility	Policy CS:07.0, Income Screening as a Certification Requirement Policy CS:08.0, Adjunctive Income Eligibility
246.9(g)	Discontinuing benefits to categorically ineligible applicants/participants awaiting appeal decisions	Policy CR:03.0, Fair Hearing Procedure for Applicants/Participants
246.12(f)(2)(iv)	Assuring vendors submit food instruments for redemption within 60 days of first date of use."	This is a requirement of the WIC Vendor Agreement. Item 2.S.states that "the vendor agrees to submit State of Texas Purchase Voucher(s) for reimbursement of paper WIC food instruments in the manner prescribed by the State within 30 calendar days from the last date to spend on the WIC food instrument." Item 1.a. says that "WIC food instruments may be deemed invalid for payment if the request for payment is postmarked 30 days or more after the "Last Date to Spend" noted on the face of the food instrument for which payment is requested."
246.14(a)(2)	Prohibiting issuance of retroactive benefits	Policy FD:01.0, Completion and Issuance of Food Instruments
246.25(a)(4)	Assuring exclusion of confidential information from public reports resulting from records reviews	GA:01.0, Confidentiality of Applicant/Participant Information
246.26(d) Assuring confidentiality of participant information. All information about a participant or applicant is protected. Stated in the Preamble Final Rule on p. 56721: "Applicant or participant information contained in WIC files may include information that originated in other federal, state, or local programs' files, which was subject to those respective programs' confidentiality provisions. However, once information is included in WIC's files, WIC confidentiality protections attach to the information." "Thus, WIC confidentiality protections, rather than HIPAA requirements or any other Federal, State or local programs' confidentiality provisions, attach to and take precedence in protecting applicant and participant information." Other State or local WIC agencies (employees and contractors with "need to know", including but not limited to researching, dual participation detection, auditing, or investigating) have access to confidential information for administration and enforcement of the WIC Program. With regard to subpoenas, the regulation requires the State or local agency to consult with its legal counsel on subpoenas and comply with search warrants.		GA:01.0, Confidentiality of Applicant/Participant Information

-- Note: Provisions that **may** be implemented at State agency option are on the following pages --

New Provisions that May Be Implemented at State Agency Option—Submit for FY '08 State Plan Approval: (continuation of summary –optional regulatory changes—please consult full regulation text) Describe policies/procedures for:		**If this State agency option is to be exercised, please cite your draft revised policy page (&/or form) below:**
246.2	Use of electronic signatures if reliability and integrity are assured.	
246.4(a)(11)(i)(C) and 246.7(e)(4)	State agency may opt to require proof of pregnancy within 60 days after certification – proof at no cost to applicant; pregnancy test/obtaining documentation not an allowable NSA cost. SA may choose to continue to use visual observation and to only require proof when there is suspected misrepresentation or fraud.	
(a)(11)(i)(F)	Use of alternate language for statement of rights and responsibilities	We are working on revising the Supplemental Information Form WIC-35-1 and Policy CS:22.0, Completing the Supplemental Information Form
(a)(21)	Approving transportation for participants (not just rural)	The SA is considering this but has not made a final decision.
246.5(c)(1) and (d)(2)	Selection of local agencies (not required to add sequentially based on the State agency's Affirmative Action Plan)	Already implemented: Texas Administrative Code (TAC), Title 25, Part 1, Chapter 31, Subchapter C, §31.31 Access the TAC at: http://www.sos.state.tx.us/tac/index.shtml
246.7(d)(2)(iii)	Uniform use of WIC definitions of income, family and allowable exclusions from income IF free/reduced price health care income guidelines are used to determine income eligibility	
(g)(1)	Establishing certification periods: at State agency option, may be extended to last day of the month for all categories, and up to the infant's first birthday (or ceases to breastfeed, whichever comes first) for breastfeeding women	
246.7(i)(11)(i)-(iii) and 246.26(h)(2)	Use/disclosure of confidential information for **NON**-WIC purposes: if this option is used, the regulation requires notification to applicant/participant at certification or later, on how the confidential information will be shared for non-WIC purposes. As an alternative, signed applicant/participant voluntary consent to release information may still be used at SA option. Another option is	Policy GA:01.0, Confidentiality of Applicant/Participant Information Policy CS:22.0, Completing the Supplemental Information Form (SIF). The SIF form is provided to all applicants/participants and notifies them of any organizations to whom

	an agreement by the Chief State Health Officer listing all of the programs with signatures of responsible officials for each of the programs listed. Aggregated data is also still permissible.	WIC is disclosing client Information by authorization of the Chief State Health Officer. When clients may opt out, the SIF also serves as the release form.
Other staff comments:		

Please note that the April 17, 2007 Consolidated WIC Regulations contain all of these provisions in their new location. This was e-mailed April 17th under "**Subject:** Updated WIC Consolidated Regulations Including WIC Miscellaneous Final Rule and Page Numbers." This Final Rule resulted in changes (including new numbering of subparagraphs) to existing regulatory citations throughout many if not most sections of the WIC regulations. In addition, the Final WIC Miscellaneous Rule, complete with the Preamble as published September 27, 2006 in the Federal Register, is posted on the USDA FNS website: http://www.fns.usda.gov/wic/lawsandregulations/default.htm

ATTACHMENT:

Miscellaneous Final Rule – HHSC OIG Fraud and Abuse Procedure
Response to FY 2008 State Plan

The following is submitted regarding your request for Office of Inspector General investigative responsibilities involving participant, employee, and vendor fraud associated with Women's Infants and Children's (WIC) Program for the DSHS State Plan to be submitted to USDA.

Strengthening the Health and Human Services Commission's (HHSC) authority and ability to combat waste, abuse and fraud in health and human services (HHS) programs, the 78th Texas Legislature created the Office of Inspector General (OIG) in 2003.

As authorized and mandated by Section 531.102 of the Texas Government Code, OIG provides program oversight of HHS activities, providers, recipients, employees, vendors, and vital records relating to waste, fraud, and abuse through its compliance, enforcement, and chief counsel divisions.

OIG has the responsibility for receiving and investigating violations of the WIC Program, issuance of demand letters for reimbursement of benefits issued, providing information to DSHS/General Counsel for fair hearing requests, referring investigative matters to County and District Attorney offices for prosecution, and for notifying DSHS Information Response Management (IRM) Group of prosecution action taken.

A. Complaints are received from various sources and methods:

- DSHS IRM Group
- WIC Clinics

- Recipients
- Citizens
- HHSC-OIG Hotline, 1-800-436-6184
- OIG main number: (512) 491-2000
- OIG website: https://oig.hhsc.state.tx.us
- Mail: Office of Inspector General
  State Investigations Unit
  P. O. Box 85200, MC I-1363
  Austin, Texas 78708-5200

B. Complaints are investigated to include, but are not limited to:

- Determine whether the alleged recipient is receiving or received WIC benefits;
- Identify clinic employees who were involved in certifications and determine if they are active employees;
- Vendors are authorized to issue WIC products under the WIC Vendor Program;
- Interview and obtain statements from complainant;
- WIC certification documents are obtained to identify eligible participants, identities of WIC clinic personnel, addresses, income, family composition and identities, and involvement with other State benefits programs (TANF, Food Stamps and Medicaid);
- Reported income is compared with income reported to Texas Workforce Commission;
- Income is verifiable through employers;
- Family composition is verifiable through DSHS Vital Statistics Unit;
- Residence information is verified through Texas' Central Appraisal District;
- Discrepancies in income reported versus income actually earned and family composition is compared with WIC income guidelines to verify participate eligibility;
- Discrepancies involving eligibility are pursued to identify wrongfully issued benefits, loss amounts, and time period(s);
- Surveillances of participants and vendors are conducted as necessary;
- Ineligible participants involving losses of $1,499.99 or less are contacted in an attempt to obtain reimbursements;
- Demand letters are sent requesting repayment to WIC IRM Group;
- Participants requesting fair hearings are referred to DSHS General Counsel and investigative information supporting the ineligible participant and wrongfully issued benefits is provided to the DSHS General Counsel;
- Ineligible participants who hold Texas Licenses and losses involving $1,500.00 or more are interviewed and referred to County/District Attorney offices for prosecution;
- Referral cases are tracked through disposition and DSHS IRM Group are notified of disposition action;
- Cases involving WIC Clinic employee misconduct are pursued to verify the misconduct;
- Verified WIC employee misconduct is reported to DSHS IRM Group for action;
- Employee misconduct involving a HHS state employee are referred to the appropriate HHS agency General Counsel for action;
- WIC vendor misconduct is reported to OIG WIC Vendor Monitoring for action.

C. OIG, State Investigations Unit maintains a Case Management System (CMS) in which:

- All WIC complaints are recorded,
- All WIC investigations are tracked by case number from initiation through final disposition,
- All WIC joint investigations with USDA and other law enforcement agencies are recorded,
- WIC Program is notified of case dispositions/action taken.
- WIC Program remittances are received and reported.

D. Confidentiality

Investigation reports of suspected fraud, waste, abuse, or misconduct are confidential as protected by law. Release of information pertaining to any investigation will be in accordance with law.

Throughout the investigative processes, every effort will be made to maintain the anonymity and to protect the rights of individuals directly connected with the reported fraud or illegal activity. Results of investigations, reviews, and audits are disclosed to appropriate HHS Legal on an as-needed basis.

E. Monthly Report

At the beginning of each month a report will be provided to DSHS General Counsel and to DSHS IRM Group. That report will reflect all complaints; date received; status date; current status; dispositions; loss amounts; and allegations for the fiscal year for both the open and closed investigations for the previous month.

All completed WIC investigation reports will be distributed to DSHS General Counsel, which will reflect referrals to County/District Attorneys, Law Enforcement agency, or other offices.

Risk findings will be reported to DSHS General Counsel and DSHS Internal Audit as they relate to Program issues.

A copy of all demand letters sent to WIC recipients will be provided to DSHS IRM Group as soon as they are mailed to the recipient. In addition, referral information on felony investigations will be provided to the DSHS IRM Group.

All requests for hearings will be reported to WIC General Counsel as soon as the request is made or received.

OIG/SIU will notify USDA within thirty days of the status of any USDA referral.

F. Annual Report

Incidents of suspected fraud, waste, abuse or misconduct are determined by the Office of Inspector General to have merit shall be reported to HHSC Legal and Executive management on an annual basis. This report shall include:

- The case number;
- The case name;
- Date the complaint was received;
- The current status and date;
- The case disposition;
- The allegation(s);

G. Inquiries

Inquiries concerning the content of this document should be directed to Wayne Sneed, Director of State Investigations Unit, HHSC, OIG at 512-491-2099 or Wayne.Sneed@hhsc.state.tx.us.