

### 2.13 Nutrition Risk Determination

**PURPOSE:** To maintain a consistent and equitable method for risk determination as part of the nutrition/health assessment.

#### A. POLICY

1. A Competent Professional Authority (CPA) of the local agency must determine the nature of a person's nutrition risk as part of the health/nutrition assessment at each certification, recertification, mid-certification health evaluation, and at any appointment when appropriate (e.g., a change in medical condition that requires a class II or III formula). (See Policy 1.07, Local Agency Staffing and Training.)
2. The local agency must use MI-WIC to thoroughly screen all applicants to ensure a comprehensive and equitable method for risk determination.
3. Risk criteria designation includes all applicable risk factors as determined by the CPA or Registered Dietitian (RD). (See Policy 2.13A, Michigan Nutrition Risk Criteria or MI-WIC Risk Help.) Risk criteria determination includes:
  - a. Anthropometric data: length or stature, weight, head circumference (under 2 years of age) on the appropriate age and sex growth chart or prenatal weight gain grid (100 series risks). (See Policy 2.15, Anthropometric Measurement.)
  - b. Biochemical/hematological data, i.e., hematocrit or hemoglobin, or other lab values as appropriate (200 series risks). (See Policy 2.16, Hematological Assessment for Anemia.)
  - c. Clinical/health/medical data (300 series risks).
  - d. Dietary assessment (400 series risks).
  - e. Other (500-900 series risks).
4. The CPA reviews MI-WIC generated risks and adds any additional risks. For all risk criteria assigned by the CPA, the supporting information shall be apparent upon review of the client's record:
  - a. Nutrition and health assessment
  - b. Growth charts
  - c. Prenatal weight gain grid
  - d. Notes in the client record
5. If any assigned risk, including high risk, is NOT applicable, based on discussion with the client, the CPA will allow the system-generated risk to assign, and document the reason the risk is not applicable in the Notes section of the client's record.

6. Self-Reported Medical Conditions:
  - a. If a diagnosed condition is self-reported by a client, the CPA must validate and document the presence of the condition. Validation related to the self-reported professional diagnosis may include:
    - i. Whether the condition is being managed by a medical professional.
    - ii. Name and contact information for that medical professional (to allow communication and verification if authorized).
    - iii. Whether it is being controlled by diet, medication, or other therapy.
    - iv. The type of medication that has been prescribed.
  - b. If it is unclear that a diagnosed condition exists following the CPA assessment, the local agency, with client permission, can contact the client's health care provider for verification.
  - c. Self-reporting for "history of..." conditions shall be treated in the same manner as self-reporting for current conditions requiring a physician's diagnosis.
  - d. Self-diagnosis of a current or past medical condition without any reference to a professional diagnosis does not constitute validation for purposes of risk assignment.

Note: Refer to Policy 1.03, Confidentiality, for requirements related to obtaining a release of information.

7. Presence of a medical disorder diagnosed, documented, or reported by a health care provider may be accepted as meeting the medical definitions and/or cut-off values in Policy 2.13A, Michigan Nutrition Risk Criteria.

Note: Medical nutrition conditions under treatment by non-traditional health care providers, such as shamans, medicine men or women, acupuncturists, chiropractors, or holistic health advisors shall be validated by licensed physicians or staff working under the supervision or with a physician to be assigned as a risk (i.e., physician's assistant).

8. All risks identified with a plus (+) sign indicate a high risk. CPAs must offer high risk clients nutrition counseling with the Registered Dietitian (NCRD) and document accordingly. (See Policy 5.06, Nutrition Services for High Risk Clients.)
9. If no other risk criteria are applicable, all women, infants, and children who meet WIC eligibility requirements of income, category, and residency status should be presumed to be eligible for WIC based on risk criteria "Failure to meet the U.S. Dietary Guidelines." (See Policies 2.01, Eligibility/Certification of Clients and 2.13A, Michigan Nutrition Risk Criteria.)
10. Risk screening is used to determine criteria for waiting list placement. (See Policy 3.02, Waiting List Maintenance.)
11. CPAs use the health/nutrition assessment to assure appropriate provision of WIC nutrition service benefits:
  - a. Food package
  - b. Breastfeeding promotion and support
  - c. Nutrition education
  - d. High risk nutrition counseling
  - e. Drug and substance abuse information
  - f. Referrals

**B. GUIDANCE**

1. Whenever the MI-WIC system is unavailable, MDHHS WIC approved forms should be used to assess client nutrition risk.

## References:

7 CFR 246.2, 246.7(e)

MI-WIC Risk Help, November 2023

USDA: Guidance for Providing Quality WIC Nutrition Services during Extended Certification Periods, August 29, 2011

USDA Policy Memorandum #2011-5, WIC Nutrition Risk Criteria

USDA Policy Memorandum #2006-5, Value Enhanced Nutrition Assessment (VENA) – WIC Nutrition Assessment Policy

## Cross References:

- 1.07 Local Agency Staffing and Training
- 2.01 Eligibility/Certification of Clients
- 2.13A Michigan Nutrition Risk Criteria
- 2.15 Anthropometric Measurement
- 2.16 Hematological Assessment for Anemia
- 3.02 Waiting List Maintenance
- 5.06 Nutrition Services for High Risk Clients

## Exhibits:

- 2.13A Michigan Nutrition Risk Criteria
- 2.13B Michigan Nutrition High Risk Conditions by Category