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## Required Guidance: Remote Mid-Certification Health Assessment

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Staff must offer both in person and remote mid-certification health assessments and let the participant or caregiver decide which option they prefer.

As part of the American Rescue Plan Act (ARPA) policy waivers allowed by the Food and Nutrition Service (FNS), this policy is in effect from September 1, 2023 until September 30, 2026.

When providing a remote health assessment, the CPA must:

1. Complete the contact by agency landline phone, agency cell phone or secure interactive video chat.
  - Check with your IT staff or staff at the state WIC office about what electronic methods meet the definition of a secure video chat.
2. Use an interpreter for the contact when bi-lingual staff aren't available to interpret for a participant with Limited English Proficiency (LEP).
  - Document the use of an interpreter service in the participant's file.
  - See the "Use and Interpreter" policy in [Volume 1, Chapter 11 – Assessment](#) for more information.
3. Complete the required elements of the mid-certification health assessment as listed in procedure below.
4. Not withhold WIC food benefits if the participant misses the mid-certification health assessment appointment.
  - Make at least one attempt to reschedule the appointment.
  - Staff don't have to limit the participant to monthly benefits if the participant doesn't reschedule or attend the mid-certification health assessment.

**Note:** When providing in-person health assessments follow the "Mid-Certification Health Assessment" policies by participant category in [Volume 1, Chapter 18 - Certification](#).

### PROCEDURE:

The CPA:

- A. When making the health assessment appointment, ask if the participant has had any health care appointments recently or will have an appointment prior to the health assessment appointment.
    - 1. Provide the [Measurement and Bloodwork Information Form](#) link to the person so the health care provider can document measurements and bloodwork values.
    - 2. Ask the person to access their electronic health record or have an after-visit summary on hand during the health assessment and verbally share the measurements and bloodwork values.
  - B. Completes the health assessment around the middle of the infant’s, child’s, or breastfeeding participant’s certification period.
  - C. Give a brief description of the mid-certification health assessment during the appointment.
    - 1. Let the participant know the information is confidential and approximately how long the appointment will take.
    - 2. It’s best practice to let the participant know you’ll ask questions about potentially personal information so they can decide if they’re in an area they can answer these questions.
    - 3. It’s also helpful to let participants know staff will enter the information into a computer so they’re aware of what is occurring during this interaction.
  - D. Documents the remote appointment by selecting Physical Presence “No” and the Physical Presence Exception Reason “Remote Appointment” on the Participant Demographics screen.
  - E. Obtains and documents measurements and iron test values when possible.
- Note:** Documenting the participant as not physically present removes the Cascades requirement to enter measurements and bloodwork values.
- 1. Make and document concerted efforts to get referral data for measurements and bloodwork values. Concerted efforts may include the following:
    - a. Provide the [Measurement and Bloodwork Information Form](#) to participants to obtain measurements and bloodwork values from their health care provider to share with WIC.

- b. Ask if the person has access to their electronic medical record (for example a Patient Portal or “My Chart”) and ask them to verbally share the measurements in their electronic medical record.

**Note:** It’s important for the person to only share measurements directly from the electronic health record, or those documented by the provider to assure staff enter accurate measurements in the participant’s file.

- c. Obtain the values when staff have access to a participant’s medical records.
- d. Offer in-clinic measurement and bloodwork days, or appointments.
- e. Explore Data Sharing Agreements (DSA) with programs (e.g. Early Head Start, MSS, home visiting programs, etc.) to get values from other programs or the participant’s health care provider.

- If your agency has a DSA in place, provide a written notification letter in the participant’s preferred language. The notification letter can be mailed, emailed, or sent via text based on the participant’s preference.

- See [Volume 1, Chapter 25 – Legal Considerations and Confidentiality](#) for more information about DSAs.

- f. Provide the [Individual Authorization to Release WIC Information form](#) so WIC staff can contact the Medical Provider listed in Cascades to obtain these values.

- 2. Document efforts to obtain measurement and bloodwork values in the participant’s file as a Family Alert.
- 3. Document measurements and bloodwork values when available and appropriate for the participant’s age and WIC’s bloodwork requirements.

- a. Document measurements from another source if taken within 60 days of the health assessment.
- b. Document the bloodwork value from another source taken in the participant’s current category and within 90 days of the health assessment.

**Note:** Be sure to change the source of measurements and the date taken to reflect where and when the measurements were taken.

c. Although staff don't have to schedule monthly appointments when the measurements or bloodwork values aren't available staff are required to follow-up within 60 days to see if measurements and bloodwork values are available.

- Assess the measurements and bloodwork values and share information about prenatal weight, or infant and child growth.
- Assign risks as appropriate and assure the next appointment is appropriate.
- Assure the correct foods are prescribed.
- Provide appropriate nutrition education and referrals.

4. Ask if there are any concerns about weight or growth in relationship to health.

F. Follows up on nutrition risks and concerns identified at the certification.

G. Asks the Health Assessment questions on the **Dietary and Health** screen in Cascades to assess for any new health or nutrition issues.

H. Has a conversation about the participant's needs and concerns.

1. Follow up to nutrition, and as appropriate breastfeeding goals and discussions documented during the certification period.

I. Offer and document appropriate referrals and follow up to previous referrals.

J. Provide breastfeeding support, as appropriate.

K. Confirm the current food prescription meets the participant's needs by asking about the person's shopping experience and provide support as needed.

L. Update relevant information from the health assessment in Cascades.

1. Select any new risk factors identified during the health assessment.

- Refer the participant to the dietitian when a new high risk factor is identified.

2. Select any referrals made and nutrition education topics provided on the relevant Care Plan screens in Cascades.
  3. Document a Breastfeeding Review, if completed, in the **Family Care Plan**.
- M. Issue food benefits.
1. Issue food benefits for the appropriate number of months based on required documentation and next appointment needs.
  2. Staff sign for the food benefits and write “RBI” (Remote Benefit Issuance) and their initials.
- N. Schedule the participant’s next appointment based on their needs and if follow-up is needed for measurement and bloodwork values.
- O. Thank the participant for participating in WIC and offer a phone number for questions.
- P. Document the mid-certification health assessment appointment and nutrition education according to the “Nutrition Education at the Mid-Certification Health Assessment” policy in the participant’s Individual Care Plan.
- Title the Care Plan note as “Remote Mid-Certification Health Assessment.”

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