United States Department of Agriculture

Food and Nutrition Service

3101 Park Center Drive

Alexandria, VA 22302-1500

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SUBJECT: Final WIC Policy Memorandum #2001-2
WIC Bloodwork Requirements

TO: Regional Directors
Supplemental Food Programs
All Regions

Since the publication of the "WIC Bloodwork Requirements" final rule in December 1999, several questions have arisen that require clarification. Therefore, the purpose of this policy memorandum is to clarify these questions as well as provide an update on the status of all policy memoranda previously issued that address bloodwork requirements. The four attached documents summarize and clarify current WIC bloodwork requirements. They include:

- Attachment A,"1999 Final WIC Bloodwork Rule Fact Sheet;"
- Attacment B, "WIC Bloodwork Requirements Table;"
- Attachment C, "Status of Previously Issued Policy Memoranda Related to Bloodwork Requirements;" and
- Attachment D, "Summary and Clarification of the Major Provisions of the 'WIC: Bloodwork Requirements' Final Rule Issued December16, 1999."

/s/ Patricia N. Daniels

PATRICIA N. DANIELS
Director
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Attachments

Attachment A

1999 FINAL WIC BLOODWORK RULE FACT SHEET

MANDATORY PROVISIONS - TO BE IMPLEMENTED BY 10/1/00

1) Revised anemia screening schedule for WIC certification. (See "WIC Bloodwork Requirements Table" and/or the table on page 70175 of the *Federal Register*; Vol. 64, No. 241, 12/16/99.)
2) Referral data must:
    - Be reflective of a woman applicant's category;
    - Conform to the anemia screening schedule for infants and children as outlined in Section 246.7(e)(1)(ii)(B) of the WIC regulations - see "WIC Bloodwork Requirements Table" or the *Federal Register* referred to above; and
    - Conform to recordkeeping requirements, i.e., certification records must reflect the date the blood test was taken if different from the date of certification

OPTIONAL PROVISIONS

1) Allows the State agency to defer the collection of blood test data for up to 90 days after the date of certification, provided the applicant is determined to have at least one qualifying nutritional risk factor at the time of certification.
2) Allows the cost for up to two blood tests for anemia per individual per certification period when deemed necessary for health monitoring by the CPA.

STATE PLAN REVISIONS NECESSARY TO IMPLEMENT MANDATORY PROVISIONS

1) Revise anemia screening schedule as referenced above. In particular, the State agency must ensure that its operating procedures comply with the infant bloodwork screening between 9-12 months of age. An infant screen at 6 months of age is permissible only to allow for individual, case-by-case flexibility. It should **not** be a standard operating procedure. (See footnote** on "WIC Bloodwork Requirements Table".)
2) Identify the conditions under which referral data may be used (as outlined above in the "Mandatory Provisions").

STATE PLAN REVISIONS NECESSARY TO IMPLEMENT OPTIONAL PROVISIONS

1) Revise certification procedures to reflect:
    - 90-day option - with language emphasizing that the applicant must have at least one qualifying nutritional risk factor in order to apply this option.
    - If all or just some local agencies may implement the option.
    - Procedures that will ensure receipt of data within the 90-day time period.
2) Identify [illegible] ual per certificati[illegible] monitoring by the CP[illegible]

ATTACHMENT B WILL BE
A SEPARATE ATTACHMENT

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Status of Previously Issued Policy Memoranda Related to Bloodwork Requirements

Given the issuance of the December 16, 1999, bloodwork rule, the following is the status of previously issued policy memoranda related to bloodwork:

Policy Memoranda That Remain in Effect	
NUMBER	**SUBJECT AND DATE**
92-10	Bloodwork Protocol, 7/16/92
93-3A	WIC's Role in Screening for Childhood Lead Poisoning, 3/23/93
Rescinded Policy Memoranda	
94-1	Temporary Certification of Pregnant Women in the Absence of Bloodwork, 1/31/94. In addition to the December 16, 1999 bloodwork rule, the rule implementing the Healthy Meals for Healthy Americans Act, published on November 18, 1998, contains provisions specific to presumptive eligibility that rescind the guidance provided in Policy Memorandum 94-1.
94-11	Bloodwork Requirements for Children and the Allowability of Additional Blood Tests During Certification Periods, 8/2/94
96-4	Interim Bloodwork Policy, 12/29/95
Portion of Policy Memorandum Superseded by the December 16, 1999, Bloodwork Rule	
95-4	Questions and Answers on the Enhanced Food Package for Breastfeeding Women (Food Package VII), 11/10/94, (page 3, question #2, 2nd bullet) <u>Sentence superseded:</u> "However, the data used must have been obtained while the woman was postpartum and should not be older than 60 days." There is no longer an age limit for hematological data (60 days still applies to anthropometric data), as long as the data meet the conditions for the use of referral data as described in the bloodwork rule. In this case, the data must reflect the woman's categorical status, i.e., the blood test must be taken postpartum.

Summary and Clarification of the Major Provisions of the "WIC: Bloodwork Requirements'" Final Rule Issued December 16, 1999.

The final rule contains the following major provisions:

Ninety Day Option

An optional provision that allows the State agency to eliminate hematological tests for anemia at the time of the WIC applicant's certification intake process, provided another risk factor is present. If the hematological test is not performed/documented at certification, it must be performed/documented within 90 days of the date of certification. If the State agency chooses this option it must describe in its State Plan, procedures it will implement to ensure the receipt of such data. It is the responsibility of the State and local agency to facilitate the receipt of the data either by performing the blood test or by obtaining referral data.

As indicated in the preamble to the final rule, the Department reserves the right to disallow this option to State agencies that exhibit poor performance in obtaining hematological data within 90 days after certification. In cases in which a participant fails to provide referral data, despite efforts by the local agency to assist the participant in obtaining it, the participant is *not* to be terminated from the Program. In such cases, the local agency must document in the participant's file the attempts made to obtain the data and why these attempts failed.

WIC Anemia Screening Periodicity Schedule

A mandatory provision that revises the WIC anemia screening periodicity schedule, based on the Centers for Disease Control and Prevention (CDC) recommendations. In particular are changes to the infant screening schedule. Historically, WIC has required an infant anemia screen at 6 months of age. The Department reevaluated this requirement based on information contained in the 1998 CDC publication, "Recommendations to Prevent and Control Iron Deficiency in the United States." The CDC determined that children between 9 and 18 months of age are at the highest risk of any age group for iron deficiency anemia. An anemia screen that occurs before 9 months of age (for most infants) is not medically useful for screening for anemia. The CDC recommends screening children between 9 and 12 months of age and then again 6 months later. For this reason, the Department revised the WIC bloodwork requirements to require infants to be screened between 9 and 12 months of age and then again between 12 and 24 months (and annually thereafter). This may require scheduling adjustments for those State agencies that allow infant certification periods of up to one year of age. Therefore, due to the importance of the timing of these screenings, the State agency's standard operating procedures should reflect the recommendation that the initial infant screening occur between 9 - 12 months of age. In addition, an infant enrolled in WIC *must* be tested prior to the end of their12th month of life (unless initially certified at ≥10 months of age, and the 90-day deferral option is utilized, as discussed above).

In addition, a blood test is no longer required at the 6 month recertification of a breastfeeding woman, provided a blood test was performed after the delivery of her baby. See the attachment "WIC Bloodwork Requirements Table" for a complete description of the WIC anemia screening requirements.

Age Of Hematological Referral Data

A mandatory provision related to the use of referral data that expands the maximum age of blood test data used to assess nutrition risk for certification. There is no longer a 90-day "age of bloodwork" requirement for hematological referral data. As long as the referral data reflects an anemia screening that was performed on the timetable as recommended by CDC, such data is acceptable. If hematological referral data does not comply with the CDC periodicity schedule, another bloodtest must be performed for WIC certification. The goal of bloodwork requirements for WIC certification is to screen for iron deficiency anemia. Therefore, the timing of the bloodtest should correspond to what is the most medically appropriate time to screen for anemia. Coordinating WIC bloodwork requirements with medical guidelines for anemia testing affords more flexibility in most instances. For example, a woman applicant in her 6th month of pregnancy has referral data, with normal results, that is 4 months old. This referral data is acceptable for WIC certification because the timing of the screen conforms to the CDC recommendation for prenatal women (at the earliest opportunity during pregnancy).

Number of Blood Tests Per Certification

An optional provision that increases from one to two the allowable number of blood tests per individual per certification period. This additional test is allowable in order to provide follow-up, when deemed necessary, for health monitoring by the Competent Professional Authority (CPA).