

<p style="text-align: center;">Texas WIC Health and Human Services Commission</p>
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Effective December 1, 2011

Policy: CR: 07.0

**Provision of Services to Families with Special
Health Care Needs**

Purpose

To eliminate barriers to WIC services for families with special health care needs (FSHCN) and ensure nutrition education bears a practical relationship to the nutritional needs of the participant.

Authority

7 CRF Part 246.8, 246.117

Policy

Each local agency (LA) shall make accommodations and provide services for FSHCN.

Definitions

Individuals with special health care needs have conditions referred to as medically complex, medically fragile or severely disabled.

Medically Complex-Individuals with a serious, ongoing illness or a chronic condition that has lasted or is anticipated to last at least twelve or more months and requires daily, ongoing medical treatments and monitoring by appropriately trained personnel (which may include parents or other family members) and requires access to a complex array of services.

Medically Fragile-Individuals who have a serious, ongoing illness or a chronic condition that has lasted or is anticipated to last at least twelve or more months or has required at least one month of hospitalization, and requires daily, ongoing medical treatments and monitoring by appropriately trained personnel (which may include parents or other family members). Their care requires the routine use of a medical device or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living. These individuals live with an ongoing threat to their continued well being.

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Severe disabilities with special health care needs- A person with severe disabilities requires or has the potential to require the individual and/or their family/caregivers (in relationship to the individual's care) to access a complex array of services from public/private service providers in order to achieve optimal care for the individual. The access/coordination of these services may exceed the immediate capabilities of the family/caregivers. The services are anticipated to be lifelong or of extended duration and require individualized planning and coordination.

Families with special health care needs (FSHCN) have a family member who is a(n):

- A. Infant or child ranging in age from birth to age 21, who has:
 1. A health condition that has a biologic, psychological, and/or cognitive basis which has lasted or is virtually certain to last for at least a year; or
 2. A condition(s) which results in limitation of function, activities, or social roles in comparison with healthy age peers in the general areas of physical, cognitive, emotional, and social growth and development; or
 3. A need for medical care and related services, psychological services, or educational services over and above the usual for the child's age.
- B. Pregnant, breastfeeding or postpartum WIC participant with an acute or chronic medical condition that affects her ability to participate in WIC activities; or
- C. Primary caregiver with a special health care need: this person is not a WIC participant, but is a parent or guardian of someone enrolled in WIC. Due to their medical condition this person is unable to participate in WIC program activities; or
- D. Another family member with special health care needs. This person may be an older sibling, grandparent, etc. whose medical condition prevents the family from participating in WIC activities. For example, a family member with Alzheimer's disease who needs constant supervision and should not be left unattended while a mother takes her child to the WIC clinic.

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Procedures

- I. When FSHCN are identified, the family shall be considered as a unit and accommodations made accordingly. To determine the length of the physical presence waiver and documentation of physical presence, refer to Policy CS: 04.0 (see Procedure IV).

- II. When a parent/guardian/caregiver or participant is unable to be physically present, another adult may be authorized to provide the required certification documents and be the food benefit recipient. For an initial certification the authorized adult may choose a PIN for the WIC Lone Star card or for a sub-certification, the authorized adult shall come with an existing card and PIN. The authorized adult must provide the following:
 - A. A signed note from the parent/guardian/caregiver or participant informing the WIC program of the circumstances affecting their inability to be physically present in the clinic and the name of the person authorized to be the food benefit recipient (spouses do not need to bring a note);
 - B. Identification for himself/herself;
 - C. A completed WIC Income Questionnaire (WIC 35-3) and documents required for income screening signed by the parent/guardian/caregiver or participant.

- III. FSHCN shall be offered special accommodations to include:
 - A. Obtaining medical information from participant's health care provider (HCP):
Medical information including hematocrit or hemoglobin, height, weight, medical history, and/or dietary prescription can be provided by the HCP either verbally or in writing (e.g., fax, email) for certification purposes. (Refer to Policy CS: 17.0).
 - B. When Medical Information is not available at the time of certification:
 1. Waive the medical information and issue one month of benefits. The local agency shall obtain medical information from the HCP prior to next benefit issuance and file the information in the participant's record.

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2. When medical information is waived, the code "999 lbs/0 ounces" for weight and "99 0/8 inches" for length/height and 99.0 for hemoglobin or 99 for hematocrit shall be entered in the Texas WIN system to indicate that measurements cannot be obtained by the HCP.
- C. When Medical Information is not available and cannot be obtained due to the participant's medical condition (e.g. contractures, medically complex or fragile and/or severe disability), written verification shall be obtained from the HCP indicating that the participant is under their ongoing medical care. Medical information is waived for the certification period. Refer to III. B.2 when medical information is waived.
- D. Offering coordination with social service agencies to provide transportation to, and shopping assistance at WIC vendors.
- E. Offering participants who receive nutrition counseling from an outside source the opportunity to schedule benefit pick up when benefits may be issued most expeditiously and when it is most convenient for them.
- F. Providing relevant nutrition education (NE) by the most appropriate method(s), as determined by the CA:
 1. Give the participant/guardian/caregiver the option of attending an NE class, completing an online lesson or a self-paced lesson. If the participant/guardian/caretaker refuses NE, enter NE code (SN-000-00) to exclude these participants from the performance measures count (refer to Policy NE: 01.0).
 2. Provide individual counseling by a staff registered dietitian (RD) knowledgeable in the area of special needs. Counseling may be provided in the office, by telephone, home visits or hospital visits. LAs are encouraged to be flexible in scheduling services to meet the family needs (i.e., scheduling appointments during off peak hours when feasible).
 3. Substitute nutrition education for counseling provided by a qualified outside source (i.e., Registered Dietitian (RD), Licensed Dietitian (LD), or gastroenterologist to serve as a

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nutrition education contact (refer to Policy NE: 02.0).
Document this contact with NE code SN-000-50.

4. Refer the participant for individual counseling to a qualified outside source.

G. Referral shall be made to appropriate health and social service programs for which the participant may be eligible, (e.g., Medicaid, ECI, SSI, etc.)

IV. Document in the participant's record:

- A. Medical information taken verbally from the child's medical provider;
- B. The special health care needs of the family verbally provided by the participant. A statement from the physician is not required;
- C. Special accommodations/referrals that have been made and/or offered; and
- D. Name and credentials of the qualified outside source that is providing nutrition counseling, if applicable. This information may be taken verbally from the participant.