
6. NUTRITION SERVICES

6.03 Required Services for Nutritional High Risk Participants

FINAL

PURPOSE: A selected number of risk codes/conditions are designated as high risk. Individuals who are identified as high risk require additional nutrition services beyond what is routinely available through WIC nutrition education contacts.

A. POLICY:

1. WIC Coordinator is responsible to ensure that nutritional high risk participants are identified, referred and receive the appropriate nutrition care.
2. Local agencies are required to identify WIC participants with nutritional high risk codes/conditions and document the risk code on the CDE form.
 - a. Participants who shall be identified at nutritional high risk include:
 - 1) All participants having one or more of the nutritional high risk codes as identified in Policy 2.04.
 - 2) Any participant receiving a Class III formula.
 - 3) Any participant with a local agency designated high risk condition. Any additional high risk conditions beyond those specified in Policy 2.04 must be identified in the local agency's nutritional high risk procedures (See Exhibit 6.03A, Sample Format for Local Agency's Nutritional High Risk Procedures).
 - b. The local agency CPA shall document the nutritional high risk code/condition as follows:
 - 1) Record the high risk code designated in Policy 2.04 on the CDE form.
 - 2) Create a problem list and document it on the health history form, in the participant's chart or on a local agency designated form. This information serves as a problem list for the Registered Dietitian (R.D.).

*Note: R.D. may be the WIC R.D., the non-WIC R.D. or MSS/ISS nutritionist. A non-WIC R.D. is the R.D. or MSS/ISS nutritionist whose salary or fee-for-service is not funded by WIC.

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3. Local agencies are required to schedule each nutritional high risk participant to see the R.D.* to assess the need for a nutritional care plan during each certification period. In addition, any participant requesting a nutrition care plan shall also be scheduled to see the R.D.
 - a. The CPA is responsible for explaining to the participant the benefits of seeing a dietitian as part of their WIC services.
 - b. Nutritional high risk participants will be offered the opportunity to see the R.D. during each certification period. Documentation of this activity shall be noted in the high risk participant's chart.
 - c. If the participant is currently seeing a non-WIC R.D. or MSS/ISS nutritionist for the nutritional high risk condition, scheduling with the WIC R.D. is not required. The PA must verify and document in the participant's chart that the non-WIC R.D. or MSS/ISS nutritionist is addressing the nutritional high risk condition during the WIC certification period.
 - d. If the participant refuses to see the RD, this action shall be documented in the participant's chart and another offer shall be made during the certification period and documented in the participant's chart.
 - e. The local agency is responsible for assuring that the R.D.: 1) is accessible to see the nutritional high risk participants, 2) completes the nutrition assessment, and 3) develops a nutrition care plan.
 4. Local agencies are required to have the R.D. available to see the nutritional high risk participant and to develop a nutritional care plan with the participant.

A nutrition care plan is a written program of nutrition-related actions to improve or protect health status. The nutrition care plan is designed to address the problems identified in the nutrition assessment and to set objectives agreed upon by the participant and the R.D.

- a. The nutrition care plan shall be developed by the R.D. Plans developed by the R.D. shall be maintained in the participant's chart. See 6.03B for a high risk care plan sample template.

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- b. The R.D. is responsible for:
 - 1) Completing a nutritional assessment;
 - 2) Confirming the problem list initiated by the CPA, and listing any additional problems identified;
 - 3) Specifying what problems the participant wants to address; and
 - 4) Developing a nutrition care plan agreed upon by the participant and the R.D.
- c. A nutrition care plan is not required if the R.D.'s assessment shows there is no intervention needed. The R.D.'s assessment shall be documented in the participant's chart.
- d. The nutrition care plan shall contain the following components: (SOAP Notes are acceptable if they contain all the components.)
 - 1) Identified problem(s)
 - 2) For each problem identified that the participant and the R.D. have agreed to address:
 - a) Goal/outcome (*expected medical/dietary outcome or each high risk problem*);
 - b) Objectives (*observable and measurable steps to assess the clinical, functional and behavioral changes to be achieved by the participant*);
 - c) Intervention(s) (*activities or actions taken to achieve each objective such as: appropriate information or education implemented by local agency staff; counseling needed and provider; specific diet recommendations for each problem identified*);
 - d) Referral(s), if appropriate (*such as other health and social service providers*); and
 - e) Evaluation and follow-up strategies for entire plan including timeframes.

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- 3) R.D. signature and date.
 - a. Anytime during the implementation of the care plan, the R.D. is responsible for changing or redefining the plan with the participant to achieve the desired outcome.
 - b. The R.D. is responsible for documenting with signature and date when the nutrition problem is resolved and/or the care plan is concluded. This includes visits that are not attended by the participant (“No Shows”).
5. Local agencies shall offer the nutrition education and counseling identified in the nutrition care plan and document these activities in the nutritional high risk participant’s chart.
 - a. Document in the participant's chart:
 - 1) Each visit with the WIC R.D. for nutrition care plan development and/or counseling.
 - 2) Each visit with a provider who carries out a portion of the nutrition care plan.
 - 3) Instances when a participant cancels or does not show for an appointment, reschedules or when portions of the care plan cannot be carried out.
 - b. Each local agency care plan provider (R.D., non-R.D. Public Health Nutritionist, CPA or Nutrition Educator) shall document the following minimum components in the nutritional high risk participant’s chart:
 - 1) Date
 - 2) Summary of services provided (e.g. assessment, or education provided, or evaluation, or referrals ...).
 - 3) Plan for follow-up (when, with whom, items to check on or to cover at next visit).
 - 4) Signature of provider and staff credentials.



**WIC POLICY
AND PROCEDURE
MANUAL**

Michigan Department of Community Health

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- c. If problems arise with the nutrition care plan, local agency provider shall communicate with the R.D. who developed the plan. If an objective(s) appears unattainable or inappropriate, the nutrition care plan needs to be re-evaluated and objectives redefined by the R.D. and the participant.
 - d. Upon completion of the nutrition care plan interventions, the local agency provider shall document the status of the care plan; date and sign the plan. The R.D. is responsible for further evaluating and documenting that each nutrition care plan is concluded with signature and date.
6. The Local Agency Policy and Procedure Manual shall contain Nutritional High Risk procedures. These procedures shall be reviewed and revised, if needed, at least annually. See Exhibit 6.03A, Sample Format for Local Agency's Nutritional High Risk Procedure.
7. Local agencies shall establish monitoring strategies for nutritional high risk participants to:
- a. Ensure that participants are scheduled to see the R.D.
 - b. Ensure that participants receive appropriate nutrition care.
 - c. Identify what, by whom and how often nutritional high risk services will be monitored.

References:

- WIC User Guide: Chapter 1 - High Risk Field
- Federal Regulations for the Special Supplemental Food Program for Women, Infants and Children, Section 246.11.
- USDA Focus on Management - Nutrition Services Standards 1 and 4.

Cross Reference:

- 2.04 Medical and Nutritional Risk Criteria.

Exhibit:

- 6.03A Sample format for Local Agency's Nutrition High Risk Procedures
- 6.03B Template for High Risk Care Plans