

# MI-WIC POLICY

## Nutrition Services

### 5.0 Nutrition Services

Effective Date: 02/11/2019

### 5.06 Nutrition Services for High Risk Clients

Implementation Date: 10/14/2019

**PURPOSE:** This policy outlines the WIC process for providing nutrition services to clients who have been identified as high risk. These services include nutrition counseling with a Registered Dietitian (RD) including development of an individual care plan (ICP). ICP documentation encourages collaboration of the WIC team to support the client's continuity of care.

#### A. POLICY:

1. The local agency must provide adequate RD coverage to meet the needs of high risk clients. There must be RD appointments available on the schedule within 30 days.
2. **Identification of High Risk Clients:** WIC high risk clients include any client with:
  - a. One or more high risk codes. (See Policy 2.13, Nutritional Risk Criteria, including 2.13A, Michigan Risk Codes.)
  - b. An assigned WIC food package with a Class III formula. (See Policy 7.03, Food Package for Qualifying Conditions.)
  - c. A WIC risk designated as high risk by local agency policy.
    - i. Local Agency may create a policy designating additional risks from Policy 2.13A, Michigan Risk Codes, as high risk.
  - d. Multiple conditions or client circumstances that, per WIC Competent Professional Authority (CPA) determination, designate the client as high risk.
3. **Documentation of High Risk:** A client's high risk condition(s) must be documented in MI-WIC when identified. The CPA must:
  - a. Validate client's self-reported medical diagnoses. (See Policy 2.13, Nutritional Risk Criteria.)
  - b. Confirm the high risk conditions(s) assigned by MI-WIC.
  - c. Manually assign any additional high risk conditions(s) identified.
  - d. Check the High Risk box (MI-WIC Nutrition Health Summary screen) if the CPA designates a client as high risk based on multiple conditions/ circumstances or per local agency policy.
  - e. Document additional information important for the RD in the Problem List tab of the MI-WIC Care Plan section.
5. **Scheduling High Risk Nutrition Counseling:**
  - a. Any client can request and be scheduled to meet with an RD for development of an ICP.
  - b. All clients identified as high risk must receive explanation of the benefits of Nutrition Counseling with an RD (NCRD) and be encouraged to use this benefit.
  - c. All high risk clients must be offered the opportunity for RD services at each certification/recertification appointment (CERT/RECERT), Infant/Child Evaluation appointment (IEVAL/CEVAL), when high risk is identified and/or when a new Class III formula has been approved.
  - d. Accepting or declining the RD services must be documented at each CERT/RECERT or IEVAL/CEVAL.
    - i. Acceptance of the RD services offered is documented by:

- a) Schedule of the NCRD appointment
- b) Registered Dietitian-WIC checked as referred on the Referral screen
- c) CPA documents in the Problem List tab
- ii. Declining the RD offer must be documented by either:
  - a) Check “Counseling with Non-WIC RD” (above Nutrition Education Plan) if the client is scheduled or has received counseling from a non-WIC RD for their high risk condition(s) and declines WIC nutrition counseling.
    - 1) Document any relevant information client provides from non-WIC RD counseling.
  - b) Check “RD Declined” (above Nutrition Education Plan) if the client declines the NCRD service and is not receiving alternate RD counseling.
    - 1) Document reason for declining RD services.
    - 2) A second offer for RD services will be sent by the MI-WIC system to clients who decline NCRD.
  - c) Registered Dietitian-WIC checked as discussed on the Referral screen
- e. A WIC RD may develop an ICP at the CERT/RECERT or IEVAL/CEVAL if a high risk is identified at that time. This would count as one nutrition education contact.

**6. ICP Development and Documentation:** The RD is required to:

- a. Review and evaluate the client’s record, including but not limited to: confirming risks, dietary history, nutrition education history, anthropometric and lab measurements, medical information, and Problem List notes.
- b. Determine the need for an ICP with the client or caregiver/authorized person.
- c. If no ICP will be developed, check the “No Care Plan Needed” box and document the rationale in Assessment on Care Plan tab, then close the care plan.
- d. If ICP is developed, document assessment, intervention, and monitoring/evaluation in the MI-WIC Care Plan tab.
  - i. Assessment
    - a) The assessment section captures the RD interpretation of client status based on information provided during the conversation/discussion.
    - b) This section must include, at a minimum, client concerns/nutrition issue.
    - c) This section may also include, though not limited to, subjective data, objective data, key information, client’s readiness/motivation for change, etc.
  - ii. Intervention
    - a) The intervention section captures the identified behavior change/goal(s) as determined by the client or caregiver/authorized person and RD.
    - b) Nutrition education documentation in the Nutrition Education Pop Up screen is required. Document Date, Topic, Method, Behavior Change/Goal to indicate client-identified behavior change/goal. (See Policy 5.05, Nutrition Education Documentation.)
    - c) Additional notes may include desired outcomes, additional goals, handouts provided, etc.
  - iii. Monitoring/Evaluation
    - a) The monitoring/evaluation section captures the plan/next steps.
    - b) This section must include next appointment type, checking client’s progress with goal and follow-up information related to the care plan to support the client’s continuity of care.

- c) This section may include indicators to monitor and evaluate client progress, recommendations for future nutrition education, changes in client's condition/progress, additional referrals, and any other information to support the client's future care, including anthropological, laboratory, or special formula follow-up needs.
  - e. Freeze care plan within 48 hours after creation to assure data integrity.
  - f. Make referrals to other health and social service providers as appropriate and document in MI-WIC Referrals section.
- 7. ICP Follow-up:**
- a. CPA must review and assess open care plans at next scheduled appointment.
  - b. Documentation of relevant follow up information by the CPA or RD is required in the Care Plan Follow-Up tab.
  - c. If CPA assessment indicates care plan resolved, CPA must discuss care plan closure with RD.
- 8. ICP Closure:**
- a. A RD is the only staff able to close a care plan.
  - b. RD closes care plan by clicking Care Plan Closed and documenting rationale on the Care Plan Follow-Up tab when:
    - i. The client's desired outcomes have been satisfactorily met, and/or;
    - ii. The client's planned behavior changes are obsolete or no longer applicable.
- 9. High Risk Monitoring:**
- a. The local agency must conduct monitoring to ensure high risk clients receive appropriate nutrition services outlined in this policy, including observations of NCRD appointments and record reviews. (See Policy 1.11, Annual Quality Services Review.)
- 10. WIC nutrition services assist client's understanding of Medical Nutrition Therapy (MNT) received from other health care providers and support MNT implementation. Provision of individual MNT is outside the scope of WIC nutrition services.**

References:

- Federal Regulations 246.11(e)(5)
- WIC Nutrition Services Standards, USDA, FNS, August 2013

Cross References:

- 1.11 Annual Quality Services Review
- 2.13 Nutritional Risk Criteria
- 5.05 Nutrition Education Documentation
- 7.03 Food Packages for Qualifying Conditions

Exhibits:

- 2.13A Michigan Risk Codes