

TABLE OF CONTENTS

Section 1 - Definition of Nutrition Education Contacts

Definition of Nutrition Education Contacts.....1
Second Nutrition Education Contact for Multiple Family Members3

Section 2 - Documentation of Second Nutrition Education Contact

Documentation of Second Nutrition Education Contact4

Section 3 - Nutrition High Risk Care Plans

Nutrition High Risk Care Plans6
 Examples: Nutrition High Risk Care Plans8
Revising Nutrition High Risk Care Plans10

Section 4 - Documentation of Nutrition Education Handouts

Documentation of Nutrition Education Handouts11

Section 5 - Refusal to Participate in Nutrition Education Activities

Refusal to Participate in Nutrition Education Activities12

Section 6 - Third Party Involvement

Billing a Third Party for the WIC Certification.....13
Billing for or Having a Third Party Provide the WIC Second Contact14
Billing For or Having a Third Party Provide the WIC High Risk Care Plan15

POLICY: Definition of Nutrition Education Contacts

A nutrition education contact is defined as the provision of nutrition information through verbal interaction with a client or a client's parent/caregiver. Nutrition education contacts are defined in the following manner:

1. **Basic nutrition education contact:** The first contact where nutrition education is provided as a part of the certification process. Refer to Certification/Eligibility section.
2. **Second nutrition education contact:** In addition to the basic nutrition education contact clients shall be provided with a minimum of one additional nutrition education contact.
 - a. The second contact shall be provided on a day other than that of the certification and shall relate to the client's eligibility criteria and individual nutritional needs, taking into account cultural and individual preferences.
 - b. Clinic staff have the option of providing the second nutrition education contact:
 1. By referring to another appropriate nutrition educator for individual or group contact and assuring that the client has received the contact.
 2. By providing the contact themselves through individual or group contact, as appropriate.
 - c. Verbal interaction with clients shall occur, including when audiovisual and written nutrition education materials are used. A minimum of two or three of the main points of the materials shall be discussed.
 - d. If the client is at nutrition high risk, the client shall be referred to a nutritionist for an individual contact and a nutrition high risk care plan. Depending on who provides the contact, the nutrition high risk contact and care plan may or may not count as the WIC second nutrition education contact. Refer to policies in this chapter on Third Party Reimbursement for Nutrition Services.

CHAPTER 16 NUTRITION EDUCATION**Section 1 Definition of Nutrition Education Contacts**

Information:

1. Nutrition education is the vital link between the provision of nutritious foods and the ultimate goals of the WIC program, as stated in the Federal Register. These goals are:
 - a. To improve the health status of program participants.
 - b. To prevent the occurrence of health problems in program participants.
2. Federal regulations (Section 246.11(b)) state that the nutrition education component of the WIC program shall be designed to achieve the following two broad goals:
 - a. Stress the relationship between proper nutrition and good health with special emphasis on the nutritional needs of pregnant, postpartum and breastfeeding women, infants, and children under five years of age.
 - b. Assist the individual who is at nutritional risk in achieving a positive change in food habits, resulting in improved nutritional status and in the prevention of nutrition-related problems through optimal use of the supplemental foods and other nutritious foods. This is to be taught in the context of the ethnic, cultural and geographic preferences of the participants and with consideration for educational and environmental limitation experience by the participants.
3. For availability of materials in languages other than English contact the state WIC program.
4. Clinic staff are encouraged to develop their own materials as necessary.

CHAPTER 16 NUTRITION EDUCATION**Section 1****Definition of Nutrition Education Contacts**

POLICY: Second Nutrition Education Contact for Multiple Family Members

Clinic staff have the option of providing second nutrition education contact to more than one member of a family at the same contact.

If the clients are provided with a class,

- a. The topics discussed shall be relevant to all the clients
- OR
- b. The clients shall be given the opportunity to ask questions that are relevant to the other members of their family.

If one member of a family is high risk, an individual high risk contact shall be provided. Topics relevant to other family members shall also be discussed if appropriate, or another class/individual encounter scheduled.

PROCEDURE:

Clinic staff:

- A. Determine whether multiple family members are in need of second contacts or high risk contacts.
- B. Schedule the appropriate contact, prioritizing individual high risk contacts.
- C. Provide the contact, covering appropriate topics to clients.
- D. Document completion of the nutrition education contact in each family member's chart or in the participant master file per policy and procedure in this chapter.

POLICY: Documentation of Second Nutrition Education Contact

The Second Nutrition Education Contact shall be documented in the client's chart or in a participant master file. Documentation shall include at a minimum:

1. The date the education took place.
2. Whether the second nutrition education contact was an individual contact (one-to-one) or a group contact (class or more than one client present).
3. The topics discussed.
4. What future follow-up (if any) is needed.
5. The initials of person who did the individual or group presentation, or the initials of the staff person who is entering the information about a group presentation.

Clinic staff have the option of documenting group contacts in a participant master file.

- a. A participant master file is a system of documenting group second education contacts that does not require documenting the contact in the client's file.

The system of documentation, whether in the individual charts or in a participant master file, shall be consistent within each clinic site.

- b. If documenting second nutrition education contacts in client charts, WIC staff shall document the information regarding individual second contacts in the same place of all client charts (e.g. only in the progress notes, only on the flow sheets, etc).

If a participant master file is used, clinic staff shall have in place a system to track the clients who received a second nutrition education contact.

Note: Basic contact information provided during certifications is documented in the client's file, not in a participant master file.

CHAPTER 16 NUTRITION EDUCATION**Section 2 Documentation of Second Nutrition Education Contact**

PROCEDURE:

Clinic staff:

- A. Document individual or group second contact in the client charts by:
 - 1. Labeling the entry as the Second Nutrition Education Contact (e.g. "2nd Ed").
 - 2. Indicating whether the Second Nutrition Education Contact was an individual contact (one-to-one) or a group contact (or more than one client present).
 - 3. Indicating the topic discussed and the date.
 - 4. Indicating if follow-up is needed.
 - 5. Initialing the entry.

- B. Document group contact in the participant master file by:
 - 1. Identifying the file as Group Second Nutrition Education Contact (e.g. "Grp. 2nd Ed").
 - 2. Indicating the topic discussed and the date.
 - 3. Indicating if follow-up is needed (e.g. for no-shows).
 - 4. Initialing the file.

POLICY: Nutrition High Risk Care Plans

Nutrition high risk care plans shall be written by a Registered Dietitian or nutritionist with a Master's degree in Nutrition. The nutrition high risk care plan (care plan) shall at a minimum include:

1. The date the counseling took place.
2. Label the entry as Nutrition High Risk Care Plan. (HRCP)
3. The topics discussed.
4. The plan for future intervention.
5. The signature of nutritionist.

The nutrition high risk care plan shall be developed after a face to face contact with the client; chart review and phone interview are not permitted unless the client is unable to come to the clinic due to medical reasons.

The nutritionist has the option of formatting the Nutrition High Risk Care Plan however it is deemed appropriate. SOAP or SOAIP charting is encouraged.

The location of the nutrition high risk care plan and subsequent progress notes in the WIC chart or medical record shall be determined by clinic policy. The location of the notes and care plan shall be consistently placed in one location in the chart.

PROCEDURE:

The nutritionist:

- A. Labels the Nutrition High Risk Care plan.
 1. Only the original nutrition high risk care plan needs to be designated.
 2. "Nutrition High Risk Plan" or "Nutr HRP" or other agreed upon wording is acceptable.
- B. Provides nutrition counseling.
- C. Documents what counseling took place including:
 1. Topics covered. The use of check lists or protocols is allowed, as long as they are tailored to the individual client.

CHAPTER 16 NUTRITION EDUCATION**Section 3 Nutrition High Risk Care Plans**

2. Additional information that may be helpful to the next person counseling the client.
- D. Documents the plan for future intervention, including:
1. Goals established.
 2. What the nutritionist plans or is requesting WIC staff or other staff working with the client to do in the future, including rechecking hematocrits, weights, dietary intake additional nutrition counseling, referrals to be given or followed up on.
- E. Signs and dates the plan.

Information:

1. The nutrition high risk care plan is often a part of a nutrition progress note. However, some WIC agencies have the plan in a more prominent area of the chart. This is acceptable also.
2. The WIC program does not require that information found elsewhere in the chart be rewritten in the care plan or progress note. Such information might include age, hematocrit, weight or risk factors.

Note: Often when communicating with other nutrition providers such as MSS or the Healthy Kids program only the nutrition high risk care plan/progress notes are copied and sent. Relevant information should be sent also.

3. The plan for future intervention varies depending on the client's needs, and accessibility of and coordination with other nutrition services such as Maternity Support Services or the Healthy Kids program.

EXAMPLES: Nutrition High Risk Care Plans

Following are examples of nutrition high risk care plans.

Note: These are examples of "Plans" only, not including documentation of nutrition counseling.

1. For a client who is doing well:

"Follow-up as needed" or "Follow-up per clinical procedure." This indicates that no particular follow-up is planned unless the client's status changes.

2. For a client who needs to be seen again only to reinforce the counseling already given:

"See RD (or CPA) next month to reinforce info given."

3. For a client who needs to be seen again for additional counseling or to check on compliance:

"See RD (or CPA) next month to discuss (list items),"

"See RD in three months to check on how client is doing with (list items)."

Example 1: A simple high risk care plan for a client with a hematocrit less than 30.

High Risk Care Plan

1. Repeat hct & 24 hr recall in 3 months.

2. See RD next month to:

a. Reinforce appropriate dietary intake.

b. Follow-up on referral to nurse practitioner or MD and suggestion for iron supplement.

c. Discuss ways to increase folic acid and vitamin c foods.

Signature of RD/Nutritionist

Example 2: Examples of a more detailed plan for a prenatal client.

Nutr. HRP

1. Weight check next month by WIC nurse and follow-up on referral to MD. If no weight gain, refer to MSS for home visit by RD ASAP.
2. Follow-up on referral to Healthy Kids for two year old son.
3. MSS social worker is doing home visit next week. Follow-up on access to food issues and see if electricity is back on.
4. See MSS RD in two months to reassess diet, food situation, weight gain; reinforce need to drink milk, decrease pop, Koolaid, increase protein and fruits/vegetables

Signature of RD/Nutritionist

***RECOMMENDATION:* Revising Nutrition High Risk Care Plans**

It is recommended the WIC nutritionist follow-up with high risk clients as much as possible.

GUIDELINE:

Clinic staff:

- A. Mark a revised care plan "Rev. Nutr. HRP" or the equivalent.
- B. Make a referral to the nutritionist if:
 - 1. A new or additional nutrition problem is identified after the initial high risk care plan is written.
 - 2. The client becomes high risk after the initial enrollment.
- C. Arrange for additional in-depth nutrition counseling for high risk clients whenever possible.

RECOMMENDATION: Documentation of Nutrition Education Handouts

It is recommended that staff document which nutrition education handouts are given to each client.

It is recommended that the documentation of nutrition education materials provided be consistently placed in the same location in all charts or in the participant master file.

GUIDELINE:

Clinic staff:

- A. Document nutrition education handouts in the client's chart of the participant master file by marking a check list of materials, writing in the title of the handout, and/or a brief description of the content of the handout.

Information:

1. WIC staff may develop and use their own list of nutrition education handouts which best reflects the type of information and handouts the agency uses.
2. For ease of locating the documentation of the nutrition education handouts on the files of clients or in the participant master file, WIC staff should enter it in the same location, (e.g. only in progress notes, only on the flow sheet, only on the header of the file, etc.)
3. Documentation of nutrition education handouts given to clients is not required, however it is recommended.
 - a. Documentation provides other staff information on what materials have already been given. This helps prevent duplicating handouts given or information discussed and will aid staff in planning follow-up counseling and care.
4. It is good clinic practice to document all information discussed and handed out to the client as evidence that appropriate and timely care and counseling was given (e.g. CPS issues, alcohol concerns).

CHAPTER 16 NUTRITION EDUCATION**Section 6 Third Party Involvement**

POLICY: Refusal to Participate in Nutrition Education Activities

Clients shall not be denied the benefits of WIC nutrition services, including the food package, due to failure or refusal to participate in nutrition education activities.

PROCEDURE:

Clinic staff:

- A. Document in client's chart or participant master file if client misses, is unable to attend or refuses to attend nutrition education activities.
- B. Reschedule the nutrition education activity as often as necessary unless the client refuses to attend.
 1. Do not attempt to reschedule a nutrition education contact when a client states that she refuses to participate in nutrition education or counseling.

Note: A "No Show" for a nutrition education class or appointment is not considered a refusal to participate.

Information:

Some clients may resist attending a class but are willing to see a nutrition professional on an individual basis or vice versa. Clients who are not at nutrition high risk should be given a choice of either types of education.

RECOMMENDATION: Billing a Third Party for the WIC Certification

It is recommended the WIC certification be integrated into other health services. If this health service is billable to a third party, WIC staff are encouraged to do so, if appropriate.

PROCEDURE:

Clinic staff:

- A. Determine what part, if any, of the WIC certification could be integrated into other program/health services.
- B. Explain to the client that the intake procedure will assist in determining eligibility for WIC and the other program(s).
- C. Provide the complete WIC certification, including anthropometrics, health history, dietary assessment, and all components of the Basic Contact, including nutrition education and check cashing procedures.
- D. Bill to a third party the appropriate portions of the certification.

Information:

Medicaid policy states that a WIC certification must be done in conjunction with another Medicaid service to be considered billable to Medicaid. Also according to Medicaid Policy, the WIC certification done solely to sign up a client for WIC is not billable to Medicaid.

POLICY: Billing For or Having a Third Party Provide the WIC Second Contact

The WIC program shall assure a second nutrition contact for the client. If the WIC program determines that non-WIC staff shall provide the second contact, it is the responsibility of the WIC nutritionist to assure that the education presented is nutrition related, appropriate and understandable.

Staff have the option of referring clients who are at nutrition high risk to a WIC nutritionist, Maternity Support Services nutritionist, a nutritionist with the Healthy Kids program or other nutritionists for development of a nutrition high risk care plan. Nutrition high risk care plans that have been billed to Medicaid or a third party shall not be considered as fulfilling the WIC requirement for a second nutrition contact, but do fulfill the requirement for the nutrition high risk care plan. (Refer to the following policy).

PROCEDURE:

Clinic staff:

- A. Provide a second nutrition contact or assure that it was provided.
- B. Follow WIC policy for documentation of second contact.

POLICY: Billing For or Having a Third Party Provide the WIC High Risk Care Plan

1. The WIC program shall assure that a nutrition high risk care plan is provided for all clients who have been determined to be at nutrition high risk. If the WIC program determines that a non-WIC staff provide the high risk contact, it shall be the responsibility of the WIC program to determine that the counseling and high risk care plan provided by MSS, the nutritionist with the Healthy Kids program or other nutritionists meets WIC policy on nutrition high risk care plans and documentation.
2. Close communication and coordination between the WIC program, MSS, the Healthy Kids program or another nutritionist shall be done to assure that the client receives comprehensive, unduplicated nutrition services.
3. Nutrition high risk care plans which have been provided by and billed to a third party shall not fulfill the WIC requirement for a second nutrition contact. These high risk contacts shall be considered to fulfill the WIC requirement for a nutrition high risk care plan.
4. The nutrition high risk care plan written by a MSS, Healthy Kids or other nutritionist shall be readily available to the WIC staff providing follow up with the client.

PROCEDURE:

Clinic staff:

- A. Determine if it is appropriate to refer the client to other programs for the nutrition high risk contact and care plan.
 1. If it is appropriate for the WIC nutritionist to provide the nutrition high risk care plan, provide it. The entry into the client's chart is labelled "WIC nutr. high risk plan or WIC HRP." This indicates that this encounter was not billed to Medicaid or another third party. In this case an additional contact is not necessary, but as always, should be provided if needed and is feasible.
 2. If it is appropriate, refer the client, and indicate on the chart that the client still needs to be scheduled for a WIC second contact (e.g. class or follow-up). Set up a system to assure that a copy of the high risk care plan is in the client's chart.
 - a. This nutrition high risk care plan is be labelled "MSS Nutr. Care Plan" (or other appropriate designation).

Note: It is identified as a nutrition care plan so that WIC monitor staff may locate it in the chart. This indicates that the

encounter was billed to Medicaid or another third party, and does **not** count as the WIC second contact.

Information:

The MSS or the Healthy Kids program nutritionist may bill Medicaid for developing the nutrition high risk care plan. This is true even if the MSS or the Healthy Kids program nutritionist is also the WIC nutritionist. However, the WIC program still provides the client with a second nutrition education contact. The WIC second contact may be an individual contact or a nutrition education class.

These policies were designed to assist local WIC agency staff in providing or coordinating nutrition services with MSS and the Healthy Kids program. The purpose of these policies is to stay true to the legislative intent of the First Steps program and the Healthy Kids program which is to expand services to clients.

If MSS and WIC are in the same agency, the WIC high risk contact should be linked to a WIC check pick up appointment whenever possible in order to decrease the hardship on WIC clients and to minimize the fail rates on second contacts.