

5.06 Guidelines for Serving High Risk Participants

POLICY:

An individualized care plan will be developed for each WIC participant who is determined to be at high risk for nutrition or health problems which can be prevented or improved through appropriate nutrition intervention. The intervention will be directed at stabilizing or improving the risk condition(s).

PROCEDURE:

High risk nutrition care includes assessment of nutrition-related health problems, provision of relevant nutrition education, regular monitoring and documentation of progress, appropriate food package prescription, and referral to other needed services.

A. Nutrition Risk Criteria

1. During each certification or subsequent certification appointment, the Competent Professional Authority (CPA) will identify if a participant is at high risk.
2. A follow-up contact will be scheduled for the participant within ninety (90) days of the certification visit in which a participant is determined to be at high risk..
 - a) Additional risk criteria may be added during the follow-up contact.
 - b) Risk criteria cannot be removed until a subsequent certification visit.

Note: The term “high risk” should be for office use only. Try to avoid “labeling” participants as “high risk”. Use wording, such as “follow-up”, instead.

3. During each certification or subsequent certification appointment, the CPA may schedule a follow-up contact for the participant as they determine is necessary.
4. During the initial certification, if it is identified by a Nutrition Associate CPA that a participant is at high risk, the Nutrition Associate CPA will complete the certification. The high risk participant will then be scheduled for a follow-up appointment in one (1) Month with a Level III, IV, or V CPA. If during the certification appointment any further assistance is needed, the Nutrition Associate CPA may contact a Level III, IV, or V CPA or the State WIC Office.

B. Nutrition Risk Assessment

1. High risk anthropometric risk criteria require that anthropometric measurements be collected during the follow-up visit (**see Policy 2.12, Anthropometric Measurements**) and documented as follows:
 - < In the **STORC Health Surveillance Screen**; and
 - < On the appropriate Prenatal Weight Gain Chart for pregnant women or on the appropriate growth chart for infants and children.

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2. A child (> 11 months of age) with risk criteria indicating underweight will be evaluated to show whether they are growing at a normal rate below the 5th percentile.
 - a) A series of three (3) weight and length/height measurements will be collected according to the following schedule:

Certification visit - follow up visit within 3 months of certification - certification visit within 3 months of follow up visit.
 - b) The **Anthropometric Measurements** option on **STORC Health Surveillance Screen** will be used to identify the values to use to compare the three (3) plots.
 - c) The child will no longer be considered to be at high risk when:
 - < There is an increase between the first and third measurements of .5 percentile or greater; or
 - < The second or third measurement results in a percentile that is greater than the first measurement.
 - d) The child will continue to be followed as high risk when:
 - < The third measurement results in a decrease of more than .5 percentile from the first measurement.
3. A high risk hematological risk criterion requires a hematological measurement to be collected and/or examined during the follow-up visit.
 - a) The measurement may be provided by a medical provider provided that it indicates an improvement in the hematological status and is taken within sixty (60) days of the appointment (**see policy 2.13, Hematological Testing**).
 - b) The measurement (taken by WIC or the health care provider) will be documented in the **STORC Health Surveillance Screen** during the follow-up visit.

C. Scheduling a High Risk Follow-up Visit

1. When scheduling a participant for a high-risk follow-up, only the participant who is at high risk will be entered into the **STORC Scheduler**.
2. Only the high risk participant needs to be present during the follow-up visit.
3. A high risk participant who is on long-term home confinement will not be required to be present for the certification or high risk follow-up appointments (**see Policy 2.01, Certification of WIC Participants**).

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4. Any participant who misses a follow-up appointment will be considered a “no show” and will be rescheduled.

D. Nutrition Education Contacts

Both the certification contact and follow-up counseling performed by the CPA fulfills the requirement that at least two (2) nutrition education contacts be made available per each six (6) month certification period.

1. The certification and high risk follow-up nutrition education contacts must be individual.
2. Nutrition education provided during the certification and follow-up high risk contacts will be documented in the **STORC Nutrition Education Screen**.
 - a) The certification contact will be documented in STORC as “I” for individual contact.
 - b) The follow-up contact will be documented in STORC as “H” for high risk.
3. One (1) group nutrition education class will be offered on breastfeeding techniques to each prenatal WIC participant prior to delivery (**see Policy 5.20, West Virginia BEST START Breastfeeding Program**).
 - a) This class will be offered after the two (2) required individual high risk contacts with the CPA.
 - b) If the prenatal WIC participant is unable to be scheduled for the prenatal breastfeeding class, the breastfeeding information may be provided by a one-on-one contact with the Breastfeeding Peer Counselor.
4. High risk assessment and counseling by a registered dietitian outside the WIC Program may qualify as a high risk nutrition education contact.
 - a) This contact does not count as one of the two (2) nutrition education contacts per six (6) month certification period.
 - b) A copy of the dietitian’s progress notes or assessment/plan must be included in the participants chart prior to the end of the certification period.

E. Nutrition Care Plan

1. A Nutrition Care Plan must be completed by the CPA at the following times:
 - a. For each nutrition education contact that takes place during the initial or subsequent certification, or during the high risk follow-up visit, nutrition education will be documented in the participant record. Documentation may include:

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1. Client Comments, Follow-up on goals and referrals
 2. CPA assessment, Counseling plan
 3. A plan or goal for future intervention or behavior change
- < The initial or subsequent certification
- < During the certification visit in which a participant is initially assigned a high risk code;
- < During each high risk follow-up visit (if the participant is no longer considered to be high risk, a progress note should state that they will no longer be followed as high risk);
- < During a certification visit in which a participant continues to be determined to be at high risk; and
- < During a certification visit in which a participant is no longer determined to be at high risk (the Nutrition Care Plan should state that they will no longer be followed as high risk).
2. A brief assessment of the participant's nutritional status must be documented in the **STORC Nutrition Care Plan (see 5.06 Attachment #1, Instructions for the Nutrition Care Plan)**.
 3. The Nutrition Care Plan should be completed on the date of the visit and the Competent Professional Authority's first initial, complete surname, and professional title (not "CPA") should be at the end of the plan.
- F. Food Package Prescription**
1. An appropriate food package will be tailored to meet the individual needs of the high risk participant (**see 4.09 Food Package III, Women, Infants and Children with Qualifying Medical Conditions**).
 2. Only a CPA is authorized to prescribe supplemental foods in quantities that do not exceed the regulatory maximum and are appropriate for the participant taking into consideration the participant's age and nutritional needs.
- G. Referral**
1. The **WIC Program Referral Form (WIC-35)** will be completed when the participant does not show improvement during the high risk follow-up visit (unless otherwise stated below).

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- a) A copy of the completed form will be maintained in the participant's chart.
 - b) A copy will be sent to the participant's health care provider.
 - c) Information returned by the health care provider in response to the referral will be filed in the participant's chart to be entered into the STORC record during their next WIC visit (follow-up or certification).
2. The participant will be referred immediately when:
 - a. A high risk hematological value for any participant is identified; and
 - b. An infant or child is identified as high risk because of under weight.
 3. The CPA may refer any participant at any time they feel that a referral is appropriate.
 4. The referral must be documented in the **STORC Food Prescription Screen**.

ATTACHMENTS

1. Instructions for the Nutrition Care Plan

REFERENCES

1. WIC Regulations 246.10