

SECTION 6.6

SUBJECT: High-Risk Individual Nutrition Care Plans

References: Federal Regulation: 246.11(e)(5)
Nutrition Service Standards: 1 E, 10 B

Policy: CPA's must develop an individual nutrition care plan (INCP) for participants who meet the Minnesota WIC Program High-Risk and Medical Referral Criteria and for any participant requesting one.

Purpose: To ensure that participants with high-risk nutrition related conditions receive appropriate WIC services and referrals.

Related Policies: Drug and Harmful Substance Abuse Education
Referrals

Procedures:

1. **The Local Agency must have on staff** (or by contract) a qualified nutrition professional to provide nutrition services to high-risk participants (see Guidance on High-Risk CPAs).
2. **At a minimum, the Local Agency must use the high-risk criteria** defined in *MN WIC Program High-Risk and Medical Referral Criteria* (Exhibit 6-A) for determining when an INCP is required. Additionally, INCPs should be developed:
 - when, in the CPA's professional judgment, the condition or situation warrants an INCP; and
 - when requested by a participant.
3. **INCPs must be developed and documented** specifically addressing the high-risk condition(s) identified, and must include:
 - Assessment of the individual's overall situation including nutrition status, needs, and any problems;
 - Review of health services for the high-risk condition being provided elsewhere;
 - Specific goals/recommendations regarding the high-risk condition;
 - Referrals to healthcare providers and other programs and services as needed; and
 - Plans for follow-up visits.
4. **Follow-up** addressing the status of the high-risk condition must be provided at least once during the certification period.

Guidance:

- **High-risk CPAs** should be a registered dietitian (or registration-eligible), an individual with a bachelor's or master's degree in nutrition, or a Minnesota Licensed Nutritionist/Dietitian.
 - When a CPA with one of these qualifications is not available, a CPA who is a registered nurse or registered dietetic technician, or who has a degree in a health or home economics field, may be used after consultation with by the State WIC Nutrition Consultant.
 - *High-risk CPAs* should possess the following specialized skills and knowledge:
 - Knowledge of nutrition in health and disease, and its application to public health practices, and knowledge of the nutrition needs of infants, children, and women during the prenatal, postpartum, and breastfeeding periods.
 - Knowledge of effective counseling and educational concepts and methods.
 - Ability to develop and carry out on-going plans for nutrition education.
- Participants identified as having a high-risk condition should receive an assessment and an INCP *from a high-risk CPA*.
 - Ideally this should occur at certification.
 - If a *high-risk CPA* is not available to develop the INCP at certification, a second visit should be scheduled accommodating the participant's schedule.
- **All WIC participants are at nutritional risk**, but some health conditions put participants at greater risk for poor health outcomes. Some of the goals of WIC high-risk nutrition education and follow-up are to:
 - Reduce fetal deaths and infant mortality.
 - Reduce the incidence of infants born at low birth weight.
 - Increase the duration of pregnancy.
 - Improve growth of nutritionally at-risk infants and children.
 - Reduce the incidence of iron-deficiency anemia.
 - Assure regular medical care and follow-up.
- **“High-risk” is a term** used in WIC to designate the need for more advanced nutrition care. When counseling WIC participants determined to have a high-risk condition, you do not need to tell them they are “high-risk”. Consider saying something like *“Because you are not gaining enough weight we would like to follow-up with you in one month to see how you are doing.”* or *“This is an important time for growth and development. I would like to see you (your child) next month to see how you are doing, and to answer questions.”*
- **INCPs are intended to establish a plan** for addressing the identified high-risk condition(s) and indicate strategies for correcting the nutritional problem.
- **The nutritional assessment** at certification/recertification should identify any high-risk conditions or issues that need be addressed in an INCP. The assessment should include:
 - Identification of most significant risk factors present;
 - Evaluation of anthropometric and blood-work data;

- Diet assessment;
 - Review of medical/nutritional support services the participant currently receives, including the frequency and extent of nutrition counseling from other sources;
 - Instructions or prescriptions (if any) from health care provider(s);
 - Participant's/caregiver's knowledge of and attitude toward the condition(s);
 - Any relevant concerns expressed by the participant or caregiver.
- **The INCP should identify the strategy** that will be used to alleviate or resolve the condition(s) or issues, and **must be individualized** to the circumstances of the participant.
- **Criteria for INCPs and medical referrals are the same.** If the participant is not receiving medical care for the identified high-risk condition, a **written** medical referral should be made. Referrals to other programs and services should be made as needed. See *Referrals Policy*, Section 5.7.
- **Follow-up may include** some, or all, of the following:
 - Dietary assessment.
 - Monitoring anthropometric measurements and discussion of growth and weight gain/loss.
 - Monitoring hemoglobin and discussion of blood work results.
 - Discussion of participant's/caregiver's nutrition or health-related concerns.
 - Discussion or reinforcement of instructions given by other health care providers.
 - Assessment of food package needs and/or revision of food package prescription.
 - Individualized nutrition education.
 - Monitoring participants with complex medical problems or serious risks to assure they are receiving adequate care from appropriate health/nutrition professionals.
 - Referral to other programs and services, as needed.
 - Follow-up on referral to other programs.
 - Monitoring/modifying realistic goals established with participant/caregiver.
- **Frequency of follow-up** should be based on the health condition and individual's needs.
 - Some participants may need to be seen monthly; others only bi- or tri-monthly.
 - For example, it might be prudent to plan monthly follow-up for a pregnant woman with a low rate of weight gain, until expected or desired weight gain is observed.
 - At a minimum, there should be **at least one follow-up contact** by a CPA within the certification period.
- **For conditions beyond the scope of WIC**
 - These conditions are identified in Exhibit 6-A by:
 - ****If the participant is receiving appropriate care from a qualified health care provider, then the INCP should consist of adequate documentation that care is being provided elsewhere. If the participant is not receiving appropriate health care, a referral should be made to a health care provider, and follow-up of that referral should be provided.*

- If the participant is not receiving appropriate care for the high-risk condition, a referral should be made and an INCP developed.
- If the participant is receiving appropriate nutrition support from another health care provider with **expertise in the condition**, comprehensive care and follow-up may not be necessary by WIC. If this is the case, and the CPA feels the participant is receiving adequate evaluation, care, and follow-up, then the CPA may simply document the following in the participant file:
 - The fact that the participant is receiving nutrition care elsewhere for the Condition.
 - Name, location, and phone number of the provider if available
 - Expertise of the provider(s), e.g., MD, RD, Certified Diabetes Educator, Occupational Therapist, Physical Therapist, etc.
 - How often the participant is being seen by care provider(s)
 - Time frame for the next WIC nutrition education contact
- Non-high-risk follow-up could therefore, be provided at the additional education contact. However, it may be beneficial to retain high-risk status for the following reasons:
 - To follow-up on referrals.
 - To answer questions, especially if the condition is newly diagnosed.
 - To assure that the participant is stable and hasn't relapsed.
- **Before discontinuing high-risk care**, the CPA should be sure that the condition(s) is resolved or stable, and that further monitoring would either not be necessary or not be beneficial.
 - In some cases it may be beneficial to continue care to prevent relapse.
 - High-risk status may be discontinued if growth is stable.
- **Documenting INCPs** is essential for providing the best individualized and responsive services to participants.
 - Documentation must be adequately detailed and comprehensive that the condition, nutrition intervention, and planned follow-up are clear to others reviewing the record.
 - Documenting in a SOAP note in the WIC Information System is preferred, but another method may be used if approved in the local agency's nutrition education plan.